MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: WEDNESDAY, 12 FEBRUARY 2014
TIME: 5:30 pm
PLACE: THE OAK ROOM - GROUND FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER

Members of the Committee

Councillor Dr Moore (Chair)
Councillor Chaplin (Vice-Chair)

Councillors Alfonso, Fonseca, Joshi, Wann and Willmott

Standing Invitee (Non-voting)

Chair of Healthwatch Leicester

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

Elaine Baker

for the Monitoring Officer

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AGENDA

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 PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Commission held on 9 January 2014 are attached and the Commission is to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. REVIEW OF ADULT SOCIAL CARE NON-STATUTORY SUPPORT SERVICES (PREVIOUSLY KNOWN AS HOUSING RELATED SUPPORT / SUPPORTING PEOPLE)

Appendix B

The Director for Care Services and Commissioning (Adult Social Care) submits a report recommending the way forward following the consultation on proposals to remodel the Adult Social Care Non-Statutory Support Services, (previously known as Housing Related Support/Supporting People), to deliver required savings as set out in the budget setting process. The Commission is recommended to receive the report and comment as appropriate.

7. FUTURE OF DOUGLAS BADER CARE SERVICES FOR PEOPLE WITH PHYSICAL DISABILITIES

Appendix C

The Director for Care Services and Commissioning (Adult Social Care) submits a report outlining the results of the consultation on the future of Douglas Bader day care centre. The Commission is recommended to consider the report and comment as appropriate.
8.  **ELDERLY PERSONS HOMES UPDATE**  

The Director for Care Services and Commissioning (Adult Social Care) submits a report providing:-

a) an indicative timetable for the actions needed to support existing residents living in the Council’s Elderly Persons Homes that are due to be closed; and

b) an anonymised summary of the progress of individual residents to move to alternative accommodation, where the homes are to be closed in phase I.

The Commission is recommended to receive the report and comment as appropriate.

9.  **GENERAL FUND BUDGET 2014/15 TO 2015/16**  

The Director of Adult Social Care submits a report that outlines the draft budget proposals for 2014/15 to 2015/16 for the Adult Social Care portfolio. The Commission is recommended to make any comments to the Overview Select Committee, for subsequent consideration by that Committee at its meeting on 13 February 2014.

10. **WORK PROGRAMME**  

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

11. **STANDING INVITATION TO HEALTHWATCH TO ADULT SOCIAL CARE SCRUTINY COMMISSION MEETINGS**  

The Chair of Healthwatch currently has a standing invitation to attend meetings of the Adult Social Care Scrutiny Commission, (minute 60(a), “Any Other Urgent Business – Representation of Healthwatch at Adult Social Care Scrutiny Commission”, 7 November 2013 refers).

The term of office for the Interim Chair of Healthwatch is due to end soon and the person Healthwatch would like to receive future invitations is one of the new Healthwatch directors, who has a keen interest in, and experience of, adult social care.

The Commission is therefore invited to change the basis of Healthwatch’s invitation to Commission meetings from being the Chair of Healthwatch to being a representative of Healthwatch.

12. **ANY OTHER URGENT BUSINESS**
Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 9 JANUARY 2014 at 5.30 pm

PRESENT:
Councillor Dr Moore – Chair
Councillor Chaplin – Vice Chair

Councillor Alfonso
Councillor Fonseca

In Attendance
Councillor Rita Patel – Assistant City Mayor (Adult Social Care)

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76. APOLOGIES FOR ABSENCE

There were no apologies for absence.

77. DECLARATIONS OF INTEREST

Councillor Chaplin declared an Other Disclosable Interest in agenda item 6, “Elderly Persons’ Homes”, in that she had attended a birthday party for three residents at Herrick Lodge on 3 January 2014 in a private capacity.

Councillor Joshi declared an Other Disclosable Interest in the general business of the meeting in that his wife worked for the City Council’s Reablement service. He also declared an Other Disclosable Interest in the general business of the meeting in that he worked in the voluntary sector with people with mental health problems.

As a standing invitee to Commission meetings Philip Parkinson, Interim Chair of Healthwatch Leicester, declared an Other Disclosable Interest in the general business of the meeting in that his mother-in-law was in receipt of services from the City Council’s Adult Social Care and Safeguarding division.

Although not a member of the Commission, Councillor Rita Patel declared an Other Disclosable Interest in the general business of the meeting in that her sister worked for the City Council’s Adult Social Care and Safeguarding
division. She also declared an Other Disclosable Interest in the general business of the meeting in that in the last few weeks her mother had started to receive a package of services from the City Council’s Adult Social Care and Safeguarding division.

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

78. MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting held on 5 December 2013 be approved as a correct record.

79. PETITIONS

The Monitoring Officer reported that no petitions had been received.

80. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Five questions were submitted by Mrs Chandarana, as follows:-

“Re: Social Services responsibilities under the Community Care (Delayed Discharges Etc.) Act 2003 (LAC (2003)21 Circular)

1. Can the Assistant Mayor for Adult Social Care (ASC), the Director of Adult Social Services (DASS) or the Relevant Officer confirm that?

   The Council has a responsibility to work with the UHL NHS Trust to identify the causes of delayed transfers of care within the City and assess the appropriate intervention and investment needed to tackle them.

Re: DTOC - Awaiting Residential Home Placement or Availability in Leicester UA (DOH data)

2. Can the Assistant Mayor for ASC, the DASS or the Relevant Officer confirm that?

   Leicester UA has had the biggest increase in the number of bed days lost due to delayed transfers of care attributed to patients Awaiting a Residential Home placement or availability per month from April 2011 to August 2013 compared to every one of its closest fifteen comparator councils - CIPFA’s nearest neighbour comparators (Per 100,000 Population).

3. Can the Assistant Mayor for ASC, the DASS or the Relevant Officer confirm that?
Leicester UA had the highest number of bed days lost due to delayed transfers of care per month attributed to patients Awaiting a Residential Home placement or availability in both July 2013 and August 2013 compared to every one of its closest fifteen comparator councils (Per 100,000 Population).

4. Can the Assistant Mayor for ASC, the DASS or the Relevant Officer confirm that?
   In August 2013 a total of 249 bed days were lost due to delayed transfers of care attributed to patients Awaiting a Residential Home placement or availability, this reason accounted for 18% (the second largest proportion) of all bed days lost. Hence nearly 1 in 5 of all bed days lost due to delayed transfers of care in Leicester attributed to patients Awaiting a Residential Home placement or availability.

Re: Statutory Guidance – ‘Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services’

5. Can the Assistant Mayor for ASC, the DASS or the Relevant Officer confirm that?
   The Assistant City Mayor for Adult Social Care is accountable and hence, responsible for preventing unnecessary use of healthcare resources.”

It was noted that, as neither Mrs Chandarana or her representative were able to be at the meeting to present the questions, Mrs Chandarana asked that they be withdrawn. However, the Chair stated that, due to the level of interest in the matters raised through the questions, she would like the response to be given at this meeting. This would then be sent to Mrs Chandarana in writing and she would be able to ask further questions at a future meeting if she wished.

The Director of Adult Social Care and Safeguarding then gave the following response:-

"I shall respond to questions 1 and 5 first.

I confirm that the Council, through the Director, has a clear responsibility to work with University Hospitals Leicester (UHL) NHS trust, to identify the causes of delayed transfers. However delayed transfer of care responsibilities are not confined to acute (UHL) hospital settings and therefore we also work with our other NHS trust, the Leicestershire Partnership Trust (LPT), notably in relation to transfers from inpatient mental health facilities. LPT is classed as a non-acute hospital setting for the purposes of delayed transfers.

The Council is also required to ensure clear political accountability for the effectiveness, availability and value of social care services, with the aim of preventing the unnecessary use of healthcare resources. In Leicester this is provided through the role of Assistant Mayor for Adult Social Care. However accountability is different to responsibility for action, which rests
primarily with Council officers.

I also confirm that there are robust mechanisms in place to ensure that issues relating to delayed transfers of care are actively addressed. Specifically there is the multi-agency discharge group, which is identifying blocks and solutions to discharge delays. There is also a strategic weekly meeting of chief officers to look at acute care issues, including delays, attended by the Director for Adult Social Care. Examples of the impact of partnership working include:

- Equipment, for use within the community, can now be accessed on the same day, 7 days per week
- Engagement with care home managers and their representative bodies to improve the timeliness of care provider assessments
- Package of care delays are reducing due to the bridging of services through the Integrated Crisis Response Service.
- The actions put in place over Christmas - telephone support in addition to normal referrals has expedited decisions and earlier discharge
- Social Care teams have supported the ‘super weekends’ to test 7 day working
- Social Care has actively engaged in the escalation and capacity planning process, which includes supporting flow through the emergency pathway.

As the joint Health and Wellbeing and Adult Social Care scrutiny meeting heard during its recent review, social care is actively engaged in the winter planning process to support resilience through the peak Christmas and New Year periods. Our engagement is described by partners as positive and constructive.

I will now respond to questions 2, 3 and 4.

The short answer is that all 3 statements can be confirmed as technically correct. However, these headline statements do not convey the complexity of the delayed transfer data, which, if further explored, gives a much clearer picture of the local situation regarding delays attributable to patients awaiting a residential home placement. I do need to provide a level of detail in my answer, in order to assist the questioner (Mrs Chandarana) and the Scrutiny Commission to understand the actual issues that lie behind the high level performance, to avoid misleading assumptions being drawn.

The questions have been produced using nationally published data from NHS England. The statistics presented in the questions do not distinguish between delays attributable to social care, delays attributable to the NHS or to both organisations – it reflects all delays. Therefore some of what is
presented is outside of the Council’s responsibility, for example delays relating to people who are eligible for 100% continuing healthcare arranged by the NHS.

The statements also present delayed transfers of care from all settings, including from non-acute settings. Although the questioner has drawn a focus on delays from UHL acute settings, through the first question, it is important to note that delays from LPT are the more significant feature of the statistics. This is particularly relevant when looking at the reasons for any delays related to ‘awaiting residential home placement or availability’.

Specifically regarding question 2, it is the case that Leicester had the highest increase in beds days lost for this reason compared to the 15 other CIPFA comparators, if calculated over the full period, although the monthly variation is considerable. I would confirm that this is largely due to a significant increase in bed days lost during 2013/14.

During 11/12, Leicester had the 3rd highest number of delays for this reason; during 12/13 Leicester was ranked only 11th highest of 16.

The significant majority of lost bed days relate to delays within non-acute care settings and primarily from adult mental health wards. For the period April to November 2013, of those residential care-related delays attributable to social care, only 12 of 1,103 lost bed days related to UHL acute discharges. This is just 1%.

Of that 1%, they were attributable to process delays. It is usual for the care home to visit the patient to make their own assessment of the home’s ability to meet needs, given Care Quality Commission expectations that a home must be satisfied that it can do so before admission. Some providers have small staff teams and delays occur in waiting for the manager, or a senior carer, to be available to complete this assessment visit on the ward. The other reason for delay occurs whilst families select a preferred home from those available to them. Statistically, delays from acute hospitals are not attributable to there being a lack of available placements.

Given this local picture of delays from non-acute, adult mental health settings, we have worked closely with LPT to understand the barriers. It is the case that these lost days relate to a small number of complex individuals, who have lengthy delays due to the specialist nature of the placements they require. Adult Social Care is engaged in the discharge arrangements for these individuals, so we know that this includes people with chronic, challenging mental health needs, which can be combined with forensic (criminal) issues such as convictions for arson, physical or sexual assault.

It is therefore the case that, once a residential placement is assessed as needed and the ‘delayed data clock’ starts ticking, it can take some time to identify a suitable placement. This requires careful clinical judgements on the safety of any given setting, the potential provider’s thorough
assessment of suitability, taking into account their other residents (for example it may not be possible to place in a setting with female or older residents) and the development of risk plans to facilitate a placement. It is the case that some placements are not readily available in Leicester, being so specialist. In terms of the increase during 13/14, we know that observations about adequacy of discharge arrangements, from the coroner and other inspections, have meant that there is a heightened level of caution by all professionals in ensuring that things are right before a placement is agreed or made.

With regards to question 3, I would note that Leicester did have the highest number of bed days lost for this reason during July 2013 and August 2013 but did not have during April June, October or November of that year.

With regards to question 4, this also draws on a specific month of data, August 2013. The monthly variation in the percentage of delays for this particular reason is between 8% and 20%. The average percentage for April to November 2013 is 14%. As previously noted, these relate almost entirely to non-acute delays.

Given the causes behind the delays being discussed tonight, I can confirm that a number of actions have been taken with the support of the Assistant Mayor. This includes the creation of a new Health and Social Care Co-ordinator post for adult mental health wards, to assist with discharge planning; it also includes a continued focus on developing services which prevent admission to mental health wards, such as crisis teams, and services which promote accommodation options on discharge, such as supported living for adults with mental health needs. We continue to work closely with all partners on all aspects of the discharge agenda.

In summary, I would confirm that delays relating to residential care availability occur very rarely for people awaiting discharge from UHL, and the issue lies with discharges for people with mental health needs in LPT beds. I would also confirm that, whilst correct, the statements in questions 3 and 4 are based on selectively drawn data, which does not give the full picture of local issues.

I apologise for the length of this response; whist the questions have asked for simple confirmation, it would be misleading to the Commission to not provide the detail that lies behind the data, so that a fuller understanding of the nature of the issues being presented can be taken."

RESOLVED:

That the Director of Adult Social Care and Safeguarding be asked to send this response to the questioner, (Mrs Chandarana), in writing.
81. ELDERLY PERSONS’ HOMES

a) Relocation of Residents

The Director for Care Services and Commissioning (Adult Social Care) presented an update on progress with the relocation of residents currently in Council elderly persons' homes that were scheduled for closure. It was noted that, since the decision to relocate the residents had been taken, one resident had died. All other residents were now on Stage 3 of the process, which was the stage at which social workers made their assessments of residents.

In reply to questions from Members, the Director for Care Services and Commissioning (Adult Social Care) advised the Commission that at stage 2 residents were invited to identify what was important to them in their new homes. This could include things such as friendship groups or preferred areas. After an assessment had been made, discussions were started on what accommodation was available for individual residents based on their stated interests and preferences.

In preparing moving plans, some residents wanted to represent themselves, but if they had relatives, efforts were made to get the relatives involved as well. The course of action to be taken when residents had no-one to represent them would depend on whether the individuals had capacity to make a decision about moving, as stated in the Mental Capacity Act.

People without capacity or anyone to represent them had to be referred to the Independent Mental Capacity Advocacy Service, as required under the legislation. People without capacity could however be represented by relatives or friends acting in their best interests. In addition, there were occasions when people who had capacity wanted some extra support. In these cases, the Council could refer people to mainstream and culturally appropriate advocacy services.

The Head of Care Services (Care Provision Residential) explained that steps had been taken to sensitively prepare and plan. For example, the process had paused to enable residents to enjoy Christmas. Overall, people were engaging well, which was reflected in the fact that the residents were now at Stage 3 of the process.

It was noted that some residents previously had indicated a wish to move early. The Head of Care Services (Care Provision Residential) reported that, now the process was underway, residents no longer appeared to be concerned about doing this. At present, there was no indication that any residents were reluctant or hesitant about moving, but it was recognised that situations could change and the Council would respond to such changes as they arose.

The Adult Social Care Business Transition Manager confirmed that officers met with service providers fortnightly. No general negativity about the moving process had been observed during these meetings. Dedicated teams were based in the homes, so residents and staff knew them, which helped provide
In response to further questions, the Adult Social Care Business Transition Manager confirmed that suggestions for suitable accommodation for people to move to were based on needs assessments. The Council’s over-riding duty of care meant that these needs had to be met, but efforts also were made to meet the preferences stated by residents.

If a resident was unable to visit new homes to make their choice, officers could visit, feed back the results and discuss with the resident concerned how they would like to progress, (for example, social workers or relatives could also visit the home). The Council met the cost of visits to view new homes and no limit was put on the number of visits that could be made, as it was important that residents felt confident about moving. The presenting of possible choices to inform the moving plan was done at Stage 4 of the process.

When residents moved, they would keep the same social worker for up to 6 months after the move, to make sure they were settling in to their new accommodation well. Residents were given the assurance that, if the new accommodation turned out to be unsuitable, consideration could be given to moving the resident again.

Members asked if consideration could be given to merging Stages 4 to 6 of the process. The Adult Social Care Business Transition Manager explained that this would not be feasible, as this was a detailed process that needed to be worked through incrementally. Having separate steps helped people gradually get used to the idea of moving and residents had been assured that officers would work at a measured pace.

RESOLVED:

1) That the update on progress with the relocation of residents currently in Council elderly persons’ homes that were scheduled for closure be received and noted; and

2) That the Director for Care Services and Commissioning (Adult Social Care) be asked to include a breakdown of the components of Stage 4 when the next update on the relocation of residents currently in the Council elderly persons’ homes referred to under 1 above is presented to the Commission.

b)  Creation of Intermediate Care Facility

RESOLVED:

1) That an options paper on the creation of an Intermediate Care Facility be brought to this Commission when prepared; and

2) That an appropriate officer from Property Services be asked to attend the meeting of the Commission at which the options paper referred to above is considered to provide advice.
c) Establishment of Elderly Persons’ Commission

In response to a question, Councillor Rita Patel, Assistant Mayor (Adult Social Care), confirmed that it was hoped that a framework for a new Elderly Persons’ Commission could be considered by the Executive shortly. The framework would be reported to the Commission as soon as possible.

82. MOBILE MEALS SERVICE

The Director for Care Services and Commissioning (Adult Social Care) reminded the Commission that clarification had been requested on various issues relating to the mobile meals service at the Commission’s last meeting, (minute 71, “Proposal for the Future of Mobile Meals Provision”, 5 December 2013 referred).

The Director reminded the Commission that a specific question had not been asked in the consultation on reconfiguring the service about whether service users wanted it to continue as at present, as a proposal for changing the service was being sought. Such a question therefore would not have been appropriate.

The number of users of this service was falling, so it would not be financially viable for it to continue in its current form. The consultation therefore asked people what type of service they would like in the future. Responses received had indicated that people still wanted to receive a hot meal and therefore Option 4 has been proposed, which included a framework contract for the provision of a meal delivery service, managed by the Council.

Councillor Rita Patel, Assistant Mayor (Adult Social Care), addressed the Commission at the invitation of the Chair. She explained that the consultation recognised that people wanted the security they felt with the current system to continue. She also explained that Option 4 would ensure that people could still have a meal delivery service via a framework contract managed by the Council. This also would address various concerns that had been raised about the service, such as the nutritional value of meals, the quality of the food and difficulties found in complaining about the service.

There also were elements of the current service that led to unnecessary stages in the delivery process. For example, the East West Community Project prepared some meals in its kitchen, which were then delivered to the Council and the Council delivered them to the customers. Another example was that meals bought from a company were reheated in a Council kitchen by Council staff and then delivered by the Council.

Under a framework contract, the Council would still have responsibility for elements such as the nutritional quality of the meals, but would no longer reheat the meals provided by other suppliers. Alternatively, people could buy their own meals and heat them up themselves.
In summary, Councillor Patel stressed that the Council was committed to ensuring that people could still have access to a mobile meals service via a framework contract. Service users would be assessed and meals provided where needed. In particular, it was recognised that, for some users, this was their only social contact, so more suitable befriending services would be put into place to ensure people were not left lonely and isolated.

Members drew Councillor Patel’s attention to the resolution made at the last meeting of the Commission that the Executive be asked to reconsider the way forward for this service and asked what progress there had been on this. Councillor Patel assured the Commission that she had looked at this following her return from her absence due to ill health. However, the current service was more expensive to operate than the alternatives considered under the review, as user numbers were reducing. As this was a time of financial constraint, it was suggested that expenditure on this service for people who did not need statutory social services could be reduced.

The Commission expressed concern that only those in need of statutory social services should receive meals under the revised service, as the mobile meals service could enhance the quality of life for many people across the city.

In reply, Councillor Patel explained that 500 new users, each having 4 meals per week, at a cost of £5.70 per meal, would be needed in order to continue a viable service in its current form. The Council was having to make very significant financial savings and so had to consider how services could be sustained for those most in need. The Council would prefer not to have to limit a future service to those in receipt of statutory social services, but the proposals made were a way forward that would support people and give them reassurance about the quality of the meals provided.

The Commission queried whether the service needed to continue to be funded from the Adult Social Care budget and whether other options could be considered. For example, the Council could consider whether the service could be provided at a reasonable rate through a separate (competitive) business. Some ready-meals were not very appetising or nutritious, so the Council could monitor these aspects if it prepared the meals itself.

The Commission also questioned why such an increase in the number of users was needed, as an example of how meal standards could be improved could be seen in the Council’s school dinner service.

83. REVIEW OF ALTERNATIVE CARE FOR ELDERLY PEOPLE

The Chair submitted the draft report of the review of Alternative Care for Elderly People, thanking officers for their work in preparing the report and Commission members for their input to the review. Members were reminded that Liz Kendall MP also had attended one of the review meetings and provided useful input.

The Chair reported that she had been contacted by a Councillor from Liverpool,
who was very interested in the Shared Lives initiative. He had asked to meet the Commission and the Assistant Mayor (Adult Social Care) as part of his work to develop a similar initiative.

The following comments were then made in discussion on the report:-

- The local Asian radio network, (such as Sabras radio), also could be used to promote the Shared Lives scheme, (recommendation 1.2.2 referred), as this could be used to explain the scheme in some people’s first language;

- A proper communication plan should be prepared; and

- It would be helpful if people could be asked to provide case studies as soon as possible, (for example, explaining how they had benefited from the scheme).

Councillor Rita Patel, Assistant Mayor (Adult Social Care), thanked the Commission for the very helpful interest it had taken in this scheme. It was already operating and officers were looking at how it could be expanded.

RESOLVED:

1) That the Overview Select Committee be asked to endorse the report of the review of alternative care for Elderly People before it is submitted to the Executive for adoption; and

2) That all involved in the preparation of this report be thanked for their work.

84. DEMENTIA CARE FOR ELDERLY PEOPLE

The Commission was invited to consider how a review of Dementia Care for Elderly People could be conducted and where this review should be included in the Commission’s work programme. Members were reminded that information relevant to this had been considered at the Commission’s last meeting, (minute 67, “Mental Health Care”, 5 December 2013 referred).

The following comments were made during discussion on this item:-

- Due to the large amount of information already available on this subject, the Commission needed to be very clear about which issues it wished to address;

- Some issues, such as accessing existing services, could be complex to review, as the problems experienced by people with dementia could inhibit their ability to access them. In addition, it was an emotional and stressful time for their families and friends, which could limit their ability to assist;

- Members welcomed the clear identification in the “Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy 2011-2014” of which agency would lead in each area;
Research already had been undertaken with people who had not developed dementia, to identify if there were any key factors in why they had not developed it. The National Institute for Health and Care Excellence had developed standards in relation to these and they were taken in to account in the strategies developed to date;

The Commission needed information on whether the recommendations arising from the previous review of the mental health of working age adults by the Health and Wellbeing Scrutiny Commission had been implemented and, if they had not, the reasons why;

Consideration could be given to whether members of the Health and Wellbeing Scrutiny Commission should be invited to participate in the review;

Support for carers of people with dementia, especially those with early-onset dementia, could be included in the review. This could include the role and effectiveness of respite care;

The scoping document should include reference to the impact on dementia care for the elderly of budget decisions already taken and those to be taken in the future; and

Information was needed on whether the recommendation contained in the “Joint Specific Needs Assessment: Dementia in Leicester” that commissioners should find ways of obtaining more effective coding of the attendance of patients with dementia at the emergency department had been implemented.

RESOLVED:

1) That the Assistant Mayor (Adult Social Care) be asked to arrange for a presentation to be made to the next meeting of the Commission on current dementia care, to include information on the following:-

a) National Institute for Health and Care Excellence standards relating to mental health;

b) The extent of the implementation of the recommendations arising from the previous review of the mental health of working age adults by the Health and Wellbeing Scrutiny Commission; and

c) The extent of the implementation of the recommendation contained in the “Joint Specific Needs Assessment: Dementia in Leicester” that commissioners should find ways of obtaining more effective coding of the attendance of patients with dementia at the emergency department;
2) That members of the Health and Wellbeing Scrutiny Commission be invited to participate in this review;

3) That the Scrutiny Support Office be asked to invite the Carers Federation to participate in this review; and

4) That, following consideration of the presentation requested under resolution 1 above, the Commission agree the way forward for the review of dementia care for elderly people.

The meeting adjourned at 7.05 pm and reconvened at 7.13 pm

85. DOMICILIARY CARE

The Director for Care Services and Commissioning (Adult Social Care) submitted a report providing further information as part of the Domiciliary Care Scrutiny Review. This also addressed questions raised at the Commission’s meeting held on 5 December 2013, (minute 69 referred).

Members were reminded that the Council’s Communications team would be asked to make an appeal for users of domiciliary care to provide information on their experiences of that care, both positive and negative. In addition, arrangements were being made to enable the Chair to accompany a care worker for a day, to get a better understanding of their work. Appropriate arrangements would be made to ensure that confidentiality and privacy were maintained at all times.

In response to a question from the Commission, the Director of Adult Social Care and Safeguarding explained that, under direct payments, people received a personal budget as a cash payment. The recipient then became responsible for meeting the costs of the services they received.

In reply to further questions from the Commission, the Commissioning Manager (Care Services and Commissioning Division) explained that, during the last week, approximately 22,000 hours of care were provided. The standard of this care was carefully monitored. For example, providers’ self-assessments were used and some providers came under the Care Quality Commission. Officers carefully analysed the data and graded providers on their standard of care. For example, an assessment is made of whether the minimum level of care was being provided, or whether there was a higher level of provision.

The contracts had been operating for two months. Their operation had been relatively stable, even during a period of high pressure regarding hospital stays over the Christmas period. However, starting on 27 January 2014, a consultation would be undertaken with users of Home Care. This would be done via the telephone.

It was recognised that people recently had been consulted on various services, (for example, mobile meals and elderly persons’ homes), so it was possible that this could result in some “consultation fatigue”, but there were no
proposals to change the method of consultation at this stage. The consultation would be undertaken through the Contracts and Assurance team. A stratified sample would be used, but the actual number of people to be consulted was not known at this time.

The Commission welcomed the consultation, but queried whether allowance had been made for the reasoning abilities of some service users. In addition, as the Council was not the service provider, it needed to be made very clear that information provided would be confidential and that individual users would not be identified in the data compiled. The Commissioning Manager assured Members that these factors had been taken into account in preparing for the consultation. For example, support packages would be checked before anyone was telephoned to make sure they were capable of taking part in the consultation and that, where possible, they could be consulted in their first language.

Members noted that some service users had more than one provider through choice. These people would move to a single provider as soon as possible. Information on the number of people affected by this could be provided, although the reasons for each individual choosing more than one provider would not be available.

The following points were then made during discussion on this item:-

- At some authorities, trades unions had negotiated an agreement that zero contract hours contracts would not be allowed. This included external providers;
- The move away from 15 minute calls was very welcome;
- Currently, the only in-house care service was the Re-ablement service and that team did not use 15 minute calls;
- Consideration needed to be given to whether there should be a sole provider at Danbury Gardens, as there were concerns that to have this would limit choice; and
- In the ASRA scheme the care provider had started a company and so promoted the use of that company to residents in the scheme. This was in direct contrast to the situation at Danbury Gardens and there was concern that it could create problems when people who already had identified their own providers moved in to that facility.

Particular concern was expressed about the number of people employed by care providers. It was recognised that care workers tended to be a transient work force, but the Commission was assured that the contracts being operated were not block contracts. Each new care package was offered through a mini tendering exercise, so each package would state the minimum number of staff required for that particular element. The Care Quality Commission did not set minimum numbers of staff required.
At the pre-qualification stage of letting the contracts a full financial assessment was undertaken. This provided reassurance that provider would only take on the number of care packages they could provide. Although it was very unlikely to disrupt care if a large number of staff left a particular provider, there was provision in the contract about the action that would be taken if a large number left or were ill simultaneously. There also was provision in the contract for the Council to suspend a provider from the framework or terminate a package of care, but in practice this would be very unlikely to happen, as contract monitoring would enable action to be taken before it reached this stage.

RESOLVED:

1) That the Director for Care Services and Commissioning (Adult Social Care) be asked to provide information at the next meeting of the Commission on the number of people to be surveyed during the consultation of users of Home Care services, the questions they would be asked, the expected length of time of each interview and whether the same person would do all of the interviews;

2) That the Director of Adult Social Care and Safeguarding be asked to provide information at the next meeting of the Commission on the following matters:-
   a) the number of people who currently use more than one service provider; and
   b) whether the use of zero hours contracts was permitted; and

3) That consideration be given to reviewing the different methods of providing care at Danbury Gardens and the ASRA housing scheme.

86. WORK PROGRAMME

The Commission noted that:-

- Budget reports would not be considered by Scrutiny Commissions this year, as the budget had been approved for three years and exceptions were reported as they occurred;

- A special meeting was likely to be held to receive the presentation on dementia care for elderly people requested under minute 84, “Dementia Care for Elderly People”, above; and

- Information on the establishment of an Intermediate Care facility currently was being compiled, but was unlikely to be available for the Commission’s next meeting. However, an update on the development could be provided if wished.
87. CLOSE OF MEETING

The meeting closed at 7.55 pm
Executive Decision Report

Review of Adult Social Care Non-Statutory Support Services (Previously known as Housing Related Support/Supporting People)

Date: 7th January 2014
Lead Director: Tracie Rees
1. Summary

1.1 The Executive gave approval in May 2013 to consult on proposals to remodel the Adult Social Care (ASC) Non-Statutory Support Services (previously known as Housing Related Support/Supporting People) to deliver the required savings as set out in the budget setting process.

1.2 Housing Related Support (HRS) delivers non-statutory support to a range of vulnerable adults in the City. It offers low level support that helps to support people to live independently. Existing eligibility for services is based upon whether a person is in receipt of housing benefit.

1.3 The current budget is £2.4 million per year, has been reduced to £1.7 million per year, requiring a remodelling of Housing Related Support to continue to provide support, whilst saving of £710k. This means the existing services cannot continue.

1.4 A statutory consultation exercise ran from 19th August to the 20th November 2013 and sought views on:

- To move to generic model of ‘non-statutory’ floating support to service users assessed as needing low level support.
- To stop funding community alarms and wardens services in sheltered housings schemes.

1.5 Views were sought on the proposed new model (see appendix 1 Methodology and consultation report of the statutory consultation) for:

- Alarm only services (for people living in Registered Social Landlord (RSL) accommodation)
- Sheltered Support (for people living in RSL sheltered accommodation)
- Supported Housing Support (for people living in RSL accommodation)
- Floating Support (support in peoples own home)

1.6 After considering the consultation findings, this report seeks the Executive’s approval to introduce a new model, which is different to the original proposals. This is outlined in section 3.

1.7 This new model will still deliver the required efficiency savings and address the concerns raised during the statutory consultation exercise.

2. Recommendations

2.1 The Executive is asked to approve:

a. An amendment to the original proposal as a consequence of the statutory consultation as detailed at Option 3.
3. **Options for consideration:**

3.1 The options considered as part of the remodelling exercise included:

3.2 **Option 1** – To continue with the current service deliver model.

*Advantages* – The existing services will continue and service users will be unaffected.

*Disadvantages* - This is not an option because the current model operates beyond its financial limits.

3.3 **Option 2** – To implement the original proposal to move to generic model of ‘non-statutory’ floating support to service users assessed as needing low level support within their own homes. To stop funding community alarms and wardens services in sheltered housings schemes and again to move to a generic model of non-statutory ‘floating’ support.

*Advantages* – The new model provided an opportunity to personalise services and would have offered better value for money.

*Disadvantages* – Through the consultation process, service user expressed concern about the impact of the original proposals, especially relating to the loss of the community alarm system and the on-site support in sheltered and supported housing. An amended set of proposals has been developed to respond to the main concerns expressed through the consultation, whilst still meeting the required efficiency savings.

3.4 **Option 3** – Changed proposal following statutory consultation. This is summarised below.

3.5 **Alarm only provision:**

*Original proposal:*
- To stop paying the cost of alarm only services
- Current costs £16,500
- Supporting 130 service users (older people / people with a physical or sensory disability) living in Registered Social Landlord (RSL) accommodation

*Changed proposal following consultation*
- To continue to pay for alarm only services of £16,500
- Continue to fund existing 130 service users
- To stop paying for new service users

3.6 **Sheltered Housing Support:**

*Original proposal:*
- To only provide support to those assessed as eligible (lower than statutory Adult Social Care (ASC) criteria)
- To no longer fund the cost of the alarm service or warden service
- Current costs £493,000
• Continue to support an estimated 661 service users (older people) eligible for support – this would be floating support for those living in RSL accommodation for those assessed as in need under new eligibility criteria and in receipt of welfare benefits

*Changed proposal following consultation*

• To provide core on-site support e.g. a warden for up to 15 hours per week per site
• To stop funding the alarm service
• To provide individuals with additional floating support if they meet the assessment criteria and are in receipt of a welfare benefit
• New cost £330,200 (saving 163k)
• It is anticipated that 661 service users (older people) will continue to be eligible for support, this is likely to be a mixture of on-site warden support and floating support

3.7 **Supported Housing Support**

*Original proposal:*

• To stop providing core on-site support
• To only provide floating support to those assessed as in need under new criteria and in receipt of welfare benefits
• Current costs £955,700
• Supporting 114 service users (people with Learning Disabilities or Mental Health problems) living in RSL accommodation

*Changed proposal following consultation*

• To continue to provide some core on-site support only e.g. supported housing worker for up to 5 hours per person per week
• To provide individuals with additional floating support if they meet the assessment criteria and are in receipt of a welfare benefit
• New cost £330,200 (saving £625,500k)
• Supporting 114 service users (people with Learning Disabilities or Mental Health problems)

3.8 **Floating Support i.e. a support worker visiting people at home**

*Original proposal:*

• To introduce an assessment process to determine need
• Current costs £949,500
• Supporting 241 service users (Learning Disabilities, Mental Health, HIV-AIDs/Physical Disability) living in different types of tenures across the city

*Original proposal remains unchanged*

• It is estimated that a saving of £77k will be made through more cost effective contracting
• Therefore 241 service users (people with Learning Disabilities or Mental Health problems HIV-AIDs/Physical Disability) will continue to receive support, if assessed as in need under new criteria and in receipt of welfare benefits
4. Outcome of the Consultation Exercise

4.1 A total of 1146 customers were written to advising them of the proposals. There were letters specific for each sector (sheltered housing, alarms, supported housing and floating support). This offered people an opportunity to:
- attend a focus group during the consultation period
- complete a questionnaire
- and provided them with a fact sheet

4.2 Aside from the individual contact we put in place a consultation telephone helpline, which people rang to:
- book places at focus group meetings
- complete questionnaires over the telephone
- to get general support and guidance throughout the consultation exercise.

4.3 Finally a consultation web page was created allowing people to register their comments / views on the consultation proposals.

4.4 A reminder to register comments, complete questionnaires or attend focus groups was sent out via the sector to customer’s midway through the process.

4.5 The overall response rate from those affected was 64% and is summarised below (table 1).

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total Users</th>
<th>Responses</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Alarms</td>
<td>130</td>
<td>102</td>
<td>78%</td>
</tr>
<tr>
<td>Floating Support Service</td>
<td>241</td>
<td>99</td>
<td>41%</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>661</td>
<td>418</td>
<td>63%</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>114</td>
<td>105</td>
<td>92%</td>
</tr>
<tr>
<td>Online Survey</td>
<td>N/A</td>
<td>14</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1146</strong></td>
<td><strong>741</strong></td>
<td><strong>64%</strong></td>
</tr>
</tbody>
</table>

4.6 During the consultation a number of interest groups were targeted including the Forum for Older People, Carers Forum and the 50+ Network to note any comments or concerns and for these to be considered.

4.7 Meetings were held in response to direct requests from a range of schemes including John Woolman House, Self-Funders across Sheltered Housing and Harrison Court. These comments were fed into the consultation report.

4.8 Two petitions were submitted to the Council during the consultation period. The petitions have come from those affected by the proposal for sheltered housing customers, friends, family and the general public. The petitions campaigned for continued Leicester City Council funding to provide sheltered housing support.

4.9 A full methodology and consultation report of the statutory consultation provides a detailed breakdown, analysis and records of focus group meetings (see appendix 1). Responses to this proposal were drawn from the questionnaires, focus group meetings, letters, web consultation pages, petition submissions and
phone calls.

**Headline findings**

4.10 The consultation process gathered a wide range of responses from customers who receive alarm services (in alarm only and sheltered housing) sheltered housing support services, supported housing and floating support services, providers of service and other interested stakeholders.

4.11 It was clear from the majority of those who responded that people did not want services to change and wanted the Council to continue funding the provision. Service users and their families expressed concern about the potential loss of regular support and/or potentially having to pay for the alarm service, which provides reassurance. A large proportion felt that it unfairly affected some of the most vulnerable members of society.

**Alarm only provision**

4.12 The main theme from alarm customers was that this service provides critical reassurance. It also offers a safety net and there was concern about likely financial hardship if they had to pay the costs. There were concerns raised about the loss of service and officers reassured customers that the proposal was to end the subsidy not to close the alarm service. The service benefits RSL tenants, where there is no other on-site support. The existing contract provides funding for up to 171 service users, however, on average there are 130 users at any one time. The RSL’s have confirmed that the numbers using the service has been static over the last 12 months.

**Sheltered Housing Support**

4.13 The main theme from sheltered housing customers was that the proposal for support would leave older people vulnerable; it doesn’t support ageing well and would destroy the sheltered housing model. It was also stated that the proposals were at odds with the Older Persons Charter, whose main theme is to improve the quality of life of older people.

4.14 It was noted that an unintended consequence of the proposal was that it penalised self-funders who would be left without service (estimated at 42 across the city).

**Supported Housing**

4.15 The main themes from supported housing customers, carers, family members and the sector was that this proposal had created great anxiety. The nature of support currently is on-site and consistent and there is concern the proposal won’t offer the same level of reassurance, which helps to keep people well and participating in the community.

**Floating Support**

4.16 The main themes from floating support customers, families, carers and the sector was very similar to that of supported housing. There was concern about having to manage money, concern they may lose their tenancy if they didn’t have support. A number welcomed the opportunity as it would enable them to take control and tailor the support to meet their identified outcome. The model will mitigate where possible against the concerns raised.
5. Details of Scrutiny

5.1 Discussion has taken place with Contracts and Assurance on the proposed procurement options.

5.2 Discussion has also taken place with the ASC Transformation Team on the proposed models.

5.3 Discussions have been on-going about the proposals with both Finance and Legal Services.

5.4 The management of this project is reported to the Transformation Programme Board.

5.5 The ASC Prevention Board has overall responsibility for the project, regular reports and updates are provided to offer direction on the future model of service.

5.6 The report has been presented to ASC Leadership and at Lead Member briefings.

6. Financial, legal and other implications

6.1 Financial implications

**Independent Living Support**

**Financial Implications**

There is a requirement to reduce expenditure against these services by £710k. Whilst some reductions in expenditure have been achieved in the current year, these are small in comparison with the £710k budget reduction. Re-designing the service is clearly required in order to deliver the necessary savings.

The revised proposals outlined in this report would reduce expenditure by £710k. Appendix 2 gives an *indication* breakdown of future expenditure under the proposals, which are summarised below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Alarms</td>
<td>£16,500</td>
</tr>
<tr>
<td>Sheltered Housing (Core)</td>
<td>£330,200</td>
</tr>
<tr>
<td>(excluding alarms cost)</td>
<td></td>
</tr>
<tr>
<td>Supported Housing (Core)</td>
<td>£375,500</td>
</tr>
<tr>
<td>Floating Support</td>
<td>£872,300</td>
</tr>
<tr>
<td>Assessment Team</td>
<td>£110,200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£1,704,700</strong></td>
</tr>
</tbody>
</table>

For those who receive floating support services, the process of assessment and allocation of money will be critical to the financial sustainability of the model. Care must
be taken to ensure that, through the appropriate application of eligibility criteria, funding
does not run out mid-year and is directed to those individuals who will benefit most.

Further work will need to be undertaken to establish the extent to which TUPE will
affect the indicative future cost of the service.

**Stuart McAvoy, Adult Social Care Accountant – 37 4004**

### 6.2 Legal implications

**Contract and Procurement**

6.2.1 In procuring the services through any of the options specified above, the Public Contracts Regulations 2006 (as amended) will apply and a tender process will have to be carried out by Leicester City Council. In addition to this, a more modern, robust and up to date service contract is required to cover the terms and conditions relating to the provision of the services. On-going legal advice should be obtained as and when required.

**Adeola Sonola, Legal Services  37 1492**

**Employment Law Implications**

6.2.2 Depending on the option pursued it may be possible that the Transfer of Undertakings (Protection of Employment) Regulations 2006 ("TUPE") may apply. It is advised that Legal Services are consulted throughout this process to ensure that the Council complies with its legal obligations and any risk to the Council is minimised.

**Hayley McDade, Legal Services 37 1431**

### 6.3 Climate Change and Carbon Reduction implications

6.3.1 This report does not contain any significant climate change implications and therefore will not have a detrimental effect on the Council’s climate change targets.

**Chloe Hardisty  (Senior Environmental Consultant, Ext 372252)**

### 6.4 Equality Impact Assessment

6.4.1 The revised proposal aims to promote increased self-sufficiency to those living in sheltered and supported housing over time, by providing assessed time limited support services and a core level of on-site support that would reduce concerns raised during consultation on the original proposal.

6.4.2 Consultation feedback identified both positive and negative impacts for current and future users – both types of impacts relate primarily to the protected characteristics of age and disability.

6.4.3 Positive impacts identified were the promotion of choice through a person
centred (assessment) approach. Negative impacts identified were the loss of current services and their potential effect on residents’ quality of life, fear/anxiety of some that they could lose their tenancies should their health deteriorate, and general uncertainty about undertaking assessments that would determine their need and service received. Self-funders felt they would be left without any service.

6.4.4 As mitigating action against these negative impacts, the service proposes to engage with current residents as early as possible to explain the assessment process and work with current providers to support that process. The service will also prioritise the review and reassessment of floating support service users to avoid potential stress caused by any delays.

Irene Kszyk, Corporate Equalities Lead 37 4147

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

6.5.1 If the revised core model is approved discussions would need to take place with landlords of accommodation if the core model was approved.

7. Background information and other papers:

8. Summary of appendices:

Appendix 1 – Methodology and consultation report of the statutory consultation
Appendix 2 - Calculation of Future Expenditure on Independent Living Services

9. Is this a “key decision”? Yes

10. If a key decision please explain reason

10.1 It potentially will:

- Result in the Council making savings which are, significant having regard to the Council’s budget for the service or function to which the decision relates
- It effect communities living or working in two or more wards in the City
- Reductions in recurrent revenue expenditure and savings of over £0.5m p.a. would be achieved
- The extent to which the decision is likely to result in substantial public interest
Initial Consultation Report on the statutory consultation of Adult Social Care non-statutory support services, previously housing related support

(Supporting People Programme)

4th December 2013
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**Introduction to the consultation activities – summary and officers responses**

A consultation exercise was carried out between 19\textsuperscript{th} August and 20\textsuperscript{th} November 2013 with two proposals in relation to the existing housing related support services. The consultation focused on the proposals as detailed below, and said that we wanted to hear from all those affected and to hear any alternative suggestions for us to consider.

The proposals were:
- **Proposal 1** – there would be a change to the way that people received support in their homes with the introduction for those who were eligible, of an individual assessment of their needs and providing them with choices on how support is received and help to manage the money if required.
- **Proposal 2** - that the council would stop paying towards the community alarm provision

These proposals impact on the following areas
- Community alarm only services
- Sheltered Housing (both proposals)
- Floating Support Services
- Supported Housing

**Consultation Method:**

The following methods were used to consult on both proposals
- a. Letters to those in receipt of services with a factsheet explaining the proposal(s)
- b. A questionnaire to complete and state their views
- c. Focus groups for service users
- d. Focus groups for providers of services

All the resources also advised people of:
- The web address for the council’s website giving more information about the consultation and an opportunity for the general public to respond to the consultation.
- A generic email address and a telephone helpline number for people to contact the ASC Strategic Commissioning Team in order to express their views or for help to complete the questionnaire.

All were advised that the letter, factsheet and questionnaire were available in a different language or format should this be required.

As the consultation progressed, further meetings were held in response to specific requests and these are included within the relevant part of this report. In considering the alternative options raised further actions were taken and these are also included within the report.
Summary of all service user responses

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total Users</th>
<th>Responses</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Alarms</td>
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</tr>
<tr>
<td>Online Survey</td>
<td>N/A</td>
<td>14</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>1146</td>
<td>738</td>
<td>64%</td>
</tr>
</tbody>
</table>

Part A – Community Alarm proposal

Letters to service users

A letter was sent to 130 service users who receive alarm only support to inform them of the proposed changes to their service and that a consultation was being carried out.

The information as detailed above was sent out with the letter as well as details of three initial consultation meetings that people could attend to talk through the proposal and make their views known, these were at:

- Age UK 6th September
- LCB Depot 19th September
- Leicester Adult Education College 24th September

Of these 3 meetings only 1 person attended the meeting at Age UK. Minutes attached (Paper 1)

Focus groups

At the request of two providers the following meetings were held to discuss the proposals and minutes of 26th September attached as Paper (2) and minutes of 30th October are included in Part B Sheltered Housing Paper (3)

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harrison Court 26th Sept</td>
<td>14</td>
</tr>
<tr>
<td>Hanover Close (at Danbury Gardens) 30th Oct</td>
<td>25</td>
</tr>
</tbody>
</table>

➤ Concern was expressed that taking the proposal to remove the funding for alarms would have a significant impact on the more vulnerable members of society. A suggestion for another approach was to identify those with the most severe of
disabilities – those who depend on the alarms should anything happen. This would just be a small number of people and carry on funding this small group.

➤ The view was that if the cost of the alarms was passed onto residents many of them could not afford to pay for it. The cost would also come on top of other cost of living increases. This squeeze on income could force the most vulnerable to make some very difficult choices. Suggestion was to carry on funding and providing for a small number who simply couldn’t afford to pay and this would ensure a safety net was in place.

Telephone Helpline

A total of 8 calls were received and advice was given on
➤ where to find the details of how much their alarm costs
➤ concern noted about being unable to afford it
➤ 1 caller thought this was a good idea
➤ Completing the questionnaire

Responses to questionnaires

There were 46 completed questionnaires received

In response to the question what do you think of the proposal?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) I agree with the proposal. It is the best way to make the required savings</td>
<td>4</td>
</tr>
<tr>
<td>B) I disagree with the proposal. I feel that the savings should be made in other ways/areas</td>
<td>37</td>
</tr>
<tr>
<td>C) I am not sure whether I agree with the proposal or not</td>
<td>4</td>
</tr>
<tr>
<td>Not Completed</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
</tr>
</tbody>
</table>

Reasons given as to why people are against the proposal

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m worried about the financial implication/ I don’t think I will be able to afford it</td>
<td>12</td>
</tr>
<tr>
<td>This is an important service which the council should keep, peoples health/security are dependent on it</td>
<td>11</td>
</tr>
<tr>
<td>The council do not recognize the needs of people, it seems like an attack on the elderly/ disabled</td>
<td>4</td>
</tr>
<tr>
<td>I want things to stay the same, I’m happy with my current service/ I don’t like the idea of paying for it</td>
<td>4</td>
</tr>
</tbody>
</table>
I do not want it or need it, so will not pay for it | 2
I don’t like the idea | 1
Not Completed | 12
Grand Total | 46

People were asked what would the impact be if they had to pay for the alarms (if proposal was agreed) and 70% responded that they would be badly affected and were asked in what ways this would occur:

The majority of those who responded stated that being worried about ability to afford it was the greatest concern

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m worried about the financial implication/ I don’t think I will be able to afford it</td>
<td>25</td>
</tr>
<tr>
<td>The council do not recognize the needs of people, it seems like an attack on the elderly/ disabled</td>
<td>2</td>
</tr>
<tr>
<td>I don’t like the idea</td>
<td>1</td>
</tr>
<tr>
<td>This is an important service which the council should keep, peoples health/security are dependent on it</td>
<td>1</td>
</tr>
<tr>
<td>I want things to stay the same, I’m happy with my current service/ I don’t like the idea of paying for it</td>
<td>1</td>
</tr>
<tr>
<td>There are other ways of saving money</td>
<td>1</td>
</tr>
<tr>
<td>I do not understand the proposal/ more information needed</td>
<td>1</td>
</tr>
<tr>
<td>Not Completed</td>
<td>14</td>
</tr>
<tr>
<td>Grand Total</td>
<td>46</td>
</tr>
</tbody>
</table>

Headline themes of both focus groups and questionnaires

- Feels like older people are being targeted
- We can’t afford to pay for it as we are already dealing with cost of - living increases and the new council tax support costs
- these cuts need to stop as they are targeting vulnerable people who need support the most

Comments and statements have been taken from service users responses on the questionnaires and have been summarised into themes

<table>
<thead>
<tr>
<th>Comment Category</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not like the idea</td>
<td>• Don’t like the idea I might have to stop using the alarm service</td>
</tr>
<tr>
<td>Want things to stay the same/ don’t like the idea of paying for it</td>
<td>• Disability is not a lifestyle choice so we should not have to pay for it</td>
</tr>
<tr>
<td></td>
<td>• Can’t see the point changing a system that works well</td>
</tr>
</tbody>
</table>
The majority of the responses from the questionnaires and the focus groups indicated an overwhelming concern as to the impact on vulnerable people of this proposal and that many would not be able to afford it.
Provider response

As part of the consultation an event was arranged for providers of alarm only services. This was held at Adult Education on 25th September. Two providers attended. Minutes are available as Paper (4). Issues raised here related to the fact that these costs would not be considered as eligible charges in terms of revenues and benefit rules as the alarms provide a care/support function.

Existing customers receive alarm only services across the following price range (for 10 customers their price range was not specified)

![Price Range Chart]

In evaluating all of the information available the following considerations have been made:

<table>
<thead>
<tr>
<th>You said</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Provide a hardship fund for those who cannot afford it</td>
</tr>
<tr>
<td>➢ Just have 1 provider who covers the whole city</td>
</tr>
<tr>
<td>➢ Only charge those who use the alarm when they use it</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>We did</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ We asked providers their views on other options with a specific questionnaire</td>
</tr>
<tr>
<td>A small number of responses were received and the majority described as unfeasible to only charge customers when they used the community alarm as it was a) within the building and in some cases linked to door entry and fire system b) was included within the tenancy agreement</td>
</tr>
<tr>
<td>➢ We considered what other authorities were doing</td>
</tr>
</tbody>
</table>

Birmingham have stopped funding the alarms and stated the cost to the person is in the region of £1.50 per week. Leicestershire are procuring one provider as they have a substantial number of service users supported across their region.
Our response

- We cannot provide a hardship fund as the cost of processing this would become greater than the actual cost of the fund received. It is most likely that all people would consider that they would face hardship by having to pay towards the alarm.

- To have 1 provider across the city would incur capital costs to update, install and simplify the alarms systems. We do not have the capital to complete this. As the total number of people supported in this way is low (in comparison to Leicestershire) it is likely to be an unattractive business in a procurement exercise.

- It is not feasible to only charge customers when they use the alarm as it is intrinsic to the actual building and for some it forms part of the tenancy agreement.

Recommendation

In light of the overwhelming level of concern and in recognition of the security that the community alarms can provide, we are considering continuing to pay the costs for alarm only services for existing customers.

This recognises that these customers have no other offer of service available to them and this offers a safety net for them.

All new customers, to the identified services, will have to pay for the cost of the alarm from the 1st of April 2014. The overall value will reduce as customers leave services.
Part B - Sheltered Housing: Proposal 1 and Proposal 2

Letters to service users
A letter was sent to 661 service users in sheltered housing to inform them of the proposed changes to their service and that a consultation was being carried out.

- Details of the four initial consultation meetings that people could attend to talk through the proposal and make their views known, these were at:
  - Leicester Adult Education College 4th September
  - Highfield Centre Hall 9th September
  - Brite Centre Main Hall 13th September
  - Belgrave Community Centre Hall 17th September

- Two additional meetings were held for service users, one was at the request of service users who pay for their own support. This event was held at Age UK on 8th October
- A further meeting was requested by the residents of Hanover Housing Association and held at Danbury Gardens on 30th October

Focus Groups

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicester Adult Education College 4th September</td>
<td>14</td>
</tr>
<tr>
<td>Highfield Centre Hall 9th September</td>
<td>22</td>
</tr>
<tr>
<td>Brite Centre Main Hall 13th September</td>
<td>10</td>
</tr>
<tr>
<td>Belgrave Community Centre Hall 17th September</td>
<td>26</td>
</tr>
</tbody>
</table>

The two additional meetings were held in the same format as the four initial meetings, one meeting was for self-funders held at Age UK 8th October, and another meeting requested by the residents of Hanover Housing Association held at Danbury Gardens 30th October.

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age UK – for self-funders 8th October</td>
<td>13</td>
</tr>
<tr>
<td>Danbury Gardens 30th October</td>
<td>7</td>
</tr>
</tbody>
</table>

A number of particular points were raised at the meeting of 8th October. Concerns of the impact on older people who were not in receipt of a means tested benefit as this forms part of the proposed eligibility criteria was discussed. Further that the assessment criterion was unclear on how someone would be considered to be eligible for support.

All of the minutes from the consultation meetings can be seen towards the end of the document in Papers 1 to 6. The names of service users and carers are not included.
In response to direct contact from John Woolman House further meetings were held there to discuss the proposals.

### John Woolman House

| Meeting included Ward Councillors and residents 3\(^{rd}\) October |
| Meeting with Leicester Quaker Chief Executive and ASC Lead Commissioner 8\(^{th}\) November |
| Meeting with ASC Strategic Director, Lead Commissioner and residents 12\(^{th}\) November |

Minutes of the meetings held on 3\(^{rd}\) October and 12\(^{th}\) November at John Woolman House are attached at Paper (7) and Paper (8)

Full details of the service model provided at this scheme and the level of support that tenants stated added value both from paid support staff and from each other were demonstrated.

**John Woolman House (own questionnaire)**

The tenants of John Woolman House submitted 35 questionnaires that they had produced themselves to demonstrate their experience of being adequately supported across a wide range of areas by the existing support staff. Their level of concern is shared across the majority of tenants that the proposed introduction of individual assessments will negatively impact on their ability to live independently at this scheme. Further, that the proposals restrict the choices that many have already made to live within this scheme.

Two details taken from the John Woolman questionnaire submission are as follows

- response to demonstrate if tenant has required assistance in their financial management, medical need or other daily living requirements and how this has been provided.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office/ Staff</td>
<td>10</td>
</tr>
<tr>
<td>Self</td>
<td>7</td>
</tr>
<tr>
<td>Meals</td>
<td>5</td>
</tr>
<tr>
<td>Medical</td>
<td>4</td>
</tr>
<tr>
<td>General</td>
<td>3</td>
</tr>
<tr>
<td>Carer</td>
<td>1</td>
</tr>
<tr>
<td>Family</td>
<td>1</td>
</tr>
</tbody>
</table>
Supplementary comments to the above question taken from the responses

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>To date, have you required any assistance in your financial management, medical needs or other daily living requirements e.g. meals provision?</td>
<td>sort myself out or help from office in emergency</td>
</tr>
<tr>
<td></td>
<td>As above - office supports me. Meals at JWH 2x a week</td>
</tr>
<tr>
<td></td>
<td>Take care of own needs</td>
</tr>
<tr>
<td></td>
<td>The presence of the sheltered housing officers provides the reassurance I need to cope with my medical needs and any other issues which may arise</td>
</tr>
<tr>
<td></td>
<td>as above</td>
</tr>
<tr>
<td></td>
<td>need support</td>
</tr>
<tr>
<td></td>
<td>looks after everything for me</td>
</tr>
<tr>
<td></td>
<td>Have meals at JWH, office support daily - gives confidence to live independently</td>
</tr>
<tr>
<td></td>
<td>look after self - severely disabled</td>
</tr>
<tr>
<td></td>
<td>Medical needs, i.e. doctor/medicine</td>
</tr>
<tr>
<td></td>
<td>Yes, as above</td>
</tr>
<tr>
<td></td>
<td>No. But, like all elderly people my abilities can change over a short period of time</td>
</tr>
<tr>
<td></td>
<td>unable to manage without assistance</td>
</tr>
<tr>
<td></td>
<td>Need help to get things done</td>
</tr>
<tr>
<td></td>
<td>Yes, I had an operation last year, I require extra help from staff here, they keep an eye on me during recovery</td>
</tr>
<tr>
<td></td>
<td>No. Self-funded needs</td>
</tr>
<tr>
<td></td>
<td>Occasional visit by the doctor. Although, not requiring meal provision at present, the time is coming when I may well need this</td>
</tr>
<tr>
<td></td>
<td>Office sorts it out</td>
</tr>
<tr>
<td></td>
<td>yes, meals at JWH</td>
</tr>
<tr>
<td></td>
<td>okay so far, use meal service at JWH, buy stamps, TV problems etc</td>
</tr>
<tr>
<td></td>
<td>Would need this help for meals, medical and financial without family help</td>
</tr>
<tr>
<td></td>
<td>Don’t use the phone much, find it difficult to explain things face to face - harder over the phone</td>
</tr>
<tr>
<td></td>
<td>Needs help</td>
</tr>
<tr>
<td></td>
<td>Mostly provide for myself but staff do assist when needed</td>
</tr>
<tr>
<td></td>
<td>At times</td>
</tr>
<tr>
<td></td>
<td>No meals provision, sheltered housing officers assist with other things as necessary</td>
</tr>
<tr>
<td></td>
<td>As above - rely on office to sort me out</td>
</tr>
<tr>
<td></td>
<td>Medical - help with medicine to be collected handled at the pharmacy</td>
</tr>
<tr>
<td></td>
<td>Have meals at JWH</td>
</tr>
</tbody>
</table>

A point of clarification is required as this questionnaire refers to the council intending to complete an assessment over the telephone to understand a person’s needs. However, this is not the proposal in full. It had been raised at one of the meetings at John Woolman House that a) a person could make telephone contact to request an assessment and b) depending on the circumstances, this may be appropriate to complete over the telephone.
Further responses received
- A letter with comments
- Petitions (electronic & paper)
- Additional comments at end of the questionnaire (3)
- Clarification questions via the helpline (6)
- Booking attendance at focus groups (56)
- Requests for document translation (13)

Overall total responses to this proposal

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LCC questionnaires</td>
<td>245</td>
</tr>
<tr>
<td>Focus Groups</td>
<td>92</td>
</tr>
<tr>
<td>Telephone Helpline/LETter</td>
<td>81</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>418</strong></td>
</tr>
</tbody>
</table>

Petition specific issues
During the consultation, two petitions have been received and are detailed below:

Petition 1 "We the undersigned petition the council to continue funding to provide Sheltered Housing Officers at John Woolman House, Leicester. Currently, Leicester City Council is in consultation regarding the removing of funding to Sheltered Housing schemes such as John Woolman House. This funding enables such schemes to employ experienced Sheltered Housing staff on site. With this very effective infrastructure in place, help is always immediately accessible, especially in an emergency, and is tailored to individual needs. It promotes an essential sense of security, trust, reassurance and self-confidence which helps elderly, frail people to live independently and with dignity. This is in accord with the Older People’s Charter, signed by the City Mayor and Assistant Mayor in March 2013. Adopting the Council’s proposal will mean a change in emphasis from daily internal support to very selective external support and will increase not decrease dependency. This will fracture an already thriving community and runs contrary to the Council’s own stated objectives and Central Government Policy."

- This petition has 322 signatures and relates to the services at John Woolman House and the concerns of the petitioners that reducing the funding for sheltered housing staff and introducing an individual assessment process is not appropriate for this scheme and is in conflict with LCC Older People’s Charter.
- This petition reinforces the high level of concern that had been raised at the previous meetings held at the scheme. The views that have been shared challenge that the council has failed to address the specific needs and outcomes for older people.
Petition 2—“We the undersigned petition the council to continue funding to provide Sheltered Housing.
Currently, Leicester City Council is in consultation regarding the removing of funding to Sheltered Housing schemes. This is likely to mean a reduction in the support offered within the schemes and puts in jeopardy the emergency alarm systems. Sheltered housing schemes provide an effective infrastructure where help is immediately accessible, especially in an emergency, and is tailored to individual needs. It promotes an essential sense of security, trust and reassurance and self – confidence which helps elderly frail people to live independently and with dignity. This is in accord with the Older People’s Charter, signed by the City Mayor and Assistant Mayor in March 2013. Accepting the council’s proposals will mean a change in emphasis from daily internal support to very selective external support. This will fracture already thriving communities and runs contrary to the Council’s own stated objectives and Central Government Policy.”

- This petition has 383 signatures and relates generally to sheltered housing schemes and states that reducing funding would also put at risk the alarm service and that this proposal is in conflict with LCC Older Peoples Charter.
- This petition reinforces the level of concern that the two proposals would have on sheltered schemes and that the council has not adequately considered the wide range of added value that the scheme provides in terms of security, familiarity, safety and positive relationships.

Responses to questionnaire
In total 245 questionnaires were completed with 65% being completed by someone who uses the service(s).

Views on Proposal 1 - Proposal to change the way you receive support
Whilst there is an indication that introducing an individual assessment can provide more choice for people a significant number of respondents considered that they currently have enough choice or were unclear on whether they agreed with the proposal or not.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I agree that this would give people more choice about their support</td>
<td>57</td>
</tr>
<tr>
<td>b) I don’t agree with this, I have enough choice now</td>
<td>113</td>
</tr>
<tr>
<td>c) I am not sure if I agree with the proposal or not</td>
<td>69</td>
</tr>
<tr>
<td>d) Not Completed</td>
<td>6</td>
</tr>
</tbody>
</table>

View on Proposal 2 - To stop paying for the alarm service
The majority considered that there were other ways to make the required savings

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I agree with the proposal. It is the best way to make the required savings</td>
<td>26</td>
</tr>
<tr>
<td>b) I disagree with the proposal. I feel that the savings should be made in other ways/areas</td>
<td>162</td>
</tr>
</tbody>
</table>
Headline themes of both focus groups, questionnaires and the petitions

Recurring themes are that these proposals:

- Fail to recognise the benefits that both the alarms and the support that is provided to older people ensures that people are supported to age well and with dignity
- That older people are exercising choice by choosing to live within a scheme
- The intangible benefits that being part of a community within a scheme provide
- The value of having support from a consistent staff member who knows you and everyone who lives there
- An individual process will cause fragmentation within a scheme and reduces the community living aspects
- The needs of older people are different (to those of working age, those living alone for the first time) and relate to staying well and aging with dignity and independence.

Equalities summary from the respondents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
<th>Age Range</th>
<th>Count</th>
<th>Do you consider yourself disabled?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>110</td>
<td>55-64</td>
<td>47</td>
<td>Yes</td>
<td>104</td>
</tr>
<tr>
<td>Asian or Asian British - Indian</td>
<td>93</td>
<td>65-74</td>
<td>64</td>
<td>No</td>
<td>88</td>
</tr>
<tr>
<td>Asian or Asian British - Pakistani</td>
<td>4</td>
<td>75-84</td>
<td>81</td>
<td>Prefer not to say</td>
<td>9</td>
</tr>
<tr>
<td>White Irish</td>
<td>3</td>
<td>85+</td>
<td>30</td>
<td>Not Completed</td>
<td>4</td>
</tr>
<tr>
<td>Black or Black British - Caribbean</td>
<td>3</td>
<td>Prefer not to say</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>3</td>
<td>Not Completed</td>
<td>19</td>
<td>Grand Total</td>
<td>245</td>
</tr>
<tr>
<td>other - Iranian</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White European</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British - African</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White European - Polish</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British - African</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British - Caribbean</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White &amp; Asian, British</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British - Of east European origin</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White - other</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Completed</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>245</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>157</td>
</tr>
<tr>
<td>Male</td>
<td>67</td>
</tr>
<tr>
<td>Not Completed</td>
<td>21</td>
</tr>
<tr>
<td>Grand Total</td>
<td>245</td>
</tr>
</tbody>
</table>

Overall total responses to this proposal

<table>
<thead>
<tr>
<th>Questionnaires</th>
<th>245</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups</td>
<td>92</td>
</tr>
<tr>
<td>Telephone Helpline</td>
<td>80</td>
</tr>
<tr>
<td>Correspondence</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>418</td>
</tr>
</tbody>
</table>
Other actions taken as consultation progressed
A number of suggestions were made as the consultation progressed and further actions have been completed. Whilst there have been consistent messages that support the headline themes as above, further aspects are clear:

- There are varying levels of need of current tenants across schemes (need defined by age, physical health, mental health, substance use support needs)
- There are varying levels of support in terms of staff hours provided at each scheme
- There are a number of tenants who are active and healthy living in schemes
- The majority of all focus groups recognised that the benefit of sheltered is in the main knowing support is there when it may be needed
- There is an impact on a number of people who pay for their own services and concern that this removes choice

The proposal to no longer pay for the alarm service within sheltered schemes continued to cause concern as to what the future of accommodation for older people would be if schemes had no alarm service and/or no support available.

The table below shows the current range of costs for these alarm services across sheltered schemes and the number of units this provides (details were not available for 27 service users):

![Sheltered Accommodation](image)

In evaluating all of the responses within this consultation, the recommendation remains that the council no longer funds the alarm service that is within sheltered schemes (proposal 2).

In evaluating all of the information available the following considerations have been made and there is an updated recommendation in light of Proposal 1 – changing the way that support is provided is detailed:

### You said

- Introduce a model like there is in Surrey
- Think about the impact on those who pay for their own support
- Recognise that the needs/outcomes for older people are different to those
We did

- We found out what other authorities were doing i.e. Surrey model and Coventry in relation to the housing related support services

In Surrey a 5 year financial commitment has been given for the sheltered scheme services. Their budget will reduce over the next 2 years by reducing the unit cost. They have a Lead Provider for each area. Coventry has introduced an across the board 60% reduction in funding these services as a transitional approach.

- We sought advice on welfare rights and welfare reforms as there was an unintended consequence of this proposal on people who are not in receipt of means tested benefits.

The majority of existing customers are in receipt of a means tested benefit (i.e. housing benefit) this is not 100% and some people have the funds to pay for their own support and others may be in receipt of a pension.

Our response

- The financial position for the city cannot be compared to Surrey as they have a continuing large budget for housing related support and approx. 15,000 customers. However, we can learn from their approach in the emphasis placed on supporting older people

- The eligibility criteria within any agreed model for the city will include exceptions to being in receipt of means tested benefit.

This is to recognise the situations for those who may be in need of support and may be in low paid employment, absent from work due to ill health and those in receipt of a pension.

- The emphasis for older people is for stability in accommodation choices that have already been made and to have support if and when needed that promotes independence and continued well being

Recommendation

In light of the consistent messages received and the level of concern and defense of the intangible benefits that sheltered schemes can provide we are considering a revised approach that recognises this by offering a core model for the new Independent Living Support services.

This means the core offer provides support to a) set up and/or maintain the home and b) promote health and well being
Any additional need of support would be available from an approved provider list to those (who on assessment) are eligible for support greater than that provided by the core offer a) as required b) to meet agreed outcomes.
Part C - Floating Support Services

Letters to service users
A letter was sent to 241 service users in receipt of floating support services to let them know about the proposed changes to their service and that a consultation was being carried out.

- Details of the three initial consultation meetings that people could attend to talk through the proposal and make their views known, these were at:
  - Age UK 3rd September. Minutes available as Paper (1)
  - Fosse Neighbourhood Centre 12th September
  - Leicester Adult Education College 18th September. Minutes as Paper (2)

Focus Groups
The three meetings had a total of ten attendees;

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age UK 3rd September</td>
<td>2</td>
</tr>
<tr>
<td>Fosse Neighbourhood Centre 12th September</td>
<td>0</td>
</tr>
<tr>
<td>Leicester Adult Education College 18th September</td>
<td>8</td>
</tr>
</tbody>
</table>

Additional meetings were held at the request of providers:

- LASS support service held on 26th September and staff group attended. Minutes attached as Paper (3)
- Midland Heart at their Monday Club with service users held on 4th November. Seven service users attended. Minutes attached as Paper (4)

Telephone Helpline

- Emails with query on the proposals (2)
- General questions about the consultation process (3)
- Bookings for focus groups (14)
- Translation of documents (1)
Responses to questionnaire
In total 67 questionnaires were completed with 88% being completed by someone who uses the service(s).

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) I agree with the proposal. It is the best way to make the required savings</td>
<td>20</td>
</tr>
<tr>
<td>B) I disagree with the proposal. I feel that the savings should be made in other ways/areas</td>
<td>34</td>
</tr>
<tr>
<td>C) I am not sure whether I agree with the proposal or not</td>
<td>11</td>
</tr>
<tr>
<td>Not Completed</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>67</strong></td>
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</table>

If the proposal was introduced following the consultation, the council would reassess all customers. This is to make sure help was given to the people most in need. We think this is a fairer way of making sure those who need support get it. Which best describes how you feel about this?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
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<tbody>
<tr>
<td>A) I agree this is fairer</td>
<td>10</td>
</tr>
<tr>
<td>B) I don't agree this is fairer I think things should stay the same</td>
<td>43</td>
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<td>C) I am not sure whether agree it is fairer or not</td>
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</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>67</strong></td>
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In evaluating all of the responses there was some concern as to what this would mean for individuals as a number of people were receiving a lot of information from various sources at the same time. The prospect of managing change was also causing further anxiety.

However, within this feedback was some level of support for introducing the focus onto the individual as a fairer system that looked at the areas they needed support with and the outcomes to be achieved.

The requirement for continual assessment that people may not wish to divulge personal details and the impact of knowing that support may end was requested to be reconsidered. These responses also raised the issue that certain groups may be excluded if not considered eligible as not in receipt of means tested benefits but may be in need of preventative support services.
Headline themes of both focus groups and questionnaires

- some anxiety about having to manage money
- concern as to having to be assessed more than once
- concern about losing the support of those who may have been providing this support for a number of years as these are within long term preventative services
- need to ensure fairness that those most in need receive the support to be able to enjoy a quality of life

Equalities summary from the respondents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
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<thead>
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<thead>
<tr>
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<th>Count</th>
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<td><strong>67</strong></td>
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Overall total responses to this proposal

<table>
<thead>
<tr>
<th></th>
<th>67</th>
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<tbody>
<tr>
<td>Questionnaires</td>
<td></td>
</tr>
<tr>
<td>Focus Groups</td>
<td>10</td>
</tr>
<tr>
<td>Correspondence (providers)</td>
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</tr>
<tr>
<td>Telephone Helpline</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99</strong></td>
</tr>
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</table>

Other actions taken as consultation progressed are as described in previous parts as the issues raised are interlinked.

You said

- Think about the impact on those who pay for their own support
- Recognise that people with enduring mental health conditions and long term health conditions may need someone skilled to assess them
- Provide support for those who need help to be part of the process and to make choices
We did

- We sought advice on welfare rights and welfare reforms as there was an unintended consequence of this proposal on people who are not in receipt of means tested benefits.

The majority of existing customers are in receipt of a means tested benefit (i.e. housing benefit) this is not 100% and some people have the funds to pay for their own support and others may be in receipt of a pension.

- We have listened to the concerns raised of the skill set required

The proposed assessment process is not to replace the professional support that people may receive nor is it to assess conditions. It has an outcome focus on the areas of housing related support that the person needs support to achieve.

- We have listened to the concerns raised

The proposed assessment process will provide support as required to the individual. Further options would be in place to help someone to manage the allocated amount of money and to choose services.

Our response

- The eligibility criteria within any agreed model for the city will include exceptions to being in receipt of means tested benefit.

This is to recognise the situations for those who may be in need of support and may be in low paid employment, absent from work due to ill health and those in receipt of a pension.

- The skill set of those completing assessments will ensure there is competence in supporting vulnerable people through the process as required on an individual basis.

Recommendation

In evaluating these responses we are considering revising the proposal as people were worried about managing money. This would mean support would be accessed via an approved provider list under the banner of the new Independent Living Support services.
For those receiving floating support access to support would be as described above via an approved provider list, which would be available to those (who on assessment) are eligible for this support a) as required b) to meet agreed outcomes.
Part D - Supported Housing

Letter to service users
A letter was sent to 114 service users in supported housing to let them know about the proposed changes to their service and that a consultation was being carried out.

The following information was sent with the letter:

An information factsheet explaining the reason for change, the proposal being consulted on, answers to frequently asked questions and how people could say what they thought about the proposal;

- Details of the three initial consultation meetings that people could attend to talk through the proposal and make their views known, these were at:
  - Voluntary Action LeicesterShire 11th September. Minutes available at Paper (1)
  - Leicester Adult Education College 16th September Paper (2)
  - Voluntary Action LeicesterShire 20th September Paper (3)

Focus Groups
The three meetings had a total of 18 attendees;

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Attendance</th>
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<tbody>
<tr>
<td>Voluntary Action LeicesterShire 11th September</td>
<td>5</td>
</tr>
<tr>
<td>Leicester Adult Education College 16th September</td>
<td>4</td>
</tr>
<tr>
<td>Voluntary Action LeicesterShire 20th September</td>
<td>9</td>
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</tbody>
</table>

Within the focus groups whilst there was generally an acknowledgment that having an individual assessment is a positive approach, there was a high level of concern as to the impact this may have in small schemes where many aspects of community living are shared by the group who live there.

There was concern that having another person complete an assessment would cause anxiety to the stability and well-being of service users. Of those attending the focus groups, there was a shared feeling that they were receiving the support they needed. Many had been in receipt of services for a number of years.

Of specific concern is the impact on mental health well-being and the perception that all known support staff would be lost.
Further responses received

- Letters with comments (4)
- Booking attendance at focus groups (26)

Letters received raised some concerns that have been captured within our revised approach. In summary from these letters:

- The idea of giving people more choice who have serious illness is illogical as they cannot make an informed fair opinion
- One off assessments are not accurate as people’s health can change very quickly from one week to the next
- Cannot understand how making savings in supported housing will be beneficial, if anything it will cost more
- It’s an important service which a value cannot be put on
- Worried about what will happen in the future
- Poor wording of the consultation, not helpful for people who are vulnerable

Responses to questionnaire

In total 58 questionnaires were completed with 93% being completed by someone who uses the service(s). The majority of the respondents did not agree with the proposal and considered that they had choice now.

<table>
<thead>
<tr>
<th>Response</th>
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<tbody>
<tr>
<td>A) I agree that this would give people more choice about their support</td>
<td>11</td>
</tr>
<tr>
<td>B) I don’t agree with this, I have enough choice now</td>
<td>40</td>
</tr>
<tr>
<td>C) I am not sure if I agree with the proposal or not</td>
<td>6</td>
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<tr>
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<td>1</td>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
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If the proposal was introduced following the consultation, the council would reassess all customers. This is to make sure help was given to the people most in need. We think this is a fairer way of making sure those who need support get it.

Which best describes how you feel about this?

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Page 25 of 165 methodology and consultation report (HRS)
Whilst a small number agreed this could be a fairer process the majority thought it should stay the same.

**Headline themes of both focus groups and questionnaires**

- Concern that the individual assessment would reduce the stability that people are experiencing living in a scheme
- Concern that this would cause ill health particularly for those with enduring mental health conditions
- Having to be reassessed can cause anxiety
- There are intangible benefits that living in a scheme provide and knowing support is available as and when it is needed and provided by someone who is known
- Mental health services should be providing this support as keeps people well and living in the community

**Equalities summary from the respondents**

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<tbody>
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<td>Not Complete d</td>
<td>8</td>
</tr>
<tr>
<td>Grand Total</td>
<td>58</td>
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</tbody>
</table>

**Overall total responses to this proposal**

| Questionnaires | 58 |
|                |    |
| Focus Groups   | 18 |
| Telephone Helpline | 26 |
| Correspondence | 2  |
| **Total**      | **105** |

Other actions taken as consultation progressed

**You said**

- Think about the impact on mental health and well-being of those living in schemes
- Recognise that there is a risk to having continual assessment that can in itself cause anxiety and a crisis
- There is a need to have a crisis response element to support people to live independently and this is currently provided

**We did**

- We listened to the concerns raised and the examples given of positive supports and intangible benefits that living within some of the schemes is providing
We listened to the fact that some of the support provided in the accommodation base reduces the need for crisis intervention.

**Our response**

- The emphasis of supporting people to maintain health and well-being is acknowledged.
- The added value that is experienced by a number of people in small schemes with its community aspects is recognised.

**Recommendation**

In light of the consistent messages received and the level of concern and defence of the intangible benefits that supported housing can provide. We are considering a revised approach that offers a core model of support for the new Independent Living Support services.

This means the core offer provides support to a) set up and/or maintain the home and b) promote health and well being.

Any additional needs for support would be available from an approved provider list to those (who on assessment) are eligible for support greater than that provided by the core offer to a) as required b) to meet agreed outcomes.
Part E - Provider response and other interest groups

As part of the consultation there were two provider events held at
LCB Depot on 5th September – 6 providers attended. Minutes available at Paper (1)
LCB Depot on 10th September – 5 providers attended. Minutes at Paper (2)

Details from these events covered both of the proposals and some of the concerns raised
across other activities were echoed here. Whilst there was a consensus that a person
centered approach to individual need was positive, careful planning was required to state
how outcomes would both be decided and measured.

Concerns raised that there could be a high risk particularly for those with enduring mental
health conditions and continual assessment can cause an increase in anxiety.

Losing the support would leave people with high needs in accommodation without any
support. Shared concern that there needs to be some support presence across these
schemes.

Concern that if people did not meet the criteria they would fall through the gap as though
they may be vulnerable they may not meet the threshold for statutory support.

To support mental health needs there needs to be a flexible approach as needs can go up
and down. Further that the support is for enabling people to enjoy a quality of life and both
developing and maintaining skills.

Within sheltered schemes having a mix of lower and higher needs is better for those who
live there. A risk is that without any support available, providers will not accommodate
those with a higher level of need.

Other issues for providers relates to what the future procurement exercise would look like
as there has been a suggestion of a framework or Approved Provider List.

Biggest concern is about having no presence at schemes as without an alarm and/ or no
support there is no mechanism in place for ensuring people are well. Concern about using
some of the terminology as the fact that support would be time limited can cause anxiety in
itself.

These proposals were presented at the following representative and interest groups:

- Carers Forum at Age UK 15th October. Minutes available at Paper (3)
- Forum for Older People at the Town Hall on 23rd October
- 50+ Network at the Town Hall on 28th October

The presentation used at the above and the provider events is available as PowerPoint
(4)
Further responses - Letters from providers (3)

Providers have reiterated some of the concerns as raised above and this information has been further considered. Issues relating to the eligibility criteria and the assessment process will continue to be developed if the proposal is agreed. One provider has stated that they are in favour of a core model approach.

Further provider concerns relate to the future procurement model i.e. Framework or Approved Provider List, outcomes based model.

In response to the above, the issues and concerns raised will be incorporated in the future procurement exercise once a working group is tasked with these actions.

A further meeting was held with an individual provider at their request. This provider had supported a number of their tenants in a sheltered scheme to actively participate in the consultation. This meeting was an opportunity for the provider to share a number of business options they were exploring and were seeking our views on these.

On line surveys

We received 14 completed surveys with a number of comments across each service area that has been reflected within this report.

| A representative of an organisation | 2 |
| Carer of a service user affected by the proposals | 1 |
| Family member of a service user affected by the proposals | 4 |
| Other | 4 |
| Service user affected by the proposals | 3 |

Of particular concern for carers was the impact on their loved ones where the services have proven to provide stability and their concern on whether services that were known would be able to continue to provide the same quality and consistency if the way that people could choose support became fragmented.

An organisation questioned whether the support proposals would prove to be a cost effective response and deliver the required savings as it may become a bureaucratic process to manage.

The majority of the comments expressed concern as to the impact on vulnerable people and whether the proposals would result in reduced quality of services.
MP and Councillor enquiries and comments

A number of contacts have been made on behalf of constituents to either clarify the detail on the proposals or to raise concern as to the impacts on vulnerable people.

Individual responses to the points raised have been given directly, where required.
Part A: Community Alarms Papers

- **Community Alarms Paper 1** - Notes of the Alarms Consultation Group Age UK, Clarence House, Leicester 6th Sept 2013

- **Community Alarms Paper 2** - Notes of the Alarm Focus Group at Harrison Court – 26th Sept 2013

- **Community Alarms Paper 3** - Notes of Sheltered Housing (including alarm provision) Consultation Group 30th October at Danbury Gardens

- **Community Alarms Paper 4** - Providers of alarms services consultation - Wednesday 25th September 2013
Meeting was opened at 13.35 by Caroline Ryan – Lead Commissioner, Care Services & Commissioning.

The people at the meeting introduced themselves:
Caroline Ryan (CR) – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd (PA) – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)

There was a single customer in attendance that was representing a family member currently a resident in Danbury Garden

Notes

Given there was only one person in attendance a less formal approach was taken. The customer began by explaining why she was there and her relationship to the service users – who was her nephew. She then made the following comments.

Concern was expressed that taking the proposal to remove the funding for alarms would have a significant impact on the more vulnerable members of society. Suggest a much better approach would be to identify those with the most severe of disabilities – those who depend on the alarms should anything happen. This would just be a small bunch of people and carry on funding this small group. Seems you are using a sledge hammer to crack a nut.

Caroline took the opportunity to explain at this stage this was only a proposal and no decision had been made and the proposal was that it was no longer viable for the Council to continue funding these services. This did not mean they would stop but the tenant would have to pay the cost. Caroline then explained the background to this:

- The Council now has less money to provide these types of services.
- There is increasing pressure upon the Council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.
- The cost of alarms differs from provider to provider and the Council thinks we don’t get value for money as a result of such difference.

If he (nephew) fell and there was no alarm who would be able to help him he could lay there unconscious for days?

If the cost of the alarms was passed onto residents many of them could not afford to pay for it. The cost would also come on top of other cost of living increases. This squeeze on income could force the most vulnerable to make some very difficult choices. Wouldn’t a better approach be to carry on funding and providing for a small number who simply couldn’t afford to pay? This would ensure a safety net was in place?

How will you let me know when a decision has been made? Caroline confirmed that we would write to all customers informing them of the decision.
Caroline then took the opportunity to explain the consultation process:

- Runs from 19th August to 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services.
- No action will be taken until a final decision is made in December 2013
- We’d like your views.

Some customers will be in a position to pay for their own alarm others won’t be able to and we should provide for this group as a priority.

**Question**

Why are we paying for Jubilee Square when other more essential services – those effecting health and wellbeing – are being cut? We need to prioritise spend and focus on services that are vitally important to the community.

**Answer**

*Different money called Capital has to be used for certain things like buildings and equipment; it cannot be used to pay for these services.*

The meeting was closed at 1405hrs.
Community Alarms Paper 2 - Notes of the Alarm Focus Group at Harrison Court – 26th Sept 2013

Meeting was opened at 1930 by Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council.

Caroline made the formal introductions

Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)

Also in attendance were representatives of Waterloo Housing (Landlord) and MOSIAC (Independent Living Project). Residents & staff of Harrison Court.

Caroline began by explaining the background

- The Council now has less money to provide these types of services.
- There is increasing pressure upon the council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.
- The costs of alarms differ from provider to provider and the Council thinks we don’t get value for money as a result of these differences.

The consultation proposal

Caroline explained that the Council has decided that it is not viable to continue to fund these services. This doesn’t mean your service will stop straightaway. The decision will have to be agreed by the city mayor and his executive team. If the proposal is accepted, no change would be experienced by people using the service until April 2014

The Consultation Process

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- No action will be taken until a final decision is made in December 2013
- We’d like your views

Caroline then asked the audience:

- What they thought of the proposal?
- Comments on what this might mean to you (or the person you care for)?
- Suggestions about what other change we might make instead?
Questions, Comments & Suggestions

1. Waterloo Housing explained that the service will not be stopped and if the proposal goes through they will look at making the alarms as affordable as possible for all residents. The current proposal has already happened in the West Midlands so they have experience of how to respond. Cost of alarms at Harrison Court is cheaper than at many other places. If the proposal went through they would look at working out an affordable charge and then write to all tenants.

2. A resident of Harrison Court then asked what they currently pay now for the alarms. Waterloo Housing confirmed that it was £1.93 but if this had to passed on to the tenants it wouldn’t be any more than about £1.50.

3. If you charge us for the service our benefits don’t go up so the amount of money we have is being squeezed even more by the Council. Caroline thanked the tenant for their comment and assured them it would be fed into the consultation process.

4. A number of residents in Harrison Court have two bedrooms because of their disability. Those that do have already been hit by the bedroom tax so their income is getting less and less. Caroline commented that she would discuss this with Revenues and Benefits.

5. Will the cost of the alarm be optional do I have to pay for it? Waterloo Housing explained that the alarm is linked into the building and the charge can’t be optional because it is linked into many other services.

6. If the charge is £1.50 will it go up year on year? Waterloo Housing confirmed that the price shouldn’t increase until the equipment is replaced in about ten years’ time.

7. Couldn’t the alarm be call centre based? Waterloo Housing confirmed that it could be but that would cost more and the cost would be passed onto the tenants.

8. One of the issues is that some people may be able to afford to pay for the alarms and others won’t which is why the current proposal is so unfair. Waterloo Housing confirmed that if tenants can’t afford to pay they will not be cut off from the service. They will find a way to work something out.

9. If people can’t afford to pay how would Waterloo Housing work something out – how would they do this. Waterloo Housing commented that a hardship fund might be set up. A discount could also be offered for those that pay the cost of the alarms up front. Caroline confirmed that this would be taken back as an idea and fed into the consultation process.

10. Although £1.50 is only a small amount of money it can make a huge amount of difference to the quality of our lives. Also our benefits do not go up to cover an increase in costs in other areas.

11. MOSIAC commented that this proposal needs to be taken in context because they are linked to the current review of the Independent Living Project.

12. Without the alarm what will happen to me if I fall and hurt myself during the night I will be left there stuck. The proposal is not to remove the alarm but to no longer contribute to towards the cost of it.
13. The way our alarm is set up and because we have staff on site if we have a fall support can be there immediately this is very important to me and I don’t want it to stop.

14. The alarm and call system provides support and reassurance for people who have a disability. Stopping this service discriminates against people who are disabled it has a negative effect on the most vulnerable of people.

15. As we get older our conditions will get worse and worse and we will need more and more support. Not less support. The alarm is a life line. Caroline reminded everyone that their comments are very important to us and they will be fed into the consultation process.

16. Don’t we need to look at the legal implications (from a tenant’s perspective) of offering a service then stopping it or charging for it? We have a rental agreement.

17. It is very difficult for tenants to cope with this change and other that affect them like benefits.

18. Tenants in Harrison Court are currently being consulted on a number of proposals – like the one to close the Douglas Bader Centre. It seems a whole range of proposals are impacting on residents. Is anyone taking account of the cumulative impact of all these proposals?

19. The message I want to give to the Council is that all these cuts need to stop. They are targeting vulnerable people who need support the most. Surely there are other fairer ways of making savings?

Caroline then reminded all that no decision had been made and the consultation is still open. Questionnaires can still be set back and the helpline is still open.

20. I think this is also a health and safety issue because if we don’t have an alarm vulnerable people will come to harm. It also doesn’t save you any money because it there is no alarm and people come to harm they will end up in hospital that costs you more.

21. The letter you have sent is not easy to understand and all the tenants found it very difficult to understand. Caroline confirmed that we would take these comments on board but it had been a very complicated issue to communicate.

22. I don’t want to pay for the alarm because I simply cannot afford it. Without the support I get here at Harrison Court I would have to go into residential care and how much would that cost you.

Caroline then closed the meeting at 20.30 thanking everyone for their comments, questions and suggestions.
Community Alarms Paper 3 - Notes of Sheltered Housing (including alarm provision) Consultation
Group 30th October at Danbury Gardens

Meeting was opened by Caroline Ryan Lead Commissioner for Supported/Independent Living, Leicester City Council.

Caroline introduced Shirley Jones, Supported Living Project Manager who will be taking notes of the meeting as minutes will be sent out to those who have attended today. The meeting would cover the two proposals:

- Alarm Proposal
- Sheltered Housing Proposal

Also in attendance were;
Rehana Kapasi Locality General Manager Leicester City Council
Mary Harle – Hanover Housing
Margaret Kirk – Scheme Manager Danbury Gardens
Marion - Hanover Close Scheme Manager

34 service users were present all signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Caroline Ryan)

Caroline welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about the proposal to no longer pay towards the cost of the alarm service and stressed that no decision had been made and we don’t know yet if change will happen. Rehana Kapasi provided interpreter support for the group.

Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

Background

Caroline explained that the council no longer pays for alarm service in Leicester City council schemes. Mary Harle (Hanover) advised the group that the cost for this at Danbury Gardens is £1.50 per month. For Hanover Close the support charge is within the rent statement.

Caroline advised that across the city there is no standard price for alarms and they vary from 50p to £7.69 per week:

- The Council now has less money to provide these types of services.
There is increasing pressure upon the council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.

The costs of alarms differ from provider to provider and the Council thinks we don’t get value for money as a result of these differences.

**The consultation proposal**

Caroline explained that the Council has decided that it is not viable to continue to fund these services. This doesn’t mean your service will stop straightaway. The decision will have to be agreed by the city mayor and his executive team. If the proposal is accepted, no change would be experienced by people using the service until April 2014.

Caroline advised that currently there is an overall spend of £2.7m and a budget of £1.7m. A decision will be made in late December or early January.

Caroline said we want to listen to your views on the proposals, answer your questions and hear if you have any other ideas.

**Comment**

1. If the council has less money why are you spending £30 m on council offices and £10m on the culture bid. If no money you should be spending on older people and not structures and not stopping paying for alarms.
2. Can we still pull the alarm and get a response - Yes
3. Will we have to pay – this is possible as landlords will have to work out how the cost of the alarms will be met
4. Some buildings have got to go as they cost a lot of money and you are proposing to spend monies at the expense of older people 99% have chosen to live here and have chosen that support and need the support. Caroline explained that in terms of buildings this related to something called ‘capital’ money that that we are not able to spend as ‘revenue’ which is what we use to spend on services
5. It will cost a lot more money if you withdraw services. How much will people have to pay? This depends on the scheme so it is difficult to say as it will be set by your landlords.
6. Marion from Hanover advised that 75% of the rent is towards support and alarm costs

Caroline asked if there were any other views on the alarm proposal

7. My father was ill and has come here for extra care .If there’s no pull cord this is not extra care and some people can’t afford to pay for it. The proposal is not to take the alarm away but that the council will no longer pay a subsidy towards it.
8. You have to think about those without family to help as not everyone has family to support them. We are not saying the alarm service will go and we note the concern about people being able to afford it. At this stage we are still looking at all the options and one thing that was raised in other meetings was to consider a hardship fund but we have to be guided by what is realistic given the amount of savings to be made.
9. What will the impact be on Danbury Gardens? Mary Harle advised that there is a certain amount in the service charges and an element of this covers the alarm. This means that £1.50 would stop from April 2014. At Danbury there is a separate door entry and a separate
one for flats. We house frail and elderly people and this is extra care so it is a priority that we keep this.

10. Someone on pension credit may not be able to afford £1.50, this is not right - I used to pay £12 towards my council tax and now have to pay £75 a month so anything else is just not affordable. Caroline stated we recognize that there are other financial impacts affecting people, and as noted earlier we will consider this alongside the proposals. However, it is important to note we don't have enough money to pay for services currently.

11. People don't think it's right what's affordable and what is prevention it's (the alarm) a vital part of the scheme - it is extra care, can't afford to pay it due to other impacts so now will that gentleman be put at risk because he can't afford it.

*We are listening to the impact of this proposal and will make sure your views are included within the report*

Caroline then moved on to talk about the Proposal – about the change to support for sheltered support.

Caroline confirmed the proposal would be to have a single assessment across the whole city to identify if someone has a need for support

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service you currently get and:

- Introducing an assessment for each person to make sure help is given where it is needed most
- Giving people who are eligible for services:
  - Money to manage and choose support themselves (you get the money and arrange the support) or
  - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
  - Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

- If you are eligible to receive services your needs will still be met using one of the ways above.

Caroline stressed again that no decision had been made she then explained how the proposals would work:

- If you think you need support you will contact the team for an assessment to see if you are eligible and say what support needs you have.
- If the proposal was agreed reassessments would start next year for those that have contacted us (after the consultation ends)
- If the proposal is accepted, no change would be experienced by people until July 2014
What do you think the impact will be for Hanover Close and do you agree with the comments?

12. Marion advised that at Hanover Close this pays for alarm and support as the warden is on site. Proposal is to no longer pay for the warden as there insufficient money.

13. If you take the service away we are worried about 5 years down the line – this is an insult to older people as you are putting a price on older people. You should spend less on other things and give us a service.

14. Is this just a city council thing or is it from central government. Someone should tell the government about what you are doing to older people and the poor. You do not hit the elderly and you do not cut these services. Caroline advised the government has/is reducing amount of funding to local authorities across the country and this is our approach of how we have to meet these financial challenges.

15. They (the government) are cutting Leicester’s budget by 25% but Westminster only has a 5% cut. Someone should do something about this.

16. Marion stated when these support arrangements came in to be fair to everyone, we kept our prices low some support charges are £70 per month we only charge £14 per month and yet we are offering the same service. I can’t see anything that they are doing that is different to our scheme so this should be looked at. The money is not split across the schemes at the same level. Caroline advised that at the time of the introduction of SP the support was set by the providers

17. Introduce a lower rate to all and be sure about what they are providing. We do not want to lose our warden. The warden is important and can explain forms to us in plain language

18. It beggars belief that you have handed out contracts where the providers set the level and now there are pressures on the market and on services continuing

19. You could pay those that are doing this at a reasonable level and reduce all others to be effective with a set rate and level with a standard charge across the city. Now there are some that have less money with £15 at one end and £1.50 at the other.

20. Mary Harle from Hanover said Danbury Gardens has been hit a number of times as we originally had a company providing care and support and had the STAR team here and this was withdrawn so we were left with no support in an extra care scheme now housing management pick up these tasks.

21. Mary Harle stated you need to provide reassurance that it will be targeted to those that need it the most. Caroline - it would be ineffective if we are not able to target those that need it most. For those in sheltered schemes need to know what the level of need is and what would be allocated. In this support model, no needs at the point the assessment is done would result in no allocation of support.

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22. What will the admin costs be against setting up a team and reassessing everyone?

Caroline – we haven’t confirmed the amount yet but we believe it would be cost-effective to have one team rather than have multiple schemes and processes in place as we do now.

Caroline explained that if you are eligible an assessment will take place to look at where you need support in one or more of the following areas:

1. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.
2. **Developing learning/vocational skills and positive interaction** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.
3. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.
4. **Managing your money** – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.
5. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.
6. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.
7. **Monitoring of health and well-being** – managing all health related situations, appointments, changes in mood and having a healthy lifestyle.
8. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries.

We then complete an assessment of needs based on the above that can be around all areas of life including managing debt. The support can be reduced and be targeted to those that require it.

23. I had an assessment before I moved in here and everyone knew that this would be suitable for me even though Danbury is affected by the alarm only they do need support

24. Our support that we have is helping us to continue to live there. It beggars belief you are not looking at the broad spectrum of needs - we will end up in hospital or residential care without this support. Money is saved by having support that can be used elsewhere and as you need it. It costs more and will impact on all services.

25. Will we get a choice at Hanover Close? Caroline confirmed yes, person would need to make contact if they felt there were areas that they did need support in/with and yes they would then have a choice of who supported them.

26. If you decide to withdraw services then you should be the ones to contact us not the other way round. People don’t understand what is going on and they are frightened. You are also talking about older people and some do not come forward and will let these changes happen without speaking out. We note the comment and will consider this as part of the consultation.
27. Marion – we deal with so many things for people that if we didn’t do them you would need extra staff in Age Concern to deal with the increased demand for advice and support. Marion confirmed that in Hanover Close there are 52 residents as a mix of 1 and 2 beds and the minimum age is 60 years.

Caroline thanked everyone for their comments today and advised that we have had a good response generally. Reminder that no action will be taken until final decision which is likely to be December or early January. We will capture the different views in the report and send the minutes out.
Community Alarms Paper 4 - Providers of alarms services consultation - Wednesday 25th September 2013

Meeting was opened by Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council

Welcome and Introduction
Caroline welcomed all to the provider to the meeting and introduced herself to the group and explained her role and the purpose for the Consultation meeting and asked for a brief round of introduction

2 Providers were present and signed a record of attendance so notes of the meeting and the presentation could be sent onto them.

Attendance
Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Julie Bryan – Contracts and Assurance, Leicester City Council (minutes)

Caroline presented the background context
Service has disaggregated to ASC in 2012/13. Annual funding has reduced. Currently spend 2.4 million against a budget of £1.7million – this is a key driver for change. The proposals will deliver the required savings which were part of the 2012/13 budget setting process. It was emphasised that change needed to ensure resources target those in greatest need. This approach is aligned with ASC vision. This will provide preventative services that will stop people needing long term expensive care and support.

Caroline presented the Consultation Proposals
For sheltered Alarm and Alarm only services
Proposal: The council is proposing to stop paying towards the cost of alarm services. If agreed, people would still be able to have an alarm service from their landlord but he Council would not continue to pay for it.

Caroline asked if there were any questions, what they thought about the proposal and what it might mean for the organisation. Any other suggestions, option we could consider.

Questions;
Provider – Heard about this proposal about 3/4 weeks ago and needed to know about this. Have been to see tenants and some use the alarm and some don’t. Would we just tell you to come and take the ones that aren’t being used? Caroline responded that some will self-fund but a subsidy is currently paid for residents on Housing Benefits. So if the funding was stopped their shortfall would have to be met another way. It is considered an ineligible charge through Housing Benefit. The decision would be up to you in consultation with your residents if the proposal was agreed
Provider – If tenant can’t pay is there a grant that they could apply for? Caroline advise that this had been raised at other groups about affordability we will take that back to consider.
Provider – As budgets have been set wouldn’t be able to factor in any costs. Caroline responded that if proposal is agreed, the funding wouldn’t stop till April 2014

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Provider – Are there different types of alarms? Caroline explained that yes some are linked to a call centre, for some few wardens live on site.

Provider – Is this just a Leicester City Council thing? Caroline advised that it is a Leicester City approach.

P – What are other landlords saying? Caroline explained that a previous meeting asked providers what would happen with the service if they ceased to be funded. They had advised that most will pass on the charge with one service may come out of the market.

Provider – You’re saying this can’t be put as a service charge? Caroline advised that’s correct, we’ve spoken to Housing Benefit and it is considered care and support and not eligible under their rules.

Provider – So if a person couldn’t afford it, they would need to talk to social worker? Caroline explained that if they had substantial/critical as determined by Adult Social Care it might be included in statutory assessment (the need for alarm).

Provider - What other cut backs are being proposed as well as alarms? Caroline explained that there is a proposal to remove support from on-site schemes such as sheltered and supported living and the proposal is to end contracts with providers and have an assessment team so individuals will get the support they need either choosing who they would like to support them or asking for support to be arranged for them through a framework contract.

Provider – What is average cost of alarms? Caroline advised the costs vary and it is difficult to say what the average price is and currently we pay between 50p per week up to £7.69 per week but possibly the average would be around £3.

Provider – What about the maintenance of the alarms? Caroline explained that this isn’t covered by this funding.

Comment
Provider we didn’t put them in - Noted

Caroline then explained that feedback could still be submitted up to and including the date consultation closes (20th November 2013). When the consultation closes a report will be produced for the executive this will be towards the end of the year.

Caroline thanked everyone for attending and the meeting closed.
Part B: Sheltered Housing Papers

- **Sheltered Housing Paper 1** - Notes of Sheltered Housing (including alarm provision) Consultation Group 4th September 2013 Leicester Adult Education College.

- **Sheltered Housing Paper 2** - Notes of Sheltered Housing (including alarm provision) Consultation Group 9th September 2013 at The Highfields Centre

- **Sheltered Housing Paper 3** - Notes of Sheltered Housing (including alarm provision) Consultation Group 13th September 2013 Brite Centre

- **Sheltered Housing Paper 4** - Notes of Sheltered Housing (including alarm provision) Consultation Group 17th September 2013 Belgrave Neighbourhood Centre

- **Sheltered Housing Paper 5** - Notes of Sheltered Housing (including alarm provision) Consultation Group 8th October Age UK provided for self-funders

- **Sheltered Housing Paper 6** - Notes of Sheltered Housing (including alarm provision) Consultation Group 30th October at Danbury Gardens

- **Sheltered Housing Paper 7** - Notes of meeting held at John Woolman House at request of Ward Councillors 3rd October 2013 in view of the proposals regarding sheltered housing (including alarm provision)

- **Sheltered Housing Paper 8** - John Woolman House (JWH) Residents Meeting Tuesday 12th November 2013
Meeting was opened at 16.35 by Caroline Ryan – Lead Commissioner, Care Services & Commissioning.

The people at the meeting introduced themselves:
Caroline Ryan (CR) – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd (PA) – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)
Kate Galoppi (KP) – Head of Commissioning, Care Services & Commissioning, Leicester City Council

14 users were present with the majority being from John Woolman House. All signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Caroline Ryan)

Caroline welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about two proposals (1) to change the support you get in your home and, (2) to no longer pay towards the cost of the alarm.

She stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

Questions

1. Has a decision already been made on the proposal. *Caroline reiterated that no decision had been made.*

2. Caroline was asked to define what she meant by support and *she replied that each organisation that we worked with had a slightly different way of providing and defining support*

3. Caroline was asked to confirm what the proposal actually meant for the residents of John Woolman House. *She confirmed that the current funding paid for a warden and the cost of alarms and this will no longer be paid to the landlord. Caroline then stressed again that at this stage it was only a proposal.*
Why the Council thinks change is needed and the consultation proposal (Caroline Ryan)

Caroline started by giving information about the proposal as follows:

The proposal is to change the way support services are provided by

• Introducing an assessment for each person to make sure help is given where it is needed most, and

• Giving people who are eligible for services:
  o Money to manage and choose support themselves or
  o Help to manage the money to buy their support or
  o Help with choosing an organisation to provide support

Why has the Council come up with these proposals?

• The Council now has less money to provide these types of services.

• Continuing to provide these services as they are is not a cost effective use of the Council’s money.

• The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.

• The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.

• These services now sit within Social Services.

• We need to target the service at those that need it the most.

• We want to give people more choice and control over the services they receive, just like other Social Services customers

• The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

• People need assistance not only with housing but on other matters to support their independence.

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service you currently get and:
Introducing an assessment for each person to make sure help is given where it is needed most

Giving people who are eligible for services:

- Money to manage and choose support themselves (you get the money and arrange the support) or
- Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
- Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

If you are eligible to receive services your needs will still be met using one of the ways above.

Caroline stressed again that no decision had been made she then explained how the proposals would work:

- If you think you need support you will contact the team for an assessment to see if you are eligible and say what support needs you have.
- If the proposal was agreed reassessments would start next year for those that have contacted us (after the consultation ends)
- If the proposal is accepted, no change would be experienced by people until July 2014
- At that time, those people who are eligible can:
  - take a payment and organise services themselves
  - ask an organisation to help them organise services or
  - ask the council to find a service to support them

Questions

1. How does the current proposal affect users who take a direct payment? Caroline confirmed that the proposal will not affect a user who chooses to take a direct payment.

2. When the assessment of needs is completed will this be done in person or will it be done over the telephone. Potentially both but will be dependent upon the individual circumstance.

3. Isn’t one unintended consequence of the proposal that it unfairly penalises self-funders because a Support Worker will no longer be in attendance? At this stage the purpose of the consultation is to identify all impacts of the proposal of which this is one. Before any decision is taken this will need to explored. Consequently as a result of this question we are now holding a focus group with self-funders to understand the impact of the consultation proposal

4. Why is there not another proposal here – to do nothing and maintain the status quo? Caroline confirmed that the reason for this was budgetary constraints.

5. Does this proposal mean that no one would be on site? Caroline confirmed that this would
be up to the landlord.

Comments

1. Concern was expressed that if the assessment was to be over the telephone that could present an opportunity for fraud. Also a number of service users choose not to have telephones or are hard of hearing.

2. The removal of a Support Worker at John Woolman House significantly reduces the amount of personal contact for service users. This can leave them feeling isolated and will have an effect on their well-being.

3. A number of current users have made choices based on the current infrastructure of John Woolman House which includes having a Support Worker in place and on a daily basis. This proposal will destroy this and have a significant impact on current users.

4. Users have chosen John Woolman House because it represents a community which has built in support. The current proposal will end this support and have a detrimental impact on the community.

5. This is not a cost effective way of saving money. Removing the support that is currently available in John Woolman House will make current users less independent and moves a cost into another part of the economy.

6. Cannot stress enough how important the community aspect of John Woolman House is. The current Support Worker is a key and important part of that community they provide support and encourages independence which is surely a good thing and should be encouraged. The loss of this worker will have significant impact on the community.

Caroline then explained that the proposal is to change the way people are identified as being in need of support by having a dedicated team that establishes whether a person is eligible for support around one of the following areas:

9. Setting up or maintaining a home or tenancy – practical issues of tenancy and/or setting in or planning to move on.

10. Developing learning/vocational skills and positive interaction – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.

11. Developing learning/vocational skills and positive interaction – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.

12. Managing your money – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.

13. Establishing social contacts and activities – taking part in activities or reconnection with family/friends.
14. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.

15. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

16. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries.

Caroline then explained how Right to Control worked and how this linked in to the current proposal and could benefit current users. This was done via a case study which explained how support help maintain independence, prevented isolation and enabled positive relationships.

Caroline then explained why this approach is being proposed and what the consultation process is:

We think this is fairer to have one assessment that is applied to all people so that there is consistency in making decisions about who receives support.

With reducing budgets we need to make sure that money is spent where it is needed most. The amount of money that we have will be fixed each year and by making support time limited we can target the money to those that need it most.

A single assessment will clearly establish the areas of life that you need support in or with and for how long.

**The Consultation Process**

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team
- Everyone that is eligible for support will receive help to organise options that meet their needs
- We’d like your views

**Comments**

1. The support that Catherine was getting (in the case study) is exactly what the current residents of John Woolman House already receive from their Support Worker so why is it being stopped.
2. Current proposal will only isolate people and confine them to a single environment. The support that the residents of John Woolman House get is already superior to anything else that maybe offered already. Particularly Right to Control.

3. The needs of those residents in John Woolman House are different from others – it is a community and a very special place that more than meets expectations. This one size fits all proposal does not work for John Woolman residents.

4. Staff in John Woolman House know the residents well they are aware of their concerns and issues so can act and provide support accordingly – it’s more personalised. Under the current proposal this will be lost and this does not encourage independence.

5. These proposals don’t take account of users who don’t have family to rely on for support. John Woolman House is a community and in that sense is a family. To ensure this continues the current infrastructure must be maintained.

Questions

1. There is no mention of the expertise of the people who will be doing the assessments – what are their qualifications. Caroline confirmed that they are not medically qualified but we do recruit against a job description which ensures they have all the necessary skills to do the job. We also have employees currently in post currently doing these assessments.

2. Because the needs of each home differ from location to location it would have been much better to have a consultation event in each home that wanted one. Caroline confirmed that this was a resourcing issue and there are numerous ways to feed into the current proposal.

A short break then followed.

Alarms

Caroline opened up the second half of the meeting and explained about the proposed change to Alarms. The proposal is to stop paying towards the cost of your alarm service.

Background

- The Council now has less money to provide these types of services.
- There is increasing pressure upon the council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.
- The costs of alarms differ from provider to provider and the Council thinks we don’t get value for money as a result of these differences.

The consultation proposal

Caroline explained that the Council has decided that it is not viable to continue to fund these services. This doesn’t mean your service will stop straightaway. The decision will have to be agreed by the city mayor and his executive team. If the proposal is accepted, no change would be experienced by people using the service until April 2014.
The Consultation Process

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- No action will be taken until a final decision is made in December 2013
- We’d like your views

Questions

11. Can’t the cost of alarms be standardised so all residents (regardless of where they live) are paying the same. *We will take back this point and consider it accordingly.*

12. How much does the Council have to save? *Caroline confirmed £710,000 by 31st March 2014.*

13. If we had just one contractor providing an alarms service this would drive down the cost for residents and help set a standardised price. *Again we will take this point back and consider this.*

14. Can we have sight of all the feedback from others that take part in the consultation. *Caroline confirmed that feedback will be summarised as part of the Consultation Report and this would be made available to all.*

15. Are questionnaires welcome from anyone? *Caroline confirmed that all questionnaires are welcome.*

16. If the proposal was not implemented and cuts still need to be made were would these be? *Caroline confirmed that was impossible to say to how this would happen.*

17. How will it affect those people who already pay for service? *We will look in to this and feedback into the overall report.*

Comments

1. Residents without phones or those that maybe deaf or hard of hearing (so don’t use phones) will be at risk if they do not have an alarm that enables them to notify someone that they are in trouble.

2. The proposal to stop alarms is inhumane because it puts residents at risk. It is also a false economy because an incident that is not responded to quickly (which they are with the alarms) could end up costing more in the long run for example a hospital stay that could have been prevented.

3. Many of the residents at John Woolman House do not have a family so need the alarm for safety – who else can they contact? It’s not about the money that residents may need to pay towards the alarm it is a humanity issue.
4. The suggestion that residents will have to pay for Alarms comes on top of an increase in utility bills, potential loss of the winter fuel subsidy etc. The amount of disposable income is decreasing which could lead to financial hardship for some.

5. The residents of John Woolman House would like the status quo to be maintained for all support they currently receive. The current proposal will only isolate people further which isn’t in their best interest.

6. We have been through this before a couple of years ago and we were not listened to then so why will be listened to this time. Such an approach leaves us with very little trust in the Council.

7. There needs to be a prioritisation of spend how can we be spending money on Jubilee Square but cutting essential services in others.

8. The removal of alarms could potentially lead to residents having heart attacks (or similar) and being left to die because they can’t contact anyone.

9. The current proposal is an attack on the most vulnerable members of society which makes it a moral issue that the Council needs to address as a priority.

10. Staff at the John Woolman perform a very valuable service. It is false economy to encourage users to have individual packages when they already get this service from one person on one salary.

Caroline concluded with thanks for the comments and the meeting was closed at 18.30 hours.
Sheltered Housing Paper 2 - Notes of Sheltered Housing (including alarm provision) Consultation Group 9th September 2013 at The Highfields Centre

Meeting was opened at 1415 by Kate Galoppi – Head of Commissioning, Care Services & Commissioning, Leicester City Council.

Kate introduced others that were in attendance.

Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)
Shirley Jones Supported Living Project Manager
Bhawan Patel – Interpreter, Leicester City Council.

22 service users were present all signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Kate Galoppi)

Kate welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about two proposals (1) to change the support you get in your home and, (2) to no longer pay towards the cost of the alarm.

Kate stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

Kate then made the formal introductions and explained how the meeting would run.

The Proposal – about the change to support.

Kate started by giving information about the proposal as follows:

Why has the Council come up with these proposals?

- The Council now has less money to provide these types of services.

- Continuing to provide these services as they are is not a cost effective use of the Council’s money.

- The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.
• The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don't get value for money as a result of this.

• These services now sit within Social Services.

• We need to target the service at those that need it the most.

• We want to give people more choice and control over the services they receive, just like other Social Services customers.

• The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

• People need assistance not only with housing but on other matters to support their independence.

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service you currently get and:

  o Introducing an assessment for each person to make sure help is given where it is needed most

  o Giving people who are eligible for services:

    ▪ Money to manage and choose support themselves (you get the money and arrange the support) or

    ▪ Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or

    ▪ Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

  o If you are eligible to receive services your needs will still be met using one of the ways above.

Questions

1. The landlord never tells us what is going on. Is the landlord aware this is happening and are you speaking to him? Caroline confirmed we are in discussions with all the landlords and that they are aware of the current proposal.

2. We are unclear about what the current funding actually pays for our landlord does not let us know. Caroline confirmed what the funding was for (supported living & alarms) and this was what we were consulting on.
3. We are not clear what the money you pay to the landlord actually pays for in any detail. 
   Caroline confirmed that this varied from landlord to landlord but she would confirm formally 
   for the minutes. She would also arrange for someone to speak to the landlords to make sure 
   they made it clear to the tenants what the funding paid for. Contact was made with the 
   landlord following the meeting and they agreed to contact residents directly.

Comments

1. This meeting is only about saving money and nothing else we have already given our views 
   (questionnaire) so just go on and do what you need to do.

Kate then explained what the proposal would mean if it was agreed.

• If you think you need support you will contact the team for an assessment to see if you are 
  eligible and say what support needs you have?
• If the proposal was agreed reassessments would start next year for those that have 
  contacted us (after the consultation ends)
• If the proposal is accepted, no change would be experienced by people until July 2014 
  • At that time, those people who are eligible can: 
    o take a payment and organise services themselves 
    o ask an organisation to help them organise services or 
    o ask the council to find a service to support them

Comments

1. Whenever meetings with tenants are held at Azad House a representative attends. This 
   meeting is conducted in English so many tenants do not understanding what is being said so 
   they do not feel they are participating. Kate apologised for this and reminded the audience 
   that this was a completely open consultation event and everyone was welcome to attend. 
   Translators were being provided. There were also other ways for service users to let us have 
   their view. All views were welcome.

2. Tenants are never told how the money that the landlords receive is spent. Kate 
   acknowledged this point (which had already been made) and ensured the audience that we 
   would follow up on this.

3. Two officers previously came to Azad House to consult the tenants (previous consultation). 
   They only spoke to the tenants representative and not the 11 tenants who were in 
   attendance (see point 1 above)
Shirley then explained the eligibility criteria as follows:

To be eligible for Independent Living Support, you are:

- in need of support
- and also have a
- learning disability,
- mental health needs,
- physical disability,
- sensory disability
- or be an older person
- be in receipt of a means tested benefit
- Minimum age is 18 years of age

You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An inability to maintain your home and tasks related to your home and / or.
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead to your losing your home and/or
- Current concerns about your safety both in and out of your home.

Shirley then explained that if you are eligible an assessment will take place to look at where you need support in one or more of the following areas:

1. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.
2. **Developing learning/vocational skills and positive interaction** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.
3. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.
4. **Managing your money** – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.
5. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.
6. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.
7. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

8. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries.

We then complete an assessment of needs based on the above

The assessment will identify:

- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If your needs are assessed as minimal you could be signposted to other more appropriate services

For the customer this means:

- you will know how much money you will have and how long for
- choice in how this support is provided to best meet your needs
- flexibility in how your support is received
- have the ability to change your support if it is not meeting your needs
- able to be reassessed in the future if your needs change

**Question**

1. The current facility we have to do laundry will this continue? *Caroline confirmed that the current funding does not pay for a laundry service so the proposal should not have an effect on this service*

Kate then explained the Consultation Process as follows:

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team
- Everyone that is eligible for support will receive help to organise options that meet their needs
- We’d like your views

Kate then asked the audience:

- What they thought of the proposal?
- Comments on what this might mean to you (or the person you care for)?

Page 58 of 165 methodology and consultation report (HRS)
- Suggestions about what other change we might make instead?

Questions

1. Will everyone who was sent a questionnaire be assessed against the eligibility criteria mentioned before? *Shirley stated that this was not the case but anyone can contact the team for an assessment - if a decision is made on the proposal.*

2. My father isn’t means tested so will he still be assessed? *Shirley confirmed that at this stage the purpose of the consultation is to identify all impacts of the proposal of which this is one. Before any decision is taken this will need to be explored. Consequently as a result of this question we are now holding a focus group with self-funders to understand the impact of the consultation proposal.*

3. For many residents there is a need for some short term support (for example after a hospital stay). If there is no longer a Support Worker in location how quick will residents receive this support from the Council? *Shirley confirmed that when you leave hospital discharge planning will have taken place and this will include an assessment around need. There is also a team within Social Services with links to the hospitals but this does depend on the reasons why someone was in hospital to begin with as to what the actions would be.*

4. It’s not just about a hospital stay (linked to Q3 above). Tenants sometimes feel unwell for short period of time which is inevitable with age. If the Support Worker at John Woolman House is no longer there how quickly will Social Services be able to respond to these short term needs? *Kate confirmed that it was difficult to be precise. If a person is eligible for care it will be dependent upon how a package of care has been set up for the individual.*

5. The residents at Evington Street scheme have their laundry sent off the premises and this is causing real problems. *Caroline confirmed that this was not an issue for the consultation however she will arrange for this to be feedback to the landlord. Residents can also complain direct to the landlord. The current proposal will not affect the laundry service.*

6. Can you define what Sheltered Accommodation is? *Shirley explained that it generally covers a wide range of rented housing for older as most schemes will have a minimum age to live there. Most consider it ‘sheltered’ if there is a warden or some support either onsite or that is provided most days - used to be called ‘warden’ support. Most schemes will also have a communal lounge and there may be other facilities within schemes.*

7. I keep getting back aches and when I go to the hospital they just prescribe me paracetamol. *Kate commented that this was slightly beyond our reach and to try again with your GP. My GP just says buy your own paracetamol.*

8. My landlord is not responding to a complaint I have about parking for my mobility scooter would it help if I complained to the ombudsman? *Caroline confirmed that the service user could do this.*

Comments

1. I had an operation last year (links into Question 3 above) and the Hospital did not care what happened to me after I was discharged. There is a lot of pressure on the NHS to discharge quickly sometimes before a package for continued support is in place – or before an
assessment is completed. In the case of John Woolman House the current proposal takes away the only support we have after a hospital stay or when short term care is needed. At this stage the purpose of the consultation is to identify all impacts of the proposal of which this is one. All comments and responses will be included in the final report that will be considered by the City Mayor and his Executive Team when arriving at a decision.

2. The current one size fits all proposal doesn’t work because current providers differ so much in what they provide. For some residents the current proposal might improve the quality of the service and the care they receive. One of the key issues is social interaction which some of the providers facilitate. This needs to continue.

3. General view expressed in the room that some of the current providers are clearly not up to scratch and shouldn’t the Council be doing something about this and trying to ensure there was more of a level playing field. Caroline confirmed that this was really a management (landlord) issue and was beyond the scope of this exercise. However we would have a conversation with the landlords about this.

Alternatives

1. Couldn’t the status quo being maintained with the providers meeting the Council half way to ensure savings are achieved but services are not affected. In this scenario the provider would fund some of the current service provision. We will note the comment and look into this as part of our consultation overview.

2. Some tenants in some schemes might be happy with the current proposals because they will benefit from them. Hold a vote in each scheme for or against maintaining the status quo. People are being given a range of options to have their voice heard either by attending a meeting like this, ringing the helpline, filling in the questionnaire or completing the online questionnaire.

Kate proposed a short break at 1525.

Meeting resumed at 1540.

Alarms

Question

During the break a service user asked if they could opt out of having an alarm. Caroline explained that the user would have to speak to the landlord about this because it is linked to the tenancy.

Kate opened up the second half of the meeting and explained about the proposed change to Alarms. The proposal is to stop paying towards the cost of your alarm service.
Background

- The Council now has less money to provide these types of services.
- There is increasing pressure upon the council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.
- The costs of alarms differ from provider to provider and the Council thinks we don’t get value for money as a result of these differences.

The consultation proposal

Kate explained that the Council has decided that it is not viable to continue to fund these services. This doesn’t mean your service will stop straightaway. The decision will have to be agreed by the city mayor and his executive team. If the proposal is accepted, no change would be experienced by people using the service until April 2014

Questions

18. If we stop providing alarms will the landlord reduce the rent? Caroline explained that we were not stopping the service just the funding for it and it was likely that the service would continue with the cost passed on to tenants.

19. We are completely unclear about what we are actually paying for. Caroline explained that the tenants would have to speak to the landlord about this. She would though arrange for this to be mentioned to the landlord.

Comments

1. We don’t have any information about how much we pay towards services, how much the council pays and how much the landlord pays. We don’t have an itemised rent bill.

The Consultation Process

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- No action will be taken until a final decision is made in December 2013
- We’d like your views
Comments

11. The alarms should not be taken away they are for old people and are very important. If they are taken away it would be very difficult for us. Kate explained that the alarms were not being taken away. The cost would no longer be paid by the Council.

12. If it (Alarms) was stopped it would be dangerous and some tenants won’t be able to pay for it themselves. Caroline confirmed that we were not stopping alarms just the funding for it.

13. Don’t mind at all if the alarms are stopped make no use of it anyway.

14. The alarms should continue they are really important and if we need to pay for it so be it.

Kate concluded with thanks for the comments and the meeting was closed at 1605 hours.
Meeting was opened at 11.00am by Mercy Lett-Charnock – Lead Commissioner, Care Services & Commissioning, Leicester City Council.

Mercy introduced others that were in attendance.

Mercy Lett-Charnock – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)
Helen Mclean – Right To Control Project Manager

10 service users were present all signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Mercy)

Mercy welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about two proposals (1) to change the support you get in your home and, (2) to no longer pay towards the cost of the alarm.

Mercy stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

The Proposal – about the change to support.

Mercy started by giving information about the proposal as follows:

Why has the Council come up with these proposals?

- The Council now has less money to provide these types of services.
- Continuing to provide these services as they are is not a cost effective use of the Councils money.
- The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.
- The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.
• These services now sit within Social Services.
• We need to target the service at those that need it the most.

• We want to give people more choice and control over the services they receive, just like other Social Services customers

• The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

• People need assistance not only with housing but on other matters to support their independence.

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service you currently get and:

  o Introducing an assessment for each person to make sure help is given where it is needed most

  o Giving people who are eligible for services:
    ▪ Money to manage and choose support themselves (you get the money and arrange the support) or
    ▪ Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
    ▪ Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

  o If you are eligible to receive services your needs will still be met using one of the ways above.

Mercy then explained what the proposal would mean if it was agreed.

• If you think you need support you will contact the team for an assessment to see if you are eligible and say what support needs you have?
• If the proposal was agreed reassessments would start next year for those that have contacted us(after the consultation ends)
• If the proposal is accepted, no change would be experienced by people until July 2014
• At that time, those people who are eligible can:
  o take a payment and organise services themselves
  o ask an organisation to help them organise services or
  o ask the council to find a service to support them
Helen then explained the eligibility criteria as follows:

To be eligible for Independent Living Support, you are:

- in need of support
- and also have a
- learning disability,
- mental health needs,
- physical disability,
- sensory disability
- or be an older person
- be in receipt of a means tested benefit
- Minimum age is 18 years of age

You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An inability to maintain your home and tasks related to your home and / or.
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead to your losing your home and/or
- Current concerns about your safety both in and out of your home.

Helen then explained that if you are eligible an assessment will take place to look at where you need support in one or more of the following areas:

1. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.
2. **Developing learning/vocational skills and positive interaction** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.
3. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.
4. **Managing your money** – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.
5. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.
6. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.

7. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

8. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries.

We then complete an assessment of their needs based on the above

The assessment will identify:

- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If your needs are assessed as minimal you could be signposted to other more appropriate services

For the customer this means:

- you will know how much money you will have and how long for
- choice in how this support is provided to best meet your needs
- flexibility in how your support is received
- have the ability to change your support if it is not meeting your needs
- able to be reassessed in the future if your needs change

Mercy then explained the Consultation Process as follows:

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team
- Everyone that is eligible for support will receive help to organise options that meet their needs
- We’d like your views

Mercy then asked the audience:

- What they thought of the proposal?
- Comments on what this might mean to you (or the person you care for)?
- Suggestions about what other change we might make instead?
Questions

1. Is being on a means tested benefit a key in receiving Independent Living Support. What happens to you if you are not in receipt of this benefit? Being on a means tested benefit is one consideration; however as a result of the consultation further action is required to ensure those that most need support get it.

2. If we are to have an assessment process, who will be doing that will it be a professionally qualified person who understand the needs of users like, for example, a Social Worker? Helen confirmed that it would not necessarily be a Social Worker but whoever we used would be fully trained. We are already testing this in Social Services.

3. Elderly people feel much more secure if they are in a scheme which provides them with onsite support from a person that they know. If we get allocated a budget and choose to purchase that support piece meal it will mean more providers and / or people are involved how does this provide value for money as compared to what happen now?

4. How will your proposal help elderly people many of which are already very confused and won’t want different people visiting them to provide support – generally the private sector are not consistent with sending the same person. Mercy explained that the agencies should try to ensure we have consistency so relationships between carers and service users can be built.

5. Who will be monitoring the health of the current service users if we remove the current warden / support worker. Having someone on site is critical to those in the scheme. Consistency is very important. Mercy confirmed that during transition care and support plans will be in place. Any visiting staff should be aware of any health issues and will act accordingly. We would need to ensure we use the knowledge of the current scheme staff.

6. Proposal is not clear about how low level needs will be met if numerous different providers are involved. The current onsite supports (when relationships have been built) are fully aware of needs and can act accordingly. We have people here in sheltered housing and this means they should get on site support – this is what sheltered housing is.

7. Will the scheme providers be asked to input into the assessment process or will LCC do them in isolation and ignore the knowledge base that has been built up over numerous years? Helen explained that the current trial had not considered to this level of detail but acknowledged the point that housing associations have a wealth of knowledge in relation to service users. If the proposal was to go forward there would have to a period of transition and a transfer of knowledge.
Comments

1. The proposal you are describing will effectively leave all users receiving a direct payment from the Council which isn’t suitable for all. This will end up with a significant number of users buying into more services and I’m not clear how that will be value for money. For many of us the services that you explain will be available are already provided by the wardens/support workers who are part of the scheme. I’d like to give you an example I’m blind and reading material is obviously a real problem for me there is a Support Worker who is available to help me read my post in the morning. Your proposal will mean the Support Worker will no longer be available to me so just how quickly will you be able to respond to my needs. Mercy commented that this was a valid point and there are distinct advantages of having a Support Worker available. Although an individual assessment would identify that need and consider how best to meet it.

2. The current proposal will mean that someone is available to me at some point and at some point in time – possibly. Currently we have a Support Worker on site who can provide immediate support if it is needed. This immediate support is important to us and partly defines what Sheltered Housing is.

3. It seems to me that residents get different services depending on what scheme they are in. Not clear why this cannot be standardised which might mean you can provide services at a lower cost. Seems to me that all you need to do is improve how you tender and contract monitor.

4. Your proposal which removes onsite support and alarms will leave a building full of old people with no support at all which isn’t what Sheltered Housing is all about. Having no support in place could lead to tragedies which will end up costing the Council or the NHS more. Just leaving a building full of old people with no support and no life line in place is hardly fair. The current service we receive is preventative and prevents knock on costs to other parts of the public sector – in that sense it saves money. Without the current support it will cost the NHS more. Mercy explained that we are working more closely with health and considering how to achieve value for money. We are though open to all views on the current proposal.

5. I am not surprised about your approach and what you are doing because this is consistent with other local authorities.

6. I’m really concerned about the transition process and how that will be managed. It could be that people currently in receipt of services may not get them any longer (after an assessment) how is that helpful and what support will be in place.

7. If this proposal goes through it is likely that the current support provided by my scheme will cease – or the cost will be passed onto residents. This will have a direct impact on the whole concept of Sheltered Housing which should include direct support.
8. If we have multiple different providers on site doing what a single person (or warden) already does, how does that help with personal security. We will have so many different people coming & going. The security of the scheme is very important for elderly people.

Alarms

Mercy began by explaining the background

- The Council now has less money to provide these types of services.
- There is increasing pressure upon the council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.
- The costs of alarms differ from provider to provider and the Council thinks we don’t get value for money as a result of these differences.

The consultation proposal

Mercy explained that the Council has decided that it is not viable to continue to fund these services. This doesn’t mean your service will stop straightaway. The decision will have to be agreed by the city mayor and his executive team. If the proposal is accepted, no change would be experienced by people using the service until April 2014

The Consultation Process

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- No action will be taken until a final decision is made in December 2013
- We’d like your views

Mercy then asked the audience:

- What they thought of the proposal?
- Comments on what this might mean to you (or the person you care for)?
- Suggestions about what other change we might make instead?

Questions

1. Would it possible to send out the assessment criteria out – issue for Caroline The minutes have been updated to include eligibility and assessment criteria
Comments

1. Isn’t the alarm that we have essential in that without it we do not live in Sheltered Housing. *Mercy confirmed we are not stopping the provision of alarms but we will no longer fund them. The cost of the alarms might be passed onto the current residents.*

2. If the cost of the alarms was passed onto the current residents many would not be able to pay for it this would leave them isolated and at risk. *We note the comment and will feed that into the consultation*

3. The removal of support and alarms means the scheme I live in is not sheltered housing so current residents may as well be living on their own. *Again we note the comment and will feed that into the consultation.*

4. Some of the residents here today don’t have the luxury of having a warden on site but the alarm provides a backup and helps with security. *Comment is noted*

5. Some of the more vulnerable people might not be able to make a sensible choice when deciding if they want to pay for an alarm or not. *Mercy confirmed that we will need to think about this during the period of transition.*

6. There seems to be an assumption that some services are too costly. However the cost of care can be justified because it meets an identified need and “like for like” is not being compared. So comparing cost from scheme to scheme can be a huge over simplification. *Comment is noted.*

7. The alarm is a reassurance that you are safe in a vulnerable situation and that someone will be there should you need them. *Comment is noted.*

8. The alarm actually saves money if it wasn’t there current residents would just ring the NHS or 999 how much money does that save. *Again the comment is noted*

9. When someone is in distress or pain it really isn’t as simple as picking up the phone and dialling 999 this takes time pulling a cord is much easier. *The comment is noted.*

10. If we didn’t have such an expensive executive (Mayor, Deputy Mayor etc.) then maybe we could afford to pay for alarms. *comment is noted*

11. Why are spending £4m on Jubilee Square while at the same time cutting essential services for others? The priorities are all wrong. *Different money called Capital has to be used for things like building and equipment; it cannot be used to pay for these services.*
Alternatives

1. Should we not tender for a single alarm provider that covers all residents regardless of the scheme they currently live in? Having a single provider would help the Council with value for money and possibly provide a saving. *We will feed this idea into the consultation.*

2. You only want to save £130k from the alarms if we had a single provider wouldn’t that help? It’s really important that you understand the psychological impact having an alarm has on current residents. Some may not use it that often but it provides security for current residents and lessens feelings of isolation. *Again we note the comment and will feed it into the consultation.*

3. There is scope here for providing alarms in a different way and at a lower cost to achieve this so the Council needs to speak to providers. *We again note the comment and will feed it into the consultation.*

Mercy concluded with thanks for the comments and the meeting was closed at 1215 hours.
Meeting was opened at 14.30am by Bev White – Lead Commissioner, Care Services & Commissioning, Leicester City Council.

Bev introduced others that were in attendance.

Bev White – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)
Shirley Jones - Supported Living Project Manager
Bhawan Patel – Interpreter, Leicester City Council.

26 service users were present all signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Bev)

Bev welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about two proposals (1) to change the support you get in your home and, (2) to no longer pay towards the cost of the alarm.

Bev stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

The Proposal – about the change to support.

Bev started by giving information about the proposal as follows:

Why has the Council come up with these proposals?

• The Council now has less money to provide these types of services.

• Continuing to provide these services as they are is not a cost effective use of the Councils money.

• The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.

• The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.

• These services now sit within Social Services.
• We need to target the service at those that need it the most.

• We want to give people more choice and control over the services they receive, just like other Social Services customers.

• The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

• People need assistance not only with housing but on other matters to support their independence.

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service you currently get and:

  o Introducing an assessment for each person to make sure help is given where it is needed most

  o Giving people who are eligible for services:
    ▪ Money to manage and choose support themselves (you get the money and arrange the support) or
    ▪ Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
    ▪ Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

  o If you are eligible to receive services your needs will still be met using one of the ways above.

Bev then explained what the proposal would mean if it was agreed.

• If you think you need support you will contact the team for an assessment to see if you are eligible and say what support needs you have. If the proposal was agreed reassessments would start next year for those that have contacted us (after the consultation ends)

• If the proposal is accepted, no change would be experienced by people until July 2014

• At that time, those people who are eligible can:
  o take a payment and organise services themselves
  o ask an organisation to help them organise services or
  o ask the council to find a service to support them
Shirley then explained the eligibility criteria as follows:

To be eligible for Independent Living Support, you must be

- in need of support
- and also have a
  - learning disability,
  - mental health need,
  - physical disability,
  - sensory disability
- or be an older person
- be in receipt of a means tested benefit
- Minimum age is 18 years of age

You may not be eligible for support if you already get services from Social Services. This will be decided on an individual basis.

To be eligible this means that there may be a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An inability to maintain your home and tasks related to your home and/or.
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead you to losing your home and/or
- Current concerns about your safety both in and out of your home.

Shirley then explained that if you are eligible an assessment will take place to look at where you need support in one or more of the following areas:

1. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.
2. **Developing learning/vocational skills and positive interaction** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.
3. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.
4. **Managing your money** – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.
5. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.
6. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.
7. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

8. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries.

We then complete an assessment of your needs based on the above.

The assessment will identify:

- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If your needs are assessed as minimal you could be signposted to other more appropriate services instead.

For you this means:

- you will know how much money you will have and how long for
- choice in how this support is provided to best meet your needs
- flexibility in how your support is received
- have the ability to change your support if it is not meeting your needs
- able to be reassessed in the future if your needs change

Bev then explained the Consultation Process as follows:

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team
- Everyone that is eligible for support will receive help to organise options that meet their needs
- We’d like your views

Bev then asked the audience:

- What they thought of the proposal?
- Comments on what this might mean to you (or the person you care for)?
- Suggestions about what other change we might make instead?

**Questions**

1. I do not understand is this any different from Social Services? *Shirley explained that although the money sat with Adult Social Care it was slightly different. Adult Social Care provides care*
packages which is a service provided by law. This is about preventative care which does not have to be legally provided.

2. Will each person that thinks they meet the eligibility criteria have to contact you for an assessment or will you contact them? Shirley confirmed that they would need to contact the Council for an assessment.

3. Is the Council going to have staff in place to provide support for service users should they need it? Shirley explained that if the proposal was agreed that there would a dedicated team in place at the Council to help people through the process. Where schemes do have staff available they may be able to help you as well.

4. Does the money we are talking about include the pension that I receive or will it affect my pension. Shirley confirmed that this had nothing to do your with your pension and will not affect it. Shirley then went onto explain that this was not related to other benefits you might be in receipt of for example Housing Benefit.

5. Have the assessments that you mention already been started. Bev confirmed no. Shirley explained that we have had no decision yet and any changes will not take effect until July 2014.

6. Not too sure exactly what type of services you are talking about can you explain please? Shirley explained that currently a range of support is available. If the proposal was to go through you will be able to use the money (if you have an assessed need) to purchase this support. Focus now is on health and well-being and what do we need to have in place to ensure you can carry on living at home.

7. If the consultation goes through and someone meets the assessment criteria how long is it before the support starts – or they get the money. Shirley explained at this stage this is only a proposal so it is very difficult to say. If the proposal was agreed the earliest start date would be July 2014.

8. Do we know how long it will take for people to get an assessment? Shirley explained that the current Right to Control approach would indicate that it would take around two weeks but could be quicker.


10. Is this proposal just about Leicester or is across the whole country. Shirley confirmed that it was just about Leicester.

Comments

1. I agree that people should be assessed to see if they should receive a service. However giving them money direct to pay for these services could leave them feeling very confused. Bev explained that we understand people can’t always manage money themselves and there will be other options:

   - Money to manage and choose support themselves (you get the money and arrange the support) or
- Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or

- Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

2. This might be a good idea because everybody will be treated fairly and this assessment will help with that.

3. Each assessment should be on a case by case basis and purely based on an identified need. Shirley agreed then reminded the audience that people would have to contact the Council for an assessment.

Bev then proposed a short break at 15.30.
Meeting re opened at 15.40.

Alarms

Bev began by explaining the background

- The Council now has less money to provide these types of services.

- There is increasing pressure upon the council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.

- The costs of alarms differ from provider to provider and the Council thinks we don’t get value for money as a result of these differences.

The consultation proposal

Bev explained that the Council has decided that it is not viable to continue to fund these services. This doesn’t mean your service will stop straightaway. The decision will have to be agreed by the city mayor and his executive team. If the proposal is accepted, no change would be experienced by people using the service until April 2014

The Consultation Process

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- No action will be taken until a final decision is made in December 2013
- We’d like your views

Bev then asked the audience:

- What they thought of the proposal?
- Comments on what this might mean to you (or the person you care for)?
- Suggestions about what other change we might make instead?
Questions

1. Are you saying that you want users to pay for alarms? *Shirley explained that the proposal from the Council was to stop contributing to the cost of the alarm. In reality this could mean that the landlord might choose to pass the cost onto the tenants.*

2. What is the average cost of the alarms across all the schemes? *It is not possible to give an average cost as they range between 50p per week and £7.69 per week.*

3. The schemes that you refer to have a lot of elderly people living in them and some are disabled so alarms are critical. *Shirley explained that the proposal is not about stopping alarms rather the council will stop funding them. Landlords are looking at alternatives but tenants may still have to pay for them.*

Comments

1. My main concern is that most of the tenants are elderly and if we do not have a warden the alarm will be our last resource without it elderly people will suffer. *Shirley explained that the proposal is not about stopping alarms rather the council will stop funding them. Providers are looking at alternatives but tenants may still have to pay for them.*

Alternatives

1. Couldn’t the landlord charge for the alarm when the resident actually use it i.e. pays based on use. *Bev replied that this was a good idea and we would take it back to the landlords for further discussions.*

2. Sooner or later we will need the alarms so why can’t they be left and charged when and if we start to use them. *Bev explained that we would take this suggestion back to landlord but ultimately it was not our decision to make.*

3. I am happy to be charged on a per use basis by the landlord but if it is too costly I would expect the Council to look into it.

Bev concluded with thanks for the comments and the meeting was closed at 1605 hours.
Sheltered Housing Paper 5 - Notes of Sheltered Housing (including alarm provision) Consultation Group 8th October Age UK provided for self-funders

Caroline Ryan Lead Commissioner for Supported/Independent Living welcomed everyone to the meeting and thanked them for attending.

Caroline advised that as a result of issues raised as part of the statutory consultation this session had been arranged for self-funders within sheltered and alarm services to take comments on what the impact of the proposals are on them.

Caroline explained there are two proposals:
1 relating to the support you receive at home
2. Alarm proposal

Caroline said that it would be useful to set out the proposals here although many members of the audience may have heard them before not everyone had.

Caroline introduced Shirley Jones (Supported Living Project Manager) and advised she would be taking notes and helping to respond to questions as they come up.

12 service users were present all signed a record of attendance so notes of the meeting could be sent onto them and Caroline advised these would be included in the final report.

Opening Comments (Caroline)

Caroline made it clear that we were here to talk about two proposals affecting those who currently have the cost of the service paid for by the council, which were:

(1) To change the support you get in your home and,
(2) To no longer pay towards the cost of the alarm

Caroline stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

The Proposal – about the change to support.

Caroline gave the information about the proposal as follows:

Why has the Council come up with these proposals?

The Council now has less money to provide these types of services.
Continuing to provide these services as they are is not a cost effective use of the Council's money.

The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.

Audience comment – you sent out information and a Frequently Asked Questions sheet about these proposals but it’s not relevant for people who pay for this support themselves. Caroline confirmed it was a generic letter and information given about what the council arranges and pays for in schemes and that most of these customers are in receipt of housing benefit so agreed it was not relevant for self-funders but was used to illustrate the proposals for services currently delivered.

Caroline continued to explain:
The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.

These services now sit within Social Services.

We need to target the service at those that need it the most.

We want to give people more choice and control over the services they receive, just like other Social Services customers

The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

People need assistance not only with housing but on other matters to support their independence.

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service people currently get from these funds and:

- Introducing an assessment for each person to make sure help is given where it is needed most

  Audience comment – what is the detail on what makes someone eligible? Caroline advised this will be set out shortly as the proposal is about a model with each person being assessed as an individual.

  Caroline explained that the options would be to:

- Giving people who are eligible for services:

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- Money to manage and choose support themselves (you get the money and arrange the support) or
- Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
- Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)
  - If a person is eligible to receive services their needs will still be met using one of the ways above.

To be eligible for Independent Living Support, people will need to be:
- in need of support
- and also have a
  - learning disability,
  - mental health need,
  - physical disability,
  - sensory disability
- or be an older person
- be in receipt of a means tested benefit
- Minimum age is 18 years of age

People may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

To be eligible there is a risk to a person’s continued independence and wellbeing and this could mean that there is or will be:
- An inability to maintain your home and tasks related to your home and/or
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead to your losing your home and/or
- Current concerns about your safety both in and out of your home.

The assessment will identify:
- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If a person’s needs are assessed as minimal you could be signposted to other more appropriate services
For the customer this means:
- they will know how much money you will have and how long for
- choice in how this support is provided to best meet their needs
- flexibility in how their support is received
- have the ability to change their support if it is not meeting their needs
- able to be reassessed in the future if their needs change

Caroline asked for comments on the proposal

Audience comments:
- self-funders are not in receipt of housing benefit so this does not apply to them
- self-funders have chosen where they go to have the support as and when it is needed
- as this proposal is targeted at individuals, places like John Woolman House would have to reduce staff which is not what I chose so you would remove my choice and I chose it so it could help me as I age
- I would have to move somewhere else that offers supportive services
- This means self-funders lose out as this is a double whammy if support stops we’re still not eligible for any support
- This would be destroying our control as self-funders buying it is like an insurance as you know a person is there if you need help or pull a cord
- You can’t do this to schemes in bits and pieces as this is not relevant for older people
- I’m disgusted with the city and you are prioritising bricks and mortar and not people
- So this doesn’t just affect self-funders as those on housing benefit are all losing out as services will be cut

Caroline advised the following

- If you think you need support you will contact the team for an assessment to see if you are eligible and say what support needs you have
- If the proposal was agreed reassessments would start next year for those that have contacted us (after the consultation ends)
- If the proposal is accepted, no change would be experienced by people until July 2014
- At that time, those people who are eligible can:
  - take a payment and organise services themselves
  - ask an organisation to help them organise services or
  - ask the council to find a service to support them

Audience comment – none of this applies to us as not in receipt of any benefits.

Audience comment - this will destroy the infrastructure and is the biggest risk some of the benefits are intangible but provides reassurance and security and their quick action can stop things from escalating

Caroline explained that currently £2.4 M is being spent on a budget of £1.7M and savings of approximately £700k have to be made so we have to make proposals to reduce the costs, which is based upon individual need.

Audience comment – do you have a Plan B because this is not going to work for older people. **Caroline advised that as the consultation is ongoing there are a number of options we will explore however the savings still need to be made. Caroline explained where**
someone may not be eligible to this support they would be signposted to other services and be given information and advice of where you may be able to get help

These proposals apply to those in receipt of means tested benefits which housing benefit is and the current models of sheltered schemes.

Shirley advised that much of this has been tested out with the Right to Control Team and people have had an individual assessment, made choices about how they want to be supported. The reassessments are about looking at what has been achieved for the person over time.

Audience comment – this is not going to achieve well-being and independence if we lose the warden

Audience comment – the warden knows us and knows our medical needs. Will this dedicated team be medically trained? Caroline confirmed that there is not a requirement for the team to be medically trained as what they are assessing is around areas of life someone needs support in

Audience comment – people will just pull the wool over your eyes to get money and more care.

Caroline confirmed that the funding for Adult Social Care support is separate to this.

Audience comment – one size does not fit all and this will just be a tick box exercise and you can’t do that with the elderly.

Audience comment – how much will the team cost and how much will the support cost as it all sounds very expensive to administer? Caroline advised that the full details have not been completed as at proposal stage.

Audience comment - I’m sure there are examples where the team have worked well especially with people with a learning disability and younger people but the needs of older people can change daily and that is why I moved into a scheme to have the support there. The housing staff are on hand if anything happened for example if someone slipped in the bath they are immediately on hand to help and reassure.

Caroline confirmed all of these comments would be taken into account and we now need to look at the alarm proposal which is that the council would stop paying for the alarm service.

Audience comment – landlords have already told people what they are proposing to do
Audience comment – this is not relevant to self-funders as we already pay and it covers the door entry and alarm so you don’t have a choice whether to pay it or not

Audience comment – continuing to assess people will be expensive and John Woolman provides this service already with 2.5 people for 6 days a week and as they are not on council salaries this must be cheaper. This is a cost effective service provided for 50 people

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and is universally available.

Audience question – how many people are there then you must know what the customer base is? Caroline advised in total there are just over 1,000 customers in receipt of all of the HRS services and approx. 600 people in sheltered schemes and/or receiving alarm services.

Audience comment – you say this is about giving people choice but you are removing my choice.

Audience comment – how will you know that if you give people money they will spend it on what it’s supposed to be for, people will just take the money and you won’t know what they’ve spent it on. How are you going to make sure this doesn’t happen?

Shirley advised that both national research on how money has been spent and local practice shows us that for the majority of people this is not the case. Also we want to make sure that the way the actual spend is monitored is in proportion to the amount of money people receive. Part of a reassessment is about looking back to what has been achieved for the person and how the money has been spent. Processes and safeguards can be put in place based on individual circumstances or risks.

Audience question – I just want to throw in the proposal about Extra Care Housing as I understand the principle behind this and that John Woolman House could provide this facility although there may be limitations but is considering moving into this category.

Caroline confirmed that as many of the audience were aware a separate meeting has taken place with John Woolman and all proposals discussed would be considered as part of the consultation process.

Audience question – how can they separate a scheme from the alarm system they already have? Caroline confirmed it is up to the landlords to decide how to operate and they may decide to pass the cost on to tenants.

Audience comment – many people are in their 70s, 80s and 90s and cannot respond to all of this information or be part of it or understand it all. We are the ones who are able to take part.

Caroline confirmed there are a number of ways that people can take part or be supported to take part. Attending the focus groups is one way. Audience question – what if you receive comments after the 20th November will these be taken into account? Will you show the level of unhappiness and dissatisfaction that we feel? Caroline confirmed the deadline is 20th November so all comments needed to be received by then as a final consultation report will be produced showing the detail we have received and a full picture of the responses including where there are areas of dissatisfaction.

Caroline reiterated that the Consultation Process:

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
No action will be taken until a final decision is made by the city mayor and his executive team. Everyone that is eligible for support will receive help to organise options that meet their needs.

The meeting then closed.
Meeting was opened by Caroline Ryan Lead Commissioner for Supported/Independent Living, Leicester City Council.

Caroline introduced Shirley Jones, Supported Living Project Manager who will be taking notes of the meeting as minutes will be sent out to those who have attended today. The meeting would cover the two proposals:

- Alarm Proposal
- Sheltered Housing Proposal

Also in attendance were:
- Rehana Kapasi Locality General Manager Leicester City Council
- Mary Harle –Hanover Housing
- Margaret Kirk – Scheme Manager Danbury Gardens
- Marion - Hanover Close Scheme Manager

34 service users were present all signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Caroline Ryan)

Caroline welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about the proposal to no longer pay towards the cost of the alarm service and stressed that no decision had been made and we don’t know yet if change will happen. Rehana Kapasi provided interpreter support for the group.

Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

Background

Caroline explained that the council no longer pays for alarm service in Leicester City council schemes. Mary Harle (Hanover) advised the group that the cost for this at Danbury Gardens is £1.50 per month. For Hanover Close the support charge is within the rent statement.
Caroline advised that across the city there is no standard price for alarms and they vary from 50p to £7.69 per week:

- The Council now has less money to provide these types of services.
- There is increasing pressure upon the council’s budgets and there is less money to deliver services. This is why we’ve decided to review alarm services.
- The costs of alarms differ from provider to provider and the Council thinks we don’t get value for money as a result of these differences.

The consultation proposal

Caroline explained that the Council has decided that it is not viable to continue to fund these services. This doesn’t mean your service will stop straightaway. The decision will have to be agreed by the city mayor and his executive team. If the proposal is accepted, no change would be experienced by people using the service until April 2014.

Caroline advised that currently there is an overall spend of £2.7m and a budget of £1.7m. A decision will be made in late December or early January. Caroline said we want to listen to your views on the proposals, answer your questions and hear if you have any other ideas.

Comment

1. If the council has less money why are you spending £30 m on council offices and £10m on the culture bid. If no money you should be spending on older people and not structures and not stopping paying for alarms.
2. Can we still pull the alarm and get a response - Yes
3. Will we have to pay – this is possible as landlords will have to work out how the cost of the alarms will be met
4. Some buildings have got to go as they cost a lot of money and you are proposing to spend monies at the expense of older people 99% have chosen to live here and have chosen that support and need the support. Caroline explained that in terms of buildings this related to something called ‘capital’ money that that we are not able to spend as ‘revenue’ which is what we use to spend on services
5. It will cost a lot more money if you withdraw services. How much will people have to pay? This depends on the scheme so it is difficult to say as it will be set by your landlords.
6. Marion from Hanover advised that 75% of the rent is towards support and alarm costs

Caroline asked if there were any other views on the alarm proposal

7. My father was ill and has come here for extra care. If there’s no pull cord this is not extra care and some people can’t afford to pay for it. The proposal is not to take the alarm away but that the council will no longer pay a subsidy towards it.

8. You have to think about those without family to help as not everyone has family to support them. We are not saying the alarm service will go and we note the concern about people
being able to afford it. At this stage we are still looking at all the options and one thing that was raised in other meetings was to consider a hardship fund but we have to be guided by what is realistic given the amount of savings to be made.

9. What will the impact be on Danbury Gardens? Mary Harle advised that there is a certain amount in the service charges and an element of this covers the alarm. This means that £1.50 would stop from April 2014. At Danbury there is a separate door entry and a separate one for flats. We house frail and elderly people and this is extra care so it is a priority that we keep this.

10. Someone on pension credit may not be able to afford £1.50, this is not right - I used to pay £12 towards my council tax and now have to pay £75 a month so anything else is just not affordable. Caroline stated we recognize that there are other financial impacts affecting people, and as noted earlier we will consider this alongside the proposals. However, it is important to note we don’t have enough money to pay for services currently.

11. People don’t think it’s right what’s affordable and what is prevention it’s (the alarm) a vital part of the scheme - it is extra care, can’t afford to pay it due to other impacts so now will that gentleman be put at risk because he can’t afford it.

We are listening to the impact of this proposal and will make sure your views are included within the report

Caroline then moved on to talk about The Proposal – about the change to support for sheltered support.

Caroline confirmed the proposal would be to have a single assessment across the whole city to identify if someone has a need for support

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service you currently get and:

- Introducing an assessment for each person to make sure help is given where it is needed most
- Giving people who are eligible for services:
  - Money to manage and choose support themselves (you get the money and arrange the support) or
  - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
  - Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)
- If you are eligible to receive services your needs will still be met using one of the ways above.
Caroline stressed again that no decision had been made she then explained how the proposals would work:

- If you think you need support you will contact the team for an assessment to see if you are eligible and say what support needs you have.
- If the proposal was agreed reassessments would start next year for those that have contacted us (after the consultation ends)
- If the proposal is accepted, no change would be experienced by people until July 2014

What do you think the impact will be for Hanover Close and do you agree with the comments?

1. Marion advised that at Hanover Close this pays for alarm and support as the warden is on site. Proposal is to no longer pay for the warden as there insufficient money.

2. If you take the service away we are worried about 5 years down the line – this is an insult to older people as you are putting a price on older people. You should spend less on other things and give us a service.

3. Is this just a city council thing or is it from central government. Someone should tell the government about what you are doing to older people and the poor. You do not hit the elderly and you do not cut these services. Caroline advised the government has/is reducing amount of funding to local authorities across the country and this is our approach of how we have to meet these financial challenges.

4. They (the government) are cutting Leicester’s budget by 25% but Westminster only has a 5% cut. Someone should do something about this.

5. Marion stated when these support arrangements came in to be fair to everyone, we kept our prices low some support charges are £70 per month we only charge £14 per month and yet we are offering the same service. I can’t see anything that they are doing that is different to our scheme so this should be looked at. The money is not split across the schemes at the same level. Caroline advised that at the time of the introduction of SP the support was set by the providers

6. Introduce a lower rate to all and be sure about what they are providing. We do not want to lose our warden. The warden is important and can explain forms to us in plain language

7. It beggars belief that you have handed out contracts where the providers set the level and now there are pressures on the market and on services continuing

8. You could pay those that are doing this at a reasonable level and reduce all others to be effective with a set rate and level with a standard charge across the city. Now there are some that have less money with £15 at one end and £1.50 at the other.
9. Mary Harle from Hanover said Danbury Gardens has been hit a number of times as we originally had a company providing care and support and had the STAR team here and this was withdrawn so we were left with no support in an extra care scheme now housing management pick up these tasks.

10. Mary Harle stated you need to provide reassurance that it will be targeted to those that need it the most. Caroline - it would be ineffective if we are not able to target those that need it most. For those in sheltered schemes need to know what the level of need is and what would be allocated. In this support model, no needs at the point the assessment is done would result in no allocation of support.

11. What will the admin costs be against setting up a team and reassessing everyone? Caroline – we haven’t confirmed the amount yet but we believe it would be cost-effective to have one team rather than have multiple schemes and processes in place as we do now.

Caroline explained that if you are eligible an assessment will take place to look at where you need support in one or more of the following areas:

1. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.
2. **Developing learning/vocational skills and positive interaction** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.
3. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.
4. **Managing your money** – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.
5. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.
6. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.
7. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.
8. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries.

We then complete an assessment of needs based on the above that can be around all areas of life including managing debt. The support can be reduced and be targeted to those that require it.

12. I had an assessment before I moved in here and everyone knew that this would be suitable for me even though Danbury is affected by the alarm only they do need support...
13. Our support that we have is helping us to continue to live there. It beggars belief you are not looking at the broad spectrum of needs - we will end up in hospital or residential care without this support. Money is saved by having support that can be used elsewhere and as you need it. It costs more and will impact on all services.

14. Will we get a choice at Hanover Close? Caroline confirmed yes, person would need to make contact if they felt there were areas that they did need support in/with and yes they would then have a choice of who supported them.

15. If you decide to withdraw services then you should be the ones to contact us not the other way round. People don’t understand what is going on and they are frightened. You are also talking about older people and some do not come forward and will let these changes happen without speaking out. We note the comment and will consider this as part of the consultation.

16. Marion – we deal with so many things for people that if we didn’t do them you would need extra staff in Age Concern to deal with the increased demand for advice and support. Marion confirmed that in Hanover Close there are 52 residents as a mix of 1 and 2 beds and the minimum age is 60 years.

Caroline thanked everyone for their comments today and advised that we have had a good response generally. Reminder that no action will be taken until final decision which is likely to be December early January. We will capture the different views in the report and send the minutes out.
Sheltered Housing Paper 7 - Notes of meeting held at John Woolman House at request of Ward Councillors 3rd October 2013 in view of the proposals regarding sheltered housing (including alarm provision)

Attendance:
Councillor Clayton
Councillor Senior
Alistair Jackson, Chief Executive of Leicester Quaker Housing Association
Sarah Pay, Scheme Manager
Caroline Ryan, Lead Commissioner Supported/Independent Living
Shirley Jones, Supported Living Project Manager

List of tenants in attendance

Apologies
Councillor Kitterick

Alistair Jackson

Gave a presentation to the group providing a context for how John Woolman operates and detail that the tenants who were present agree with, provides added value to their quality of life by living in the scheme. The key points are:

- support can increase as and when required so is flexible and responsive to the actual needs of their tenants
- a real community exists within the scheme as the tenants care about each other
- the value that the on-site team provides as all tenants are known so early warning signs can be acted on
- some tenants do not have other family/support so rely on the team and tenants
- examples of managing tenants money for them and supporting with debt management (those with dementia and substance/alcohol use)
- the team involvement and record of contact informs personal care packages
- team supports hospital discharge processes

Sarah Pay confirms that there are 49 flats and 5% of tenants are self-funders.
Current tenant’s age between 55-93 years of age and the average age is 72 years.

The preferred option for John Woolman House is to agree a collective model providing a rapid response to meet the needs of their tenants and not an individualised service as is proposed. An alternative offer could be that this scheme exists as an alternative to residential care or as an intermediate step and could possibly be to work with health.
Tenant’s questions/points:
- How much Supporting People money goes into the scheme?
- would everyone have to apply for an assessment
- Some people do not have family or friends to help them

Caroline confirmed
- The cost of alarms varies across schemes between 50p to over £7.69 per week,
- Those who make contact and are eligible for support would be offered an assessment
- Supporting People money is in the region of £68,000K (clarified post meeting)
- The process would be:

The proposal is stopping the service people currently get and:

- Introducing an assessment for each person to make sure help is given where it is needed most
- Giving people who are eligible for services:
  - Money to manage and choose support themselves (you get the money and arrange the support) or
  - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
  - Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

- If you are eligible to receive services your needs will still be met using one of the ways above.

Tenants comment - It is important to have someone who knows you and this does not cover all conditions for care

Tenants comment – is this care support? Caroline - confirmed no, it is not it is for support

Tenants comment – People are deteriorating and can be frail so need to have skilled staff to help people and this cannot offer security to people

Tenants comment – not individualised support for this scheme as there is a community of people living here and we have staff on site this proposal doesn’t work for John Woolman

Tenants comment – I made my choice to come here for the infrastructure and the reassurance and confidence it gives to us

Tenants confirmed that staff are available 8.30-5pm and cover 3 hours on Saturdays. There is an alarm through the handset that gives 24 hour cover and they provide a walking warden.

Tenants comment – I live here because I know I can age safely here

Comment - one provider would provide economies of scale

Caroline - confirmed there is a spend of £2.5M and a budget of £1.7M.

The model/proposal are to bring spend in line with the budget with a new outcomes focused model.

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Comment – so some may get varying amounts of support? Caroline – Yes, for some it will be time limited and there will be a reassessment. There is a limited amount of money so need to complete regular reviews as we have less money to help more people as not everyone needs long-term support and gives more flexibility in how funding is used.

Tenants comment – for older people their circumstances do not improve after 6 months an example is if you have dementia

Tenants comment – the areas you are looking at are not how older people need to be supported like learning how to shop and things like that. We need to know that support is there should we need it as that gives us security.

Comment – this should be varied to the individual some people have significant mental health issues and may need help dealing with episodes

Councillor – this sounds like a lot of assessments and maybe we should look at setting some parameters of the level of service that can be afforded and the impact on the community here.

Tenant comment – treating people like a commodity has a risk of increasing dependence.

Tenant comment – older people need an incentive to come out of their flats as can be lonely and depressed. Also you have an Older Peoples Charter that you should be working to.

Alistair advised a collective model is what they propose for this scheme and gave an example from Surrey council where an amount per person has been given per week for 3 years as Surrey recognized the value that particular schemes give and saw this as cost effective. Caroline noted this and will explore this option as part of the consultation process.

Tenant comment – people need to know what they will get moving here as due to your level of need you may not be able to stay here

Tenant comment – one size does not fit all

Councillor – so suppose someone has no support or assessed as not requiring support and there was no alarm? Caroline – the proposal is to no longer to pay towards the cost of the alarm the alarm will still be in place and it will be the landlord who decides how much the person will have to contribute towards it.

Councillor – this means could have some support in some flats with an alarm or no support in others if people can’t pay for it. Caroline advised that yes this could be the case, although the alarms will still be in place. As part of the consultation we will now look at the issue of not being able to afford the cost of alarm

Councillor - suggest that Leicester Quaker and LCC look at the scheme separately to see where we could get to in terms of savings which in turn would save money for the council.

General discussion among the group as calculated that savings in the region of 30% is required.
Councillor – need to look at what can be achieved apart from individual stress and what can be saved.

Caroline advised that we have spoken to providers separately as ongoing savings need to be made in line with the budget.

Alistair advised that savings of 30% could not be offered as there was no point in reproring services for a short time period as the proposals if agreed, would come into effect July 2014.

Tenants comment – we need to prove that we can make savings

Councillor suggested that LCC should consider the proposal from Leicester Quaker and look at the Surrey model in order to discuss this and provide feedback in the final consultation report.

Councillor comment is my view is that John Woolman is unique and support is integral to that and it is different as it is a community. This needs to be reflected in the final report.

**Action**

1. LCC and Leicester Quaker to meet separately to discuss potential savings and alternative model
2. Update Councillors after this meeting has taken place
Sheltered Housing Paper 8 - John Woolman House (JWH) Residents Meeting Tuesday 12\textsuperscript{th} November 2013

Present:
Residents of JWH
Alastair Jackson and Sarah Pay from Leicester Quaker
Tracie Rees, Director of Care Services and Commissioning
Caroline Ryan, Lead Commissioner for Supported/Independent Living

The residents welcomed CR/TR to JWH and gave a tour of the building showing the range of facilities and services that are provided at JWH.

TR thanked the residents for inviting them to JWH explaining that unfortunately Cllr Patel was unable to join them today and sent her apologies. TR then provided an overview of her role and responsibilities and explained why the budget for services is reducing and as consequence currently put forward consultation proposals.

TR explained that the Local Authority faces significant budget pressures in the coming years:
- Adult Social Care (ASC) funds those eligible for statutory services with substantial/critical needs
  - Currently ASC place 700 people into Residential Care, which the department pays
  - Overall ASC supports in the region of 8000
  - ASC faces budget pressures and has had a reduction of £17mil so far but need to look for further savings
  - £2.5 spent on supporting non-stat service
    - The HRS budget requires significant reduction in budget of 800k
    - Introduce criteria/assess adhoc support as and when needed

TR noted that the model in operation at JWH with 2.5 staff on-site Monday to Friday (9-5) and Saturday morning.

Overall the Council has a reducing budget the authority has to achieve a reduction of £70 million. Has a current budget of £202 million of which £100 million supports statutory services, including ASC service.

Q. What about Vista/MOSIAC – will this affect them?
A. TR explained given the level of reductions required in the coming years we will have to revisit all services and look to provide services in different ways.

Q. At previous meeting we heard about the Lottery bid, which Vista will oversee. Will that be at risk?
A. This funds will be managed by Vista as the lead agency and will not be affected by the budget reductions.

Q. Does extra care exist in Leicester?
A. Yes there are 2 sites in the city both of whom operate slightly different models:
  - Danbury – on-site care agency and meals provided

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Wolsey – no on-site care agency but housing manager present. Care arranged individually

We have also made a contribution to the Abbey Mills development, which will link to the Wolsey site. The scheme will support a mixture of people including those with learning disabilities, mental ill health and older people. We have nomination rights as a result of the capital contribution made.

Again no on-site support will be provided – people will make their arrangements in relation to support and care needs. ASC want to further promote extra care. However, the rent will cover all communal areas/housing management

Q  HB includes Intensive Housing Management (IHM) to provide housing support – that is applicable to service provided here. What sort of control – would council put in place?
A  None by ASC – cost of IHM is verified by HB at the time who apply rigorous process. It will be between Leicester Quaker and HB only to determine the rent. To cover increase for instance LQHA may decide to cover cost through its charitable arm or it for those not on HB they will have to pay increase.

Q  We were broken into recently and we need to have cameras to monitor.
A  The landlord has responsibility so Leicester Quaker will need to respond.

Q  Wondering – why – these proposals are considered cost effective? –
A  Range of work done prior to consultation including financial modelling and we believe a floating model is more cost effective than the current fixed model.

Q  What about staff – will we lose them?
A  This will be a decision that Leicester Quaker will have to make once a decision is made as to how the scheme would be staffed.

Q  Is concerned that they are not hearing rage and opposite to proposals from officers, can’t the City Mayor talk to Government.
A  It is not appropriate to make comments on proposals and the City Mayor does have conversations with Government.

Q  Concerns that wider black and minority ethnic communities have engaged with this exercise and the on the original questionnaire – how to get the document in another language was at the end, which they believe is not helpful, and should be at the front.
A  We have had good representation across communities, we will as part of the consultation report provide a detailed report on ethnic breakdown. We have provided a range of documents in different languages and had interpreters at a number of the focus groups. We note the point re language statement and will feed this back to other officers for future exercises.
General comments from those present on the impact of the HRS proposal

HRS only provided to those on Housing Benefit (HB) – so how do these people who have alarms pay as aware of difficulties people face finding money.

Note the comments of opposition to the model.

Model doesn’t appreciate aging and impact on Health & Well-Being there was a recent example of resident with diabetes and no medicine and the office was able to sort. If someone needs support – officers on site can offer advocacy to them.

TR explained that LCC operate their own sheltered schemes across the city supported by visiting Sheltered Housing Officers who are designated to a number of schemes and there is no on-site day-to-day presence, which works well.

People commented that they are aware people have moved from other sheltered into schemes like JWH to get support.

People chose to come to JWH because of support and did plan for the future and feel they are now being penalised.

This proposal will also remove support for those who are self-funders.

The pilot scheme currently running – doesn’t cater for or has been tested on older people.

Support provides confidence to OP and withdrawal will affect confidence.

This proposal is at odds with the Older Persons Charter regarding independence. It flies in face. (No 4 Enabling older people to live as independently as possible, for as long as possible, whilst making a positive contribution to their communities).

Generally worried about the proposals as not sure what Leicester Quaker will do.

Residents stated that 80% of cuts impacted on the most of vulnerable.

We’ve all paid our taxes but now getting very little back for it.

Would like on-site eve/weekend presence and want staff in office who know us.

It’s a ticking time bomb if we lose staff and will cost more in the longer term.

The staff have built up a sense of community here at JWH that will be lost.

We will be lost without it and keeps people out of statutory care e.g. residential care
JWH is a wonderful place to live.

The proposal for a floating system won’t work and we believe it will be expensive for instance for those individuals with sight issues who need someone to read their correspondence – everyday at set time. This will be more costly whereas at the moment I can just walk down to office and they can read it.

The cost of assessments will be astronomical the service we have now is preventative and is cost effective.
Part C - Floating Support Papers

- **Floating Support Paper 1** - Notes of Floating Support Consultation Focus Group 3 September 2013 Age UK

- **Floating Support Paper 2** - Notes of Housing Related Support (Floating Support) Consultation Group 18th September 2013 at the Adult Education College


- **Floating Support Paper 4** - Notes of Housing Related Support – Floating support service user consultation group held 4th November at Midland Heart offices ‘Monday Club’
1. The people at the meeting introduced themselves:
   Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council
   Heather Kent – Business Change Manager, Leicester City Council (note taker).
   There were two service users present, along with the family of one of the service users.

2. Opening comments (Caroline Ryan)
   Caroline welcomed everyone to the meeting and thanked them for coming. She stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. She explained how the meeting would be run. She would give information about the proposal and then ask the attendees about what this would mean for them and any comments they have.

3. Why the Council thinks change is needed and the consultation proposal (Caroline Ryan)
   Caroline started by giving information about the change as follows:
   The proposal is to change the way support services are provided by:
   - Introducing an assessment for each person to make sure help is given where it is needed most, and
   - Giving people who are eligible for services:
     - Money to manage and choose support themselves or
     - Help to manage the money to buy their support or
     - Help with choosing an organisation to provide support

   Why has the Council come up with these proposals?
   - The Council now has less money to provide these types of services.
   - Continuing to provide these services as they are is not a cost effective use of the Council’s money.
   - The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.
   - The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.
   - These services now sit within Social Services.
   - We need to target the service at those that need it the most.
   - We want to give people more choice and control over the services they receive, just like other Social Services customers
   - The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.
• People need assistance not only with housing but on other matters to support their independence.

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the services you currently get and:
  o Introducing an assessment for each person to make sure help is given where it is needed most
  o Giving people who are eligible for services:
    ▪ Money to manage and choose support themselves (you get the money and arrange the support) or
    ▪ Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
    ▪ Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)
  o If you are eligible to receive services your needs will still be met using one of the ways above.

Caroline stressed again that no decision has been made yet. She explained how the proposals would work:
  • All service users will be reassessed to see whether they still need support.
  • If the proposal was agreed reassessments would start next year (after the consultation ends)
  • If the proposal is accepted, no change would be experienced by service user until July 2014
  • At that time, those who are eligible can:
    ▪ take a payment and organise services themselves
    ▪ ask an organisation to help them organise services or
    ▪ ask the council to find a service to support the

The proposal is to change the way people are identified as being in need of support by having a dedicated team that establishes whether a person is eligible for support around one or more of the following areas:

9. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.
10. **Developing domestic / life skills and positive interaction** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.
11. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.
12. **Managing your money** – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.
13. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.
14. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.
15. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

16. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries.

Caroline explained that a pilot has been running that we are learning from to inform this proposal and we’ve learned that people are benefitting from having greater choice on how their support needs are met.

We then complete an assessment of their needs. The assessment would identify:
- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

For the customer this means:
- you would know how much money you would have and how long for
- choice in how this support is provided to best meet your needs
- flexibility in how your support is received
- have the ability to change your support if it is not meeting your needs
- able to be reassessed in the future if your needs change

Caroline explained why this process is being proposed:
We think this is fairer to have one assessment that is applied to all people so that there is consistency in making decisions about who receives support.

With reducing budgets we need to make sure that money is spent where it is needed most. The amount of money that we have will be fixed each year and by making support time limited we can target the money to those that need it most.

A single assessment would clearly establish the areas of life that you need support in or with and for how long.

Caroline explained one case study of what the proposals could look like for an individual.
She explained that the consultation process runs from the 19th August to the 20th November 2013. She again said that no action would be taken until a final decision has been made, which could be around December. Anyone who is eligible would receive support to organise the options that meet their needs.

4. **Questions and comments from attendees**
Caroline invited comments and questions from the attendees and the following were raised and discussed. Responses from Caroline are shown in italics.

**Questions**
I am worried about having to start from scratch with another support worker/organisation. It takes a long time to build up relationships and trust. I am very anxious about it. I get on well there, although they have had their funding cut.

There would be three options you could choose from:

1) You could choose to take a payment and pay your organisation to provide your service.
2) Someone else could arrange for you to get the service from your organisation
3) You could ask the Council to arrange a service for you, but this may not be the one you currently use.

So there would be options that allow you to continue with your current provider.

My wife now gives me the support I need. The support worker just comes in and asks how I am. Why can’t my wife get the money instead? One of the proposals would be for you to take a payment and pay your wife to help you, as long as what she does for you covers your support needs.

Everyone is different and each has individual needs and different levels of needs. Social issues and isolation are big things for people. What would the criteria be? People would be assessed as eligible if they have one or more of the needs I described earlier.

Can you appeal if you are assessed as not eligible? As this is a non-statutory service there is no right of appeal. However, the eligibility criteria is clearly defined but as a result of feedback from the consultation this is still being reviewed.

Will all feedback be taken into proper consideration? Yes – we need to see what the proposals would mean for people. We recognise that something needs to change because of the money, but it’s about the way the services would look.

What would the proposals mean for you if they were agreed?

- I don’t want help from outside. When my wife came I’ve been much better and I am happy with my family.

- I would like it to stay the same. My support worker has helped me a lot. I would be starting from scratch if I had to start with someone else. It’s causing anxiety. It takes time to build up a relationship and trust. Anxiety of not knowing what will happen.
Other comments:

- My organisation has filled in all our questionnaires and returned them together. Everyone is asking why it needs to be changed. There is a lot of anxiety in the group about what will happen.

- (In response to being asked by Caroline what option one of the attendees would prefer if change went ahead)  
  I don’t know which option would be best. All of them would cause the same anxiety. I have come a long way in a short time and don’t want to start again.

- I’m not here just for me – it’s for everyone who uses the service

- I won’t need support for ever, but at the moment I do need long term support. Eventually I hope to be able to move on and then someone else who needs it can get the support.

Caroline asked if there were any other ideas about what the Council could do that we had not thought of. There were no suggestions, but one attendee planned to come to the next focus group and he hoped that there would be more people there and could come up with more things to discuss.

5. Closing remarks

Caroline thanked everyone for coming and said that their comments were appreciated. She said that they would be sent the notes from this meeting.
Meeting was opened at 14:30 by Kate Galoppi – Head of Commissioning, Care Services & Commissioning, Leicester City Council.

Kate introduced others that were in attendance.

Shirley Jones (SJ) Supported Living Project Manager
Kalpana Patel Commissioning Officer
William Jones part of the Commissioning team

6 service users were present all signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Kate Galoppi)

Kate welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about the proposal to change the support you get in your home.

Kate stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

Kate then made the formal introductions and explained how the meeting would run.

Questions

1. Why doesn’t the mayor come to consultations? Kate explained we are in attendance on his behalf and the Mayor will be informed of views on the consultation

The Proposal – about the change to support.

Kate started by giving information about the proposal as follows:

Why has the Council come up with these proposals?

• The Council now has less money to provide these types of services.

• Continuing to provide these services as they are is not a cost effective use of the Council’s money.
The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.

The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.

These services now sit within Social Services.

We need to target the service at those that need it the most.

We want to give people more choice and control over the services they receive, just like other Social Services customers.

The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

People need assistance not only with housing but on other matters to support their independence.

These changes mean the Council has decided it is not viable to run the services in the same way. It has therefore proposed a change. The proposal is stopping the service you currently get and:

- Introducing an assessment for each person to make sure help is given where it is needed most
- Giving people who are eligible for services:
  - Money to manage and choose support themselves (you get the money and arrange the support) or
  - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
  - Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)
- If you are eligible to receive services your needs will still be met using one of the ways above.

Kate then explained what the proposal would mean if it was agreed and stressed that this doesn’t mean the service will stop straightaway.

- All service users will be reassessed to see whether they still need support.
- If the proposal was agreed reassessments would start next year (after the consultation ends)
- If the proposal is accepted, no change would be experienced by service user until July 2014
Kate then handed over to Shirley who explained the eligibility criteria as follows:

To be eligible for Independent Living Support, you are:

- Minimum age is 18 years of age in need of support and also have a learning disability,
- mental health needs,
- physical disability,
- sensory disability
- HIV / AIDS
- or be an older person
- be in receipt of a means tested benefit

You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An inability to maintain your home and tasks related to your home and / or.
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead to your losing your home and/or
- Current concerns about your safety both in and out of your home.

We then complete an assessment of their needs based on the above

The assessment will identify:

- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If your needs are assessed as minimal you could be signposted to other more appropriate services

For the customer this means:

- you will know how much money you will have and how long for
- choice in how this support is provided to best meet your needs
- flexibility in how your support is received
- have the ability to change your support if it is not meeting your needs
- able to be reassessed in the future if your needs change

Kate then explained the Consultation Process as follows:

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team
- Everyone that is eligible for support will receive help to organise options that meet their needs
- We’d like your views

Questions

1. When would we be individually assessed? We have to wait for final decisions, any changes won’t take place until July of next year, need to reassess those who are already receiving services.

2. When you get support and are assessed will your support worker get involved, will Midland Heart get involved? That would be the person’s choice; they support the person to get the support in place so if there is a need for the support worker then yes the support worker can help with that assessment.

3. The workers won’t be there though so how will it work? The support workers won’t be in the job. The assessment will be undertaken, workers will still be in the job whilst the process is ongoing.

4. Is housing support going to go completely? Where someone is receiving support to live where they live safely, we do not want to jeopardize this, we have piloted this with Right to Control, this allows the person to shop around and choose their support.

Shirley stressed that we cannot give any guarantees on behalf of Midland Heart or any other Housing Association.

5. Where is all the other funding going? We are trying to bid for the city of culture, is our money going to that? It is not, it all comes from separate pots of money.

6. We will receive a list of private support services? There is information available through the Choose My Support website, the right to control service is helping us learn more about what is available for people to buy services.

Comments

1. You should attend the monthly meeting group which helps to build confidence (Monday Club) and see what people think, there are a lot of people who go there who haven’t attended today. Please discuss this with the rest of your group and make contact if you have a specific event that you would like us to attend as part of the consultation. We will see if we can accommodate this.

2. I’m so worried, I’m thankful for my support worker she has changed my life. No decisions have yet been made, this is the consultation stage.
3. I disagree with the council taking control of our support, I’m very happy with the service I currently receive. I find it frightening the thought of the people of trust being taken away. Midland Heart identified my problem, I don’t feel the Council would have noticed. The council are not determining who provides support to you it is about how people are identified, it’s allowing you to make choices. Midland Heart will have to make choices about how there service may look in the future; the consultation is not about the council becoming the support service or support worker.

4. I feel you need someone that you can trust, I can’t fill out the forms due to visual disability

5. It’s the Tories who are picking on the most vulnerable, mental health service has shrunk as well. It is important we hear your views and comments as we understand it is difficult but we are unable to get into a political debate on these points.

Kate thanked people for their comments and questions.

Kate then went on to ask what people thoughts of:

- the proposal
- Any comments on what this might mean for you (or the person you care for)?

**Comments**

1. I am happy as things are
2. It took me a long time to get the support I have now I don’t want to lose it
3. You say it gives us more choice, but we feel we have enough choice at the moment
4. We need someone we can trust
5. You should visit the Monday Club meeting some people can’t get here to this meeting. Some people have been given help to attend meetings; we can try to accommodate if people request it

Shirley suggested talking to their support worker to make contact with us so we can see if we can attend their Monday Club.

**Questions**

1. When will our current support worker be made redundant? In terms of the proposal we have to go through a decision making process, it will all remain as it is until July.
2. Why don’t you come to visit the people to see what needs people have There are too many people to see everyone.
3. There are 249 in this group? It may effect that number but the consultation covers a much broader number, that number is specific to this group (Floating)
4. It felt like you had chosen a couple of groups to abolish. Not the case, the letter is tailored for each sector, the 249 refers to the number of people with Floating Support
5. What’s the attendance been like? It’s been good, we’ve had meetings all through September
6. Why should we switch to something new? What we have is good. It is about value for money, we think the proposal will enable us to better provide this
7. What would the needs be to stay with things as they are? Shirley reiterates the criteria

8. Would it go on how many hours support you need per week? This is part of what we will learn from the assessments as it depends on the individual need and these are the finer facts that we will need to continue to work through.

9. How will the proposal affect people whose health fluctuates? Reassessments are always available so if people are struggling, they can be reassessed

Does anyone have any suggestions about what other changes we might make instead?

Comments

1. We are finding it hard, it has worked so well for us as things are
2. We don’t know what things will be like if things change so it is hard to comment
3. It is going to make people’s health problems worse
4. It sounds like a lot of people will lose their support

Shirley said that we recognise people get better as well as people’s needs may get worse and we do not want to put people in danger. Monitoring of health and well-being is one of the outcomes that would be assessed.

1. You can be vulnerable at 50. We would look at why that person is vulnerable and what their needs are
2. Everyone agrees it should stay the same, I can’t see how this will be an improvement, I feel the proposal is a step backwards

Questions

1. Can you appeal against it if it is taken away? As the proposed criteria has stayed the same the likelihood is the majority of people will still meet the criteria. This will be decided on a case by case basis. There will be no appeal as these are non-statutory services which means they are not provided by law.

2. What about the STAR workers from the council, are they losing their job? This proposal does not relate to STAR workers so they will not be effected this proposal

3. Can the money be abused? A lot of people on Right to Control pilot felt uneasy with the idea to manage the money themselves, in those cases some people have chosen to let the council support them in managing the money.

4. Are other housing associations going to be making their workers redundant? We cannot say what the outcomes will be but these proposals do affect a number of housing associations. How they deliver their services if these proposals are agreed will be for them to decide.

5. If you get an assessment, where does the cash come from? Options such as being given the money to manage yourself, or for someone to manage the finance for you – decisions will be based on an individual needs.
6. Do you need to meet all the areas of criteria to keep your support? No, as long as you have support needs that relate to the criteria

7. What age is considered ‘older’? Over 65

Kate says that any questions that we haven’t been able to answer we will provide a response in the notes we send back out to you. Make sure your address is written down, if you haven’t given it please talk to one of us and we will add you to the attendance list – and the list will only be used for the purpose of this consultation.

Kate explained what will happen after today’s meeting

We will send you a copy of the notes from today (have we got your name and address), but also if you have any worries or concerns or further comments about the process the consultation is open until the 20th November 2013 and you can ring the helpline on 0116 454 2400

I would like to say again that your services will not change until the city mayor has made a decision and we will then write to you and tell you what will happen next.

Thank you for coming and for the comments and suggestions you have given us on what you think. It is really important to us that you have your say.

Present: Caroline Ryan, Shirley Jones & Paul Akroyd
The meeting was opened at 11:05hrs by Caroline and formal introductions were made.
Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)
Shirley Jones Supported Living Project Manager

Six members of staff from LASS were in attendance.

Caroline suggested that because no service users were present she would use the script used for providers.
Caroline explained that historically the Housing Related Support Budget had been ring-fenced. It had now been split between Housing and Adult Social Care (ASC). ASC had the responsibility for delivering Supported Housing, Sheltered Housing & Floating Support.

We now have less money to provide these types of services. Over the last few years we have been spending £2.4m against a budget of just £1.7m this proposal will deliver the required savings.

Our resources will now be targeted at who needs support the most. The proposed model will help us to provide preventative services which will help reduce the demand on statutory services.

Caroline then explained the consultation process in more detail:

- The proposal is stopping the services people currently get and:
  - Introducing an assessment for each person to make sure help is given where it is needed the most.
  - Giving people who are eligible for services:
    - Money to manage and choose support themselves (you get the money and arrange the support) or
    - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
    - Help with choosing an organisation to provide support (you ask the Council to arrange the support for you from a provider)
  - If you are eligible to receive services your needs will still be met using one of the ways above.
The money that service users receive will not be a Direct Payment. It will be an allocated sum that should be used to meet the needs of a service user.

The Council will have a dedicated team that will do all assessments across the city. These people will be appropriately trained. We will have one single eligibility criteria which everyone will be assessed against. This will give the Council consistency and enable us to target resources at those that need the most support. Any support will be time limited and subject to a reassessment on a regular basis. There will also be a clear link to outcomes.

Caroline then explained the assessment areas.
1. Setting up or maintaining a home or tenancy
2. Developing domestic/life skills
3. Developing learning / vocational skills and positive interaction.
4. Managing your money
5. Establishing social contacts and activities
6. Maintaining personal safety and security
7. Monitoring of health and well being
8. Emotional support practical advice and liaison.

Caroline then explained that in order for us to justify the same level of funding we need to show a clear link to successful outcomes and that prevention works and reduces demand on statutory services.

Caroline then asked for any questions or comments.

Questions
- The idea is good but if we have a single assessment how much understanding will there be around those with HIV & AIDS because people who suffer from this illness don’t always fit into one box? For example physically they may be ok but forgetful because of medication. *Shirley explained that the eligibility criteria included HIV & AIDS and the assessment team will be appropriately trained. Caroline commented that the assessment team could always come to LASS to ensure confidences are maintained.*

- What is the timeline from assessment to delivery particularly in a crisis situation? *Shirley explained that it is difficult to say however the Right to Control Project currently takes 2 weeks. However we would hope the process could be streamlined. Point on a crisis situation was acknowledged with thanks. This will be included in any future model.*

Caroline then clarified at this stage this was only a proposal and it was different from statutory services. For that reason we had tried to avoid language like substantial and critical services. The title of the service had changed from Housing Related Support to Independent Living Support.
Caroline then explained the eligibility criteria. 

To be eligible for Independent Living Support you are:

- Minimum age is 18 years of age in need of support and also have a
- Learning disability
- Mental health needs
- Physical disability
- Sensory disability
- HIV / AIDS
- Or be an older person
- Be in receipt of a means tested benefit.

To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An ability to maintain your home and tasks related to your home and / or
- Involvement in social contact and activities will not be sustained without support and / or
- Significant risk of debt affecting your wellbeing or which could lead to you losing your home and / or
- Current concerns about your safety both in and out of your home.

**Question**

- In terms of the eligibility criteria what if a service user ticks more than one box i.e. they are eligible on any number of criteria. *Shirley explained that it makes no difference the focus is on what areas of your life do you need support with.*

Caroline then explained that this is an opportunity for the Council to be more innovative in how we provide support. Moving away from more traditional models to something that may include greater community integration

**Questions**

- What happens if someone isn’t on a means tested benefit? For example they might meet the eligibility criteria but be off work and in receipt of SSP. They might receive JSA or ESA. *Shirley explained we are currently talking to our Welfare Rights Team to be sure about what parameters we are working within.*

- This all seems to be focused on people who receive benefits it’s to be truly preventative what about people who are in work how will we meet their needs. *Shirley explained that we need to do further work to establish how we will meet the needs of service users who are still in work. We would though be looking at giving people an opportunity to purchase services themselves.*

- What about asylum seekers. *Shirley confirmed that they are not covered by the current proposal.*
• Who decides how the money that service users receive is spent. *Shirley explained that is ultimately up to the service user.* Most of the users in the Right to Control Project have chosen not to manage the money they receive themselves. *Entirely possible that you could work towards managing your own money as part of your outcomes.*

• If service users are paid money direct – given an allocated sum – will they be monitored how they spend the money? Will they have to provide receipts and proof of purchase? *Shirley explained that we are currently looking at this but what we want to avoid is creating a bureaucracy around monitoring and any monitoring needs to be in proportion to the amount of money that is paid to a service user.*

• Will professionals already involved in the service user’s life (Supports Workers etc.) be included in the assessment process? *Shirley confirmed that yes they can.*

• Will the Council provide an interpreter for the assessment process if on is needed. *Caroline confirmed that yes we would have to.*

Caroline then asked if the group had any other suggestions about what other changes we could make instead.

• It is really important that we include any professional already involved in the service user’s life in the assessment process. *Noted*

• Will there be any staff in the assessment team who has experience of working with clients who have AIDS & HIV related illnesses? *Caroline confirmed that as the team is developed we would need to consider how we support specific groups within the team.*

Caroline then explained the consultation process:
- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services.
- The change will allow more choice and control for service users and their families.
- No action will be taken until a final decision is made by the City Mayor and his executive team.
- Everyone that is eligible for support will receive help to organise options that meet their needs.

**Question**

• *Is this a Council led initiative or across all Local Government. Caroline explained that this is only Leicester City Council and is a response to an over spend on the Housing Related Support budget.*
Caroline then explained that feedback could still be submitted up to and including the date consultation closes (20th November 2013). When the consultation closes a report will be produced for the executive this will be towards the end of the year.
Caroline thanked everyone for attending and the meeting closed at midday.
Floating Support Paper 4 - Notes of Housing Related Support – Floating support service user consultation group held 4th November at Midland Heart offices ‘Monday Club’

Attended: Caroline Ryan Lead Commissioner Supported/Independent Living; Shirley Jones Supported Living Project Manager
3x staff from Midland Heart
7 service users

Caroline thanked the group for the invitation to attend today that was a request from service users who had attended a prior focus group meeting.

Caroline introduced herself and Shirley Jones who will be taking minutes to send out to those who have attended. Caroline reminded the group that those affected by the proposals would have received a letter, questionnaire and FACT sheet in the post and there were further copies here if anyone wanted a copy.

Caroline explained the background to the proposals and stated that at this time no decision has been made on whether this will go ahead as we are hearing what people have to say about the proposals and this doesn’t affect any other service you get from social services.

The proposal is about changing the way you receive floating support to live in your home.

Background

The Council now has less money to provide these types of services.

Continuing to provide these services as they are is not a cost effective use of the Council’s money.

The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.

The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.

These services now sit within Social Services and were previously in housing.

We need to target the service at those that need it the most.

We want to give people more choice and control over the services they receive, just like other Social Services customers

The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.
People need assistance not only with housing but on other matters to support independence.

**The consultation proposal**

- The changes I’ve mentioned mean the Council has decided it is not viable to run the services in the same way and it is proposing a change.

- The proposal is stopping the services you currently get and:
  - Introducing an assessment for each person to make sure help is given where it is needed most.
  - Giving people who are eligible for services:
    - Money to manage and choose support themselves (you get the money and arrange the support) or
    - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
    - Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider).

**This doesn’t mean your service will stop straightaway.**

- All service users will be reassessed to see whether they still need support.
- If the proposal was agreed reassessments would start next year (after the consultation ends).
- If the proposal is accepted, no change would be experienced by people until July 2014.

**If the proposal was agreed how will it work**

The proposal is to change the way people are identified as being in need of support by having a dedicated team that establishes who is eligible:

1. How is it going to be paid for?

   *We still have money but have less money. Introduce one assessment process across the whole city and give customers 3 options. Money to manage and choose support themselves or help to manage the money to buy their support or help with choosing an organisation to provide support.*

2. Who is the provider?

   *If individual wants to choose anyone can be the provider. There will also be a list of providers to choose from. You can also choose a family member, friend or neighbour.*

3. How can you get family or friends to help you they won’t have the skills to help you and they might just keep the money.
John (Midland Heart) explained that for some people having a friend you might be able to pay them to help with things like getting to the shops but for some support needs you would need someone who has the skills to support you.

Caroline advised it depends what someone needs support with or for. We are not trying to take support away but there is less money and we want to offer people choice.

4. Can’t see why you’re doing this as I have already made my choice?
We need to reduce the spend and give people more choice

Caroline set out the time scales as the end date of the consultation period is 20th November and a report will be forwarded to the City Mayor and his team. A decision is likely to be made end of December or early January. There will be a consultation report with all comments and responses in it.

5. If proposal was agreed how would it work it looks like tenants are going to lose their support worker

A number of things could happen so this means people could still choose Midland Heart by making their own choices and managing the money themselves but I cannot give a guarantee that there would be no changes

John explained that where people live now an amount of the money they get but don’t see meets their support costs.

Caroline confirmed that there are different prices across providers and there needs to be a level to access this support and that is what we will pay

6. What if I chose my current support worker but their costs are higher then I would have to pay for it myself.

Caroline confirmed that in the proposal the council would only pay for the amount it had assessed as needed to meet your support needs.

General discussion amongst the group as it was unclear what actual money/support was being discussed. There was some confusion that we were talking about a large amount of money to manage like the proposals for universal credit with set amounts per week for single people/childless couples and families. The group voiced a number of concerns about this as well as anxiety about managing a large amount of money for a month when used to having weekly benefits.

Shirley confirmed that the amount of £500 per week is the figure used to state how much the total weekly amount of benefit a family would have to live on via Department of Work and Pensions. Shirley explained that our proposals are based on the learning from the Right to Control pilot in Leicester and what we have learnt is that the total weekly cost of support is likely to be quite low and not at the level of £500 per week. Also the majority of people
have not chosen to manage the money themselves but have made choices in who provides support to them.

Caroline said that Shirley would now set out the proposal for the eligibility criteria and the assessment process in more detail

**The Eligibility criteria (Shirley)**

To be eligible for Independent Living Support, you are:

- Minimum age is 18 years of age in need of support and also have a
- learning disability,
- mental health needs,
- physical disability,
- sensory disability –sight and hearing impairments
- HIV / AIDS
- or be an older person
- be in receipt of a means tested benefit

7. What is a physical disability?

*This could be someone who is disabled and has reduced mobility so may need to use a wheelchair or other mobility aids.*

*You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.*

8. What about people who are off work due to sick leave

*Shirley responded that as a result of the feedback during the consultation this point had been raised as we do not want there to be a disincentive to support people who are in work and may have a reduced income. We also have to recognise that there are other people not on a means tested benefit such as in receipt of a pension who may need support. Due to this, advice has been taken from our welfare rights team to look at the eligibility criteria as there may be exceptions to this.*

The following criteria will then be applied

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<td><strong>Eligibility criteria</strong></td>
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<td><strong>To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:</strong></td>
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• Significant risk of debt affecting your wellbeing or which could lead to you losing your home and/or
• Current concerns about your safety both in and out of your home.

If you are eligible an assessment will take place to look at where you need support in.

The assessment will identify:
• what are the areas you need support in or with
• how long are you likely to need this support for
• set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

The area that the assessment is looking:

17. Setting up or maintaining a home or tenancy – practical issues of tenancy and/or setting in or planning to move on.

18. Developing domestic/life skills – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.

19. Developing learning/vocational skills and positive interaction – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.

20. Managing your money – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.

21. Establishing social contacts and activities – taking part in activities or reconnection with family/friends.

22. Maintaining personal safety and security – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.

23. Monitoring of health and well-being - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

24. Emotional support practical advice and liaison – minimise risks, manage your feelings through a specific event, befriending and practical worries.

Questions and comments on the above detail

1. Who is doing the assessment?
   The proposal is for Leicester City council but an actual team has not been decided

2. That needs to be quite a team to deal with all the assessments and reviews needed and need to be able to meet all of people’s needs
   Yes
3. How can you guarantee money will be spent where it’s supposed to be like a family member could do it for free and the person keeps the money?
   As we have tested this out through the Right to Control that is working well the majority of people have had the money managed for them and the spending of the money is an area that is checked at the reassessment stage. Depending on how the money has been used there is an option for the council to claw it back.

4. Is there an appeal against the assessment decision?
   No, as these are preventative services and non-statutory but if someone is dissatisfied they can follow the complaints procedure.

5. If you employed someone to help you can you sack them and do you have to pay tax their taxes?
   Yes - in terms of being an employer there are agencies in the city who can offer you support to manage all of this.

6. If someone gets a 3 month plan when would you review it do you know if it will continue and who they talk to?
   The detail of lead in time for the review has not been worked through yet but we know that both the service user and the agencies involved will need to know this timeline.

7. What if I’ve got 5 issues to be supported with?
   Assessment will look across all areas of your life.

8. If there was a risk of someone being financially abused, can this lead to managed payments?
   This can be taken into account because the outcome has to be what is right based on the individual circumstance.

9. Why review every 3 months if someone has already been receiving support for 4 years?
   We need to target those who are most in need and target resources.

10. When support workers are taken away will we be assessed?
    We are not taking away the support workers, assessment first and then the person chooses who supports them.

11. The workers that know us best should be involved too.
    Those that support you can be involved in the assessment but it is also about hearing from the person themselves.

12. What paperwork will you be using as Midland Heart have a common one and a digital process?
    A support plan template will be drawn up and it will be different.

13. This is difficult as all providers have their own forms.
    Your point is noted.

14. What about if you have had an assessment and then there is a crisis can your team deal with this?
    This has been raised elsewhere and we have to work through what will the response be for a crisis or emergency need.
16 Will this lead to a tender exercise and isn’t that all just about the best price 
Caroline confirmed No based on quality and price. For a recent exercise award was based on 80% quality and 20% price. As part of this consultation there have been a number of meetings with providers so they are aware that this may lead to a tender exercise and they know that what the council wants to see in terms of quality and expertise, will have weightings attached to the questions that are then evaluated.

17 What about the STAR service is that going to end? 
The STAR service is now funded separately so is not affected by these proposals

18. Lots of people prefer who they have now as we know them well and they know us I would pay Midland Heart directly for their support. Would you be sending off for medical evidence - I just want the same support I get here. It is like a family because we have great support and they give us reassurance. I can pop in at any time if there’s something bothering me.
We would not be asking for medical evidence it would be based upon your support needs.

19. Staff member confirmed this is a long term service so there is no end date. Some people have come in and out of support and within the group there were examples of 4, 7 and 15 years of support with them. People can reapply after a period or if they experience a future difficulty and for many this is a recurring cycle.
The support team would help people in having their needs met and in the Right to Control pilot people have used some of their allocated amount to link with the housing provider and have then shopped around with the remainder giving them more choice. This proposal does allow people to come back for an assessment in the future if there is a need to.

Caroline confirmed that we currently spend £2.5 m on services but we only have a budget of £1.7m. There is pressure on budgets and we are listening to the experiences of people in the Right to Control pilot. We also know that the Assessment team needs people with the right set of skills to work with a range of people.

20. I have difficulty with literacy and I sometimes need reminders and I have difficulty writing things and Midland Heart support me with these things.
The assessment should take into account your particular needs

21. What if Midland Heart are not on the provider list
You can choose to make your own arrangements directly with them and buy their services assuming Midland Heart want to deliver that support.

22. The cost of the team will have to come out of the same money and will all that work most of it will be spent on the team and not services
The exact costs of the team cannot be confirmed yet and it will have to come from the same funds and will be a proportionate to the level of service provided.

Caroline confirmed that we think that a single assessment process is fairer and will assist us in reducing the budget. The budget may be managed each quarter and it is a fixed pot of money

23. I’m anxious that I would have to start again and telling all about me over again as I’ve had long term support here.
We will work with people and their current support provider to try and minimise the impact but details will need to be provided.

24. I wouldn’t know where to go to get support?
The assessment team would help with this

25. If support stopped can you come back if you need it?
Yes

26 My concern is that this is a huge amount of work for one team and completing assessment and all reviews and people may need to come back time and again. In another area they are proposing having lead providers in a consortia to reduce duplication and have the services joined up.
This is an idea we can explore

Caroline thanked the group for their helpful comments and questions and reminded them that no decision had yet been made.

Shirley confirmed that for this group if the proposal was agreed there would be a lead in time up to July 2014 where the existing customers could be assessed to see what the outcome would be for them prior to any changes.

21. If we hadn’t voted in the Tories none of these cuts would be happening
I cannot comment on that these proposals are a response to the financial pressures that are happening across the country.

John advised that each local authority area has a different model and have to look at getting added value and reducing duplication because it all costs money. He suggested we look at the Northampton proposals that look at linking services together with Lead providers
Confirmed this action will be taken.
Part D - Supported Housing Papers

- **Supported Housing Paper 1** - Notes of the Supported Living Focus Group – VAL 11th Sept 2013

- **Supported Housing Paper 2** - Notes of Housing Related Support – Supported Living service user focus/consultation group held 16th September 2013 at Leicester Adult Education Centre

- **Supported Housing Paper 3** - Notes of Supported Living Focus Group at VAL on 20th September 2013
Meeting was opened at 1630 by Yasmin Surti – Lead Commissioner, Care Services & Commissioning, Leicester City Council.

Yasmin introduced others that were in attendance.

Yasmin Surti – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Paul Akroyd – Business Change Manager, Adult Social Care Transformation Team Leicester City Council (Minutes)
Shirley Jones Supported Living Project Manager

5 service users were present all from Norton House. A signed record of attendance so notes of the meeting could be sent onto them.

**Opening remarks**

Yasmin welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about a proposal to change the support that you get in your scheme.

Yasmin stressed that no decision had been made and we don’t know yet if change will happen. This proposal will not affect any other services that you get from Social Services.

Yasmin then explained how the meeting would run.

**The Proposal - About the change to support**

Yasmin started by giving information about the proposal as follows.

Why has the Council come up with these proposals

- The Council now has less money to provide these types of services.
- Continuing to provide these services as they are is not a cost effective use of the Councils money.
- The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.
- The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.
- These services now sit within Social Services.
- We need to target the service at those that need it the most.
• We want to give people more choice and control over the services they receive, just like other Social Services customers.

• The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

• People need assistance not only with housing but on other matters to support independence.

Comments

1. We all feel that we all need the current level of support to continue because of our Mental Health issues. Please understand that what might not be important to you (like the support we get) is very important to us. Yasmin explained *whatever happens we would still be working with the service users to ensure that all the necessary support is provided to meet their assessed needs.*

2. Without the Support Worker at Norton House we would be back and forwards between the hospital which would end up costing you more. The home we have is a step between hospital & home it is a community that provides us with all the support we need. Since moving into Norton House my health has significantly improved which means I am spending less time in hospital using services. Yasmin explained *that this proposal was about making it less expensive but still providing the support.*

Yasmin then explained what the proposal would mean if it was agreed.

- Introducing an assessment for each person to make sure help is given where it is needed most

- Giving people who are eligible for services:
  - Money to manage and choose support themselves (you get the money and arrange the support) or
  - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
  - Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

Questions

1. After we have had an assessment will we get any money directly? Yasmin explained *that this is possible but it would be your choice. Any money will be based on an identified need and is referred to as your personal budget. You could choose to have this money paid directly into your bank account (known as a direct payment) or you could ask the Council to manage it on your behalf (known as a managed budget)*
2. The direct payment can be quite stressful having to manage receipts and prove what you have spent will we have to take one? Yasmin explained that it is your choice and you could ask the council to manage the budget on your behalf.

3. If I ask the Council to manage my budget will I still get a say in the choice of providers. Yasmin confirmed that yes you would.

4. Will this proposal effect how much housing benefit that I get. Shirley said that although there is a link it will not affect your Housing Benefit.

5. At Norton House we operate like a community for example we take turns cooking and have meals together and we make some decision together as a group this makes us feel less isolated will we still be able to do this? Shirley confirmed that this wouldn’t have to change.

Comment

1. Norton House is like a little community we do so many things together this makes us feel less alone and is good for our health & wellbeing and I wouldn’t want that to change because if it did it might affect my health. Shirley confirmed that health and wellbeing was a priority and the current proposal was not about making anyone feel unsettled. If there was any change we will provide support for you.

Yasmin then confirmed that the current proposal does not mean that your service will stop straight away:

- All service users will be reassessed to see whether they still need support.
- If the proposal was agreed reassessments would start next year (after the consultation ends)
- If the proposal is accepted, no change would be experienced by people until July 2014

Comment

1. Getting better is one thing keeping better is another thing and very important to us and our current environment and the support we get helps us to stay better. Without it we may relapse.

2. If I become anxious or unsettled it also has an effect on my family, friends and carers. It’s not just about me.

3. I feel happier now because the changes will not happen straight away so we have time to think about it.

Yasmin then explained the eligibility criteria

To be eligible for Independent Living Support, you are:

- Minimum age is 18 years of age in need of support and also have a learning disability,
- mental health needs,
- physical disability,
- sensory disability
- HIV / AIDS
- or be an older person
- be in receipt of a means tested benefit

You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

Comment

1. Norton House have helped me stay out of hospital I had previously been suicidal and was taking overdoses they helped me deal with this feelings – how much has that saved in the long run

To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An inability to maintain your home and tasks related to your home and / or.
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead to your losing your home and/or
- Current concerns about your safety both in and out of your home.

If you are eligible an assessment will take place to look at where you need support in. The assessment will identify:

- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If your needs are assessed as minimal you could be signposted to other more appropriate services. For the customer this means:

• you will know how much money you will have and how long for
• choice in how this support is provided to best meet your needs
• flexibility in how your support is received
• have the ability to change your support if it is not meeting your needs
• able to be reassessed in the future if your needs change

Yasmin then continued to explain why is this approach being proposed?

We think this is fairer to have one assessment that is applied to all people so that there is consistency in making decisions about who receives support

With reducing budgets we need to make sure that money is spent where it is needed most. The amount of money that we have will be a fixed each year and by making support time limited we can target the money to those that need it most.
A single assessment will clearly establish the areas of life that you need support in or with and for how long.

**Question**

1. Will the assessment I have be face to face? *Shirley confirmed if that was best for you then yes. There would also be an opportunity to have an assessment over the phone.*

Yasmin then explained the consultation process

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team
- Everyone that is eligible for support will receive help to organise options that meet their needs
- We’d like your views

**Yasmin then asked all those in attendance to**

- If they had any question & comments
- What they thought of the proposal
- What the proposal might mean to you
- Any suggestions on other changes we might make instead.

**Comment**

1. These changes make me feel very anxious and quite unsettled and this affects my mental health. *Yasmin explained that this certainly wasn’t our intention but if there was a change we would offer support through the entire process.*

2. I feel a bit happier now having heard what the proposal is and having spoken to you as well. It makes me a bit more relaxed particularly because I now know that any assessment will be based on my needs.

3. As long as I can stay at Norton House I’m happy and it’s good to know I will still have a roof over my head and food in my belly. *Yasmin explained that if this is what people need that would still happen. But some people improve and need to move on and some people may want to move on to different schemes.*

4. I think it is really important that our needs are assessed by a professional who understand the problems and issues people with mental health face. *Yasmin confirmed that whoever did the assessment would be suitably trained with all the required skills and competencies.*

Yasmin & Shirley then thanked everyone for coming and the meeting was closed at 1525hrs.
Meeting was opened at 2.30pm by Yasmin Surti – Lead Commissioner, Learning Disability & Mental Health, Leicester City Council.

Yasmin introduced others that were in attendance.

Yasmin Surti – Lead Commissioner, Learning Disability & Mental Health, Leicester City Council.
Shirley Jones – Supported Living Project Manager, Leicester City Council
Helen McLean – RTC Project Manager, Leicester City Council (minute taker)

3 service users were present all signed a record of attendance so notes of the meeting could be sent onto them along with 1 support worker.

Opening remarks (Yasmin)

Good afternoon everyone my name is Yasmin and I am the Lead Commissioner, Learning Disability & Mental Health, thank you very much for coming to the meeting today.

Before I introduce the rest of the team I do want to make it absolutely clear that we’ve come along today to talk to you about the proposal to change the support you get in a scheme.

No decision has been made and we don’t know yet if change will happen.

This doesn’t affect any other service you get from social services

Introductions and how the meeting will run

I will be leading the group along with Shirley and Helen who will be supporting me today. We will be taking notes to feed into the final report but we won’t quote names.

How we would like to run today is to give you some information about the proposal and then give you a chance to ask any questions you may have.

We’d then like to ask you to tell us what this will mean to you and what your comments are.

All comments will be recorded and put into a report that will go to the City Mayor Peter Soulsby.

Yasmin showed the leaflet’s and asked if people have had one.
About the change for support (Yasmin)

Ok I’ll start with some information about the proposed change to the support service you receive at home

Background

• The Council now has less money to provide these types of services.

• Continuing to provide these services as they are is not a cost effective use of the Councils money.

• The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.

• The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.

• These services now sit within Social Services.

• We need to target the service at those that need it the most.

• We want to give people more choice and control over the services they receive, just like other Social Services customers

• The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.

• People need assistance not only with housing but on other matters to support independence.

Questions

1. The funding money that they get – does this get paid into their bank account and if so how will they (service users) manage if they have a crisis or go into hospital – mental health is different. There will be different ways that you can manage the money and you will get support to do that and this will be looked at on an individual case – we know that people with Mental Health have different needs.

2. How often will it be reassessed? We are looking at reassessing at times to look back at whether the outcomes have been met for you so could be every year or more often.
3. What will happen if Service users cannot manage the money? Yasmin gave an example – Individuals have their assessment, they are told how much money they have for support and they can choose how that money is spent and whether or not they want to manage the money or they can choose who does manage the money for them. Yasmin acknowledged that not everyone wants to or is able to manage their money and they can delegate this task.

4. How long does it take? The consultation runs until November 20th, the report is then sent to the City Mayor but if the proposal is taken forward individuals will not see a change in their service until July 2014.

5. Will anyone have their assessment done prior to July 2014? Some people may have their assessments done sooner, as part of testing out the process but no services will change until July 2014.

6. Currently some people are being assessed by Adult Social Care and are ending up with 2 budgets ASC and HRS Supported Living – will these budgets stay separate or will they be merged? Those with 2 funding streams would continue but each case will be looked at individually as it is not a fair process to ‘double fund’ for the same things.

7. How will the new proposal affect accommodation based services? Some people are worried that they will not fit the criteria, that homes may close and the ‘as & when’ support will be lost from schemes. When people are assessed consideration will be given to their current housing situation and if it remains appropriate and what that person wants to continue to do we are not going to jeopardise their accommodation and a percentage of their budget can be allocated to the landlord and then an individual can ‘shop around’ with the remainder of their budget.

8. I understand that money needs to be saved but I am not sure that this will save any money.

The consultation proposal (Yasmin)

- The changes I’ve mentioned mean the Council has decided it is not viable to run the services in the same way and it is proposing a change

- The proposal is stopping the services you currently get and:
  - Introducing an assessment for each person to make sure help is given where it is needed most
  - Giving people who are eligible for services:
    - Money to manage and choose support themselves (you get the money and arrange the support) or
    - Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
    - Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)
This doesn’t mean your service will stop straightaway.

- All service users will be reassessed to see whether they still need support.
- If the proposal was agreed reassessments would start next year (after the consultation ends)
- If the proposal is accepted, no change would be experienced by people until July 2014

If the proposal was agreed how will it work? (Yasmin)

The proposal is to change the way people are identified as being in need of support by having a dedicated team that establishes who is eligible:

The Eligibility criteria (Yasmin)

To be eligible for Independent Living Support, you are:

- Minimum age is 18 years of age in need of support and also have a
- learning disability,
- mental health needs,
- physical disability,
- sensory disability
- HIV / AIDS
- or be an older person
- be in receipt of a means tested benefit

You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

This is not the same as Social Services substantial or critical criteria

Question

People with Mental Health have needs that change and may go into relapse and getting support can be time critical and they may need extra help how will you do this? If this is a change to your needs then a reassessment can be done but if this is part of your assessed needs this will be worked into your support plan to make sure that you have the support when you need it most. As part of the assessment there is a section on monitoring health and wellbeing as this is very important. Reassessment will be arranged on an individual basis and depending on the areas being supported in could be set at 3,6,9 or 12 months.
Eligibility criteria

To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An inability to maintain your home and tasks related to your home and/or
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead to you losing your home and/or
- Current concerns about your safety both in and out of your home.

The areas of assessment are:

1. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.

2. **Developing domestic/life skills** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.

3. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.

4. **Managing your money** – budgeting and managing debt, reducing your risks to your wellbeing or risks of loss of the home.

5. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.

6. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.

7. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

8. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries. complete an assessment of their needs.

The assessment will identify:

- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If your needs are assessed as minimal you could be signposted to other more appropriate services

For the customer this means:

- you will know how much money you will have and how long for
- choice in how this support is provided to best meet your needs
- flexibility in how your support is received
• have the ability to change your support if it is not meeting your needs
• able to be reassessed in the future if your needs change

Why is this approach being proposed?
We think this is fairer to have one assessment that is applied to all people so that there is consistency in making decisions about who receives support.

With reducing budgets we need to make sure that money is spent where it is needed most. The amount of money that we have will be a fixed each year and by making support time limited we can target the money to those that need it most.

A single assessment will clearly establish the areas of life that you need support in or with and for how long.

As we’ve said before, The Consultation Process

• Runs from the 19th August to the 20th November 2013
• The proposed changes are a response to the fact we have less money to provide these services
• The change will allow more choice and control for service users and their families
• No action will be taken until a final decision is made by the city mayor and his executive team
• Everyone that is eligible for support will receive help to organise options that meet their needs
• We’d like your views

Question

1. Will the assessment be like the Medical assessments? Shirley advised that we have learned from the Right to Control Project that 1 assessment for all people is a fairer and consistent approach and it will not be like the medical assessments that were done for people on benefits. The assessments will look at what support people need and how long for and flexibility can be built in to support for individuals.

Questions

There’s a lot of information there – has anyone got any questions?

Hopefully we’ve been able to an answer to all your questions

Can I now ask what you think of:

• the proposal
• and ask you to comment on what this might mean for you (or the person you care for)?

Does anyone have any suggestions about what other changes we might make instead?

Any questions that we haven’t been able to answer we will provide a response in the notes we send back out to you.
Question & Comments

1. I worry that we are not going to get the same support that we get now as currently the level of support we get is a very high standard but it is probably not the cheapest but it is more important to us that we have consistency with the same staff as we know each other. They are also keyed up on what is going on and they tell us. They are also clued up on benefits and can help us with our finances. *We note your comments.*

2. Some people feel like they are being forced out. *We will be making sure that each individual case is looked at individually and no one will be forced out.*

3. Can we have people that know us involved in the assessment? *Yes you can have family, friends or support workers involved when you have your assessment – it is your choice.*

4. I feel that the council have done this the wrong way round – they have already forced 30% cuts to our budget Jan/Feb so providers will be looking to reduce services and the personalisation will cut this further when people are quite stable. Staff may now be getting cuts in their salary or face redundancy.

5. Why can’t we use the Mayor’s salary for Mental Health services

After today’s meeting

We will send you a copy of the notes from today (have we got your name and address), but also if you have any worries or concerns or further comments about the process the consultation is open until the 20\(^{th}\) November 2013 and you can ring the helpline on 0116 454 2400

*I would like to say again that your services will not change until the city mayor and his executive team has made a decision and we will then write to you and tell you what will happen next.*

*Thank you for coming and for the comments and suggestions you have given us on what you think. It is really important to us that you have your say.*
Supported Housing Paper 3 - Notes of Supported Living Focus
Group at VAL on 20th September 2013
Meeting was opened by Yasmin Surti – Lead Commissioner, Care Services & Commissioning Leicester City Council.

Yasmin made the formal introductions

Yasmin Surti – Lead Commissioner, Care Services & Commissioning Leicester City Council.
Shirley Jones – Support Living Project Manager, Leicester City Council
Julie Bryan - Minutes

Yasmin began by explaining that no decision has been made and we don’t know yet if change will happen and that this doesn’t affect any other service you get from social services

Yasmin then explained the background

- The Council now has less money to provide these types of services.
- Continuing to provide these services as they are is not a cost effective use of the Councils money.
- The Council thinks that there are more people who need support in the city but we can’t help everyone as the money is currently tied up in different contracts.
- The costs of services, which provide the same support, differ from provider to provider and the Council thinks we don’t get value for money as a result of this.
- These services now sit within Social Services.
- We need to target the service at those that need it the most.
- We want to give people more choice and control over the services they receive, just like other Social Services customers
- The money needs to better support the prevention priorities of Social Services, this means providing support that keeps people well and not needing statutory services e.g. residential care etc.
- People need assistance not only with housing but on other matters to support independence.

Yasmin then explained the consultation proposal

- The changes I’ve mentioned mean the Council has decided it is not viable to run the services in the same way and it is proposing a change
• The proposal is stopping the services you currently get and:
  o Introducing an assessment for each person to make sure help is given where it is needed most
  o Giving people who are eligible for services:
    ▪ Money to manage and choose support themselves (you get the money and arrange the support) or
    ▪ Help to manage the money to buy their support (you ask someone else to manage the money and arrange the support) or
    ▪ Help with choosing an organisation to provide support (you ask the council to arrange the support for you from a provider)

This doesn’t mean your service will stop straightaway.

• All service users will be reassessed to see whether they still need support.
• If the proposal was agreed reassessments would start next year (after the consultation ends)
• If the proposal is accepted, no change would be experienced by people until July 2014

Shirley then explained the eligibility criteria

To be eligible for Independent Living Support, you are:

- Minimum age is 18 years of age in need of support and also have a
- learning disability,
- mental health needs,
- physical disability,
- sensory disability
- HIV / AIDS
- or be an older person
- be in receipt of a means tested benefit

You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

This is not the same as Social Services substantial or critical criteria
Eligibility criteria

To be eligible there is a risk to your continued independence and wellbeing and this could mean that there is or will be:

- An inability to maintain your home and tasks related to your home and/or
- Involvement in social contact and activities will not be sustained without support and/or
- Significant risk of debt affecting your wellbeing or which could lead to you losing your home and/or
- Current concerns about your safety both in and out of your home.

If you are eligible an assessment will take place to look at where you need support in.

The areas of assessment are:

1. **Setting up or maintaining a home or tenancy** – practical issues of tenancy and/or setting in or planning to move on.

2. **Developing learning/vocational skills and positive interaction** – establishing daily/weekly routines for home/self-management that includes completing chores and bill paying.

3. **Developing learning/vocational skills and positive interaction** – activities to avoid social isolation learning new skills, volunteering or employment that could be supported or independent.

4. **Managing your money** – budgeting and managing debt, reducing your risks to your well-being or risks of loss of the home.

5. **Establishing social contacts and activities** – taking part in activities or reconnection with family/friends.

6. **Maintaining personal safety and security** – staying safe, ways of avoiding harm, managing unplanned events, gaining confidence and travelling independence.

7. **Monitoring of health and well-being** - managing all health related situations, appointments, changes in mood and having a healthy lifestyle.

8. **Emotional support practical advice and liaison** – minimise risks, manage your feelings through a specific event, befriending and practical worries. Complete an assessment of their needs.
The assessment will identify:

- what are the areas you need support in or with
- how long are you likely to need this support for
- set a period of time when your circumstances will be reassessed to see if your needs have been met and if this (or any) support needs to continue

If your needs are assessed as minimal you could be signposted to other more appropriate services

For the customer this means:

- you will know how much money you will have and how long for
- choice in how this support is provided to best meet your needs
- flexibility in how your support is received
- have the ability to change your support if it is not meeting your needs
- able to be reassessed in the future if your needs change

Why is this approach being proposed?

We think this is fairer to have one assessment that is applied to all people so that there is consistency in making decisions about who receives support

With reducing budgets we need to make sure that money is spent where it is needed most. The amount of money that we have will be a fixed each year and by making support time limited we can target the money to those that need it most.

A single assessment will clearly establish the areas of life that you need support in or with and for how long.

Yasmin then explained the consultation process

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team
- Everyone that is eligible for support will receive help to organise options that meet their needs
- We’d like your views

**Questions and Comments**

1. When did consultation start? Yasmin confirmed 19th August to 20th November 2013
2. Problem is if some people are managing their own budget and some not, how can the provider plan service, it will fracture service. Yasmin agreed that it does make some
people anxious it is a government directive and LCC support the decision to give choice to individuals.

3. Since being with Norton M has been stable and that stability has a positive impact on the family’s lives. Yasmin explained that the family will be involved in any decisions if appropriate.

4. CPN understands M and someone who doesn’t know him won’t understand. Yasmin explained that the people assessing will liaise with family and other professionals involved in the person’s life. Individuals can also use advocacy support that LCC purchase.

5. How often will the assessment be? Shirley explained it would be dependent on individual need and circumstances. This is about Housing Related Support and not Mental Health or Adult Social Care services. It’s the low level support not about ending the services. There are inconsistencies in services that we need to look at. The assessments will be done by 1 dedicated team, who will look at outcomes and how they can be measured and aim to get fairness and consistency. Some of this has already been tested by Right to Control Trailblazer. People living in a scheme who have taken a budget have decided that some of the budget goes to the landlord to keep the home and support and have used the rest to shop around for activities and support to meet their individual outcomes.

6. Would that work? If several people living in house and some need more support than others. Wouldn’t that cost more money if everyone needs different levels of support? How could that work? Shirley confirmed that we would take your views as comments on the proposal.

7. Often people get so much better with support of Norton house, he needs someone to push him, if after 12 months he appears like he is managing will you take the support from him, also if the household costs £1,000 and the residents are assessed and the amount is less than £1000 what if Norton get rid of them and fill the house with higher needs. Yasmin explained that our approach is about meeting people’s needs appropriately.

8. This places the onus on family, worried that all stability that Norton has given will be gone. Yasmin confirmed that your circumstances would also be taken into account and carers are eligible to have their own assessment completed. Shirley added that we are also learning from Right to Control. Continued health and wellbeing is one of outcomes you’d want to achieve but proposal is about effectiveness. It’s about targeting support for those who need it most.

9. It feels as if you are sticking a finger in the air and hoping for best.

10. This proposal might mean that people worry about getting better then worry that support will end if they get better which is counterproductive.

11. Norton House does encourage us to get better and people do support us to be fairly independent at Norton house. Hope to go back into work, it is my home like a family unit I would ‘keep in touch’. Really concerned if we get support from lots of people there won’t be a personal connection.

12. How would it work it X gets 4 hours and Y gets 10 how would that work? Once help is given and 4 hours used up, what if someone is in crisis and has used up hours. I am worried about assessments, your eligible for this and this, I don’t want lots of people helping me. Shirley explained that in accommodation based- some people choose to
get support outside of accommodation provider. It’s all about personalised support and the proposal does not have to mean that everything will change.

13. This all goes back to money supported living is a lot cheaper than mental health schemes or being in hospital.

14. Does this mean you give clients’ money and we pay providers? Yasmin explained that yes that was right but only if they want to.

15. That’s quite a responsibility how many people took this option in the Right to Control Pilot? Shirley explained out of our most recent cases of 52 people, the majority did not take money direct, they chose to have someone manage it for them.

16. Will decision go through appeal scheme? Yasmin explained that it goes to the executive for decision and possibly to Scrutiny to check the process and make recommendations about the decision. It also depends what the response is to the final report.

17. When the decision goes through and what happens to individual? If decision is made to accept changes block contract ends people will get individual assessment.

18. How can providers plan for financial year if things change provider will have to look at things like any other business. In other business you can look at market forces, this isn’t the same, these are people. Yasmin commented that market forces can also drive up quality.

19. It doesn’t drive up quality it drives down costs. Shirley commented that an individual will chose to stay with the provider that they are happy with.

Yasmin then asked the group if they had any other ideas that they would like to feed into the consultation process.

1. Integrating mental health services with support.

2. Need to involve mental health services it worries me that individuals are living in community. Yasmin explained that the people assessing you will have the skills to ask and find out about individual needs.

3. If want to concentrate on prevention you should work with mental health services – some joined up thinking and funding. Yasmin acknowledged the point and it has been made at other consultations that health should be considered alongside support.

4. You should also use health monies and share budgets as these schemes keep people well.

5. Don’t spend money on the market refurbishment project. Yasmin explained that this was different money called capital which has to be used for certain things like building and equipment.

Yasmin then thanked everyone for their time and the meeting closed.
Part E - Providers Papers

- **Provider Paper 1** - Notes of Provider Meeting Thursday 5\textsuperscript{th} September 2013 at LCB Depot

- **Provider Paper 2** - Notes of the Housing Related Support Statutory consultation meeting on 10\textsuperscript{th} September 2013 at the LCB Depot

- **Provider Paper 3** - Carers Centre and Carers Action Group Forum Housing Related Support Consultation notes 17\textsuperscript{th} Oct 2013

- **Provider Paper 4** – Power Point Presentation shown to providers
Provider Paper 1- Notes of Provider Meeting Thursday 5th September 2013 at LCB Depot

Caroline introduced others that were in attendance.

Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Helen McLean- Right to Control Project Manager
Julie Bryan – Contracts and Assurance (minutes)

6 providers were present all signed a record of attendance so notes of the meeting could be sent onto them.

Opening Comments (Caroline)

Caroline welcomed everyone to the meeting and thanked them for coming. She made it clear that we were here to talk about two proposals (1) to change the support you get in your home and, (2) to no longer pay towards the cost of the alarm.

Caroline stressed that no decision had been made and we don’t know yet if change will happen. Anyone eligible for support would still have their needs met. People’s needs would still be met in the same way until a decision is made. The proposal does not affect other services that you may receive from Social Services.

A presentation was delivered by Caroline to those present, which outlined the background and context to the proposals (see appendix 1).

Caroline then explained what the proposal would mean if it was agreed.

• If person thinks they need support there would either contact the team for an assessment (sheltered) or be contacted (supported living and floating support) to see if a person was eligible and what support needs they may.
• If the proposal was agreed reassessments would start next year, as outlined above.
• If the proposal is accepted, no change would be experienced by people until July 2014
• At that time, those people who are eligible can:
  o take a payment and organise services themselves
  o ask an organisation to help them organise services or
  o ask the council to find a service to support them

Caroline then explained the Consultation Process as follows:

- Runs from the 19th August to the 20th November 2013
- The proposed changes are a response to the fact we have less money to provide these services
- The change will allow more choice and control for service users and their families
- No action will be taken until a final decision is made by the city mayor and his executive team.
- Everyone that is eligible for support will receive help to organise options that meet their needs.
- We’d like your views.

Caroline then asked the audience:

- What they thought of the proposal?
- Comments on what this might mean to you (or the person you care for)?
- Suggestions about what other change we might make instead?

Q1. Some of our service users are reluctant to attend without their support workers. Can they bring them along as it will encourage more people to attend? Caroline confirmed that support workers could go with SU to focus groups and this had been communicated by e-mail.

Q2. What is the current budget for alarm services? Caroline explained that it is in the region of £140k per annum but this does fluctuates as people move in/out of services.

Q3. Have we looked at other authorities to look at what they are doing? Because this seems very late in making this proposal, has anything been looked at to see the impact of removing alarms. (Response post meeting) Caroline responded advising that yes as part of the review we would have looked at other practice elsewhere. Aware that a large number of authorities are considering or have implemented e.g. Nottinghamshire

Q4. Does the Council fund its own alarms from the rents? Caroline advised that yes it is funded from the housing revenue account. We have had separate/specific meetings with providers who deliver alarm only services to see if it also had similar funds it could also use. However, it was very clear from those that attended that this wasn’t a function / funding available to them.

Q5. With regards to alarms could they be assessed based upon need and therefore given to those that need it? Caroline noted the comment/idea and that we will take that back for consideration.

Q6. We notice there is a commissioning/procurement exercise underway to commission 6 x direct payments support providers – is this connected? Caroline explained that this exercise is not connected to this consultation exercise.

Q7. How will the support be monitored? Caroline explained that this is covered in the presentation and will ensure it is attached to the minutes, which will be circulated following the meetings.
Q8. What happens to those who need on-going support? Caroline explained that they will continue to be assessed and reviewed at regular intervals to confirm the on-going nature of support.

Q9. Are the assessment documents in the public domain? Caroline responded that until the proposal is agreed they are not but they process is being tested as part of the Right to Control pilot currently. Information contained within the PowerPoint provides more detail about the assessment process (see attached).

Q10. Biggest concern is will people who are currently eligible, still be eligible? That will be determined by the assessment.

Q11. That sounds like first come first served service. Once assessment is done the money will be gone? We believe this approach will support all those that are assessed as needing it and provide flexibility to support more people.

Q12. Do we know what the hourly cost is? Caroline advised that this element will be confirmed if the proposals are agreed. Helen added that the new assessment process will not identify cost per hour but an amount will be offered based upon their assessed need to the individual from which they can choose where to by the service.

Q13. What is overall budget? The overall budget will be £1.7 million, which will also need to cover the cost of the assessment team.

Q14. What about people with multiple needs will they get multiple assessments? Helen advised that no it is one assessment for one budget.

Q15. Will they be a risk for those in exempt accommodation? Caroline explained that for those in supported accommodation (exempt) we recognise the links and there will be a minimum allocation as a consequence.

Q16. In unique position that as a very small provider that if we don’t provide support the tenancies will come to an end. Caroline explained that those in linked tenancies there will be a core amount and it will depend if the SU choose to buy from you. There are 3 options;
- Chooses to buy from you – direct payment
- An organisation on a framework to manage budget, arrange support, deliver support
- On framework of providers to deliver support to someone

Q17. If someone has money from ASC they have to have own bank a/c etc., will it be the same? Caroline advised we will mirror ASC system but that is being reviewed and we want to avoid cumbersome process but yes it is likely. Helen also added that there will be support to help them manage and guide them.
Q18. Surrey are offering £15 per person per week changing into a grant for 3 years. Thank you we will look review this model to look at its potential locally given the context we are within.

Q19. Has there been any thought around joint commissioning with Health partners? Are they aware that this is happening? As it will have an effect on mental health teams, could this be mitigated by joint commissioning. Caroline explained that there had been some early dialogue but we will go back and have specific conversations particularly around mental health.

Q20. Have any other comparisons been made with local authorities? Caroline explained that yes and approach is different not one specific model being based upon local services and needs.

Q21. Is there scope for maintaining a core contract, which you’d consulted upon previously? We can re-look at that as an option.

Q22. Has there been any noise from central government? They are looking at what next for Housing Related Support. As an authority we have not had anything specific but we will review this in line with the proposals.

Q23. Have consultation events been well attended? Only 2 events so far yesterday’s event had 15 people in attendance who had lots of questions. We are also getting a good response from questionnaires.

Q24 Why haven’t you visited every scheme? We are unable to visit every scheme like last time due to resources to support this. However there are a number of ways to feed in comments and views on the proposal including:
- Consultation Telephone line
- Questionnaires.
- Consultation Web Page and email

Q25. How many will need to be assessed? Caroline explained can’t give precise numbers but we currently support 1100 people who could approach us for assessment.

Q26. Are slides available? Yes they will be sent with the minutes from this focus group.

Comment
If the proposal for alarms is agreed it will become an ineligible charge for the service user and Midland Heart have decided that they won’t pay for it. If a service user who needed or wanted an alarm will be moved to sheltered accommodation. Caroline asked will that be your own stock? No, it will be wherever we are able to source accommodation and they would still have to pay, it will leave people vulnerable. Midland Heart would also refer to S. Services for assessment.

ASRA haven’t yet made a decision on covering the ineligible charge for alarms and is still considering its options.
General comment from the providers was that the low cost of alarms is a cheaper way to provide prevention and allow people to live independently.

Midland Heart commented that it won’t have any more fixed alarms but they may supply pendant alarms. Felt that if there could be an assessment if people had lived in their homes for a long time.

There will have to be a substantial team put in place. Belief that the team will be stretched and numbers will increase.

**Caroline then asked those present what do they think of proposal?**

Leave people at risk.

People’s needs fluctuate lots of work needs to be done with people on the ground, there is a worry that they won’t need meet criteria for ASC and won’t meet it for this, they may fall through the gap.

Leave people in accommodation with high needs and at risk.

Our biggest concern, what is assessment? What is baseline? Some of our customers say they don’t get support, but they do. They don’t recognise it. A Service User said what happens in 12 months if no staff and there is a crisis – it’s a concern for them.

From a mental health perspective, needs change and need to be able to respond to need so needs flexibility.

Other issues for providers relates to staff contracts, e.g. if support reduces or something changes, will we have to go to zero hours based contracts and wouldn’t want to go down those lines.

We have 2 business models running and it is very difficult and will be a big shift for providers.

Has had to explain that for those with support linked to the tenancy that even if support ends, tenancy won’t they all think they will not get support.

Biggest concern is about having no presence at scheme. If don’t have presence and don’t have alarms who is checking that everyone is well? Don’t want to change criteria for getting into sheltered, want to keep people in there who are well and work, keeps the balance.

Caroline asked those presents do you think that that if proposal was agreed would you have to look at criteria for services? We do have housing officers on site but it could make it difficult for them.
If we lose support we would need to restructure and yes, would need to re-model. We would also need to look at recruitment to see if people could deliver all elements but domiciliary care is different to housing related support.

As a small provider there is the potential due to tight budget would have to shut. We would close too, we've already cut the service over the past 2 years.
Meeting was opened by Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council

Welcome and Introduction

Caroline welcomed all to the providers to the meeting and introduced herself to the group and explained her role and the purpose for the Consultation meeting and asked for a brief round of introductions.

5 Providers were present, all signed a record of attendance so notes of the meeting and the presentation could be sent onto them.

Attendance
Caroline Ryan – Lead Commissioner, Care Services & Commissioning, Leicester City Council.
Shirley Jones Supported Living Project Manager
Kalpana Patel Commissioning Officer

Providers
Chris Jones – De Montfort Housing
Sue Pooley – Norton House
Imtiaz Vohra – ASRA Housing group
Alison Morley - FHA
Zahir Hussain – Anchor Trust

Caroline went through the structure of the session which included

• Background
• Consultation Proposals
• Consultation Process
• Questions

Caroline presented the background context
Service has disaggregated to ASC in 2012/13. Annual funding has reduced. Currently spend 2.4 million against a budget of £1.7million – this is a key driver for change. The proposals will deliver the required savings which were part of the 2012/13 budget setting process. It was emphasised that change needed to ensure resources target those in greatest need. This approach is aligned with ASC vision. This will provide preventative services that will stop people needing long term expensive care and support.

Caroline presented the Consultation Proposals

For sheltered Alarm and Alarm only services
Proposal; the council is proposing to stop paying towards the cost of alarm services. If agreed, people would still be able to have an alarm service from their landlord but he Council would not continue to pay for it.
Caroline asked if there were any questions, what they thought about the proposal and what it might mean for the organisation. Any other suggestions, options we could consider.

**Questions**

1. When is the change with the Alarms? Caroline - 1st April 2014.

**Issues & Comments**

1. I have experience of it before. People cannot opt out because it was linked to the door entry system made it part of the condition of tenancy. Make them sign a disclaimer if they still do not choose to have a service
2. Have telecare service as a possible option if they cannot continue to have the alarm service. Had this in Birmingham. Some SU can access free telecare services. *We will explore this*
3. Proactive discussion – options to explore it. Offer some support that sit alongside alarm service, not the same but it could offer some support.
4. Having a committee meeting tonight to discuss the options. Language for us may be an issue when looking at options. Consider the options which are available and approaches. May consider main stream call centre. There is reluctance for some people to pay any charge.
5. Leicestershire County Council are going out to consultation on their Alarm Services and contracts. Caroline confirmed she would look into it in more detail.
6. Birmingham City Council can continue with the alarm service for existing SU/ tenants and not have it available for the new SU/ tenants. Caroline – Because of the level of savings which have to be made this is unlikely to be a realistic option. We would take it back and still consider it.

Caroline then presented the Consultation Proposal

**For Sheltered Support, Supported Accommodation and Floating Support Services:**

- **Proposal:** The council is proposing to introduce a single assessment for each person to make sure help is given where it is needed most, giving people who are eligible for services:
  - Money to manage and choose support themselves or
  - Help to manage the money to buy their support or
  - Help with choosing a support provider.

- **We think that this change would be better for people because those who are eligible for help could:**
  - Buy support from who they want
  - Change their support when they need to
  - Arrange the support at times they need it

Caroline asked for any questions feedback

The providers wanted to know more about single assessment how it would work. Shirley explained in more detail how the single assessment process would work.
• Similar to ASC model use different language because this is non-statutory provision
• Similar to a DP they will receive the money directly a budget allocation
• Next is where they have help to manage their money to buy the support and the Individual service fund pilot is where this is happening
• Help with choosing a support provider, like now
• It allows for more flexibility
• Outcome based on needs
• Can be single assessment and then you will be reassessed
• Can be support which can be provide for 3, 6 or 12 months depending on needs

Question where asked about the ISF Pilot.

Question
1. When did the ISF pilot start? *It began in April of this year and will run for a year.*
   What client group is it for? *It is for people with Mental Health conditions. Shirley explained it is a Pilot.*

Caroline went through the consultation proposal
Consultation Proposal
• **New Outcome Based Model**
  • Fixed pot
  • Dedicated team
  • Eligibility / Single assessment process
  • Consistency of approach
  • Targeted at those most in need
  • Time limited support for the majority

Issue/ Comment/ Conversation

• Shirley explained the support will be for a particular need and outcome

Questions
1. Provider – Mental Health issue, how does this recognise the fluctuating needs? *Shirley explained the models allows for flexibility for that person, short term and flexible, relating to need.*

Caroline went through the case study for James to demonstrate how it would work

Questions
1. Eligibility criteria are they in line with for HRS criteria? *Caroline - Yes*
2. What is the probability of it going up? The criteria *Caroline explained there is a commitment to preventative services, but it depends on the budget allocation.*
3. New model who is it for which client group? *Shirley Approval for all client groups 18 +*
4. Floating support across all tenure? *Caroline Yes*
5. Will this follow some form of procurement exercise? *Caroline - Yes. Aside from customer choice there is likely to be framework contract in place*
6. Are you splitting the Alarms services contracts and the other services contracts? Caroline - Yes, alarm contracts are due to end on 31st March. Service contract are due to end on the 30th June 2014.

7. Are you going to extend the contract? Caroline - All contracts are due to end 30th September, we are going to extend up to mid-January 2014 whilst separate discussions over contract values take place.

Caroline confirmed we are considering your feedback and all the options.

Issue/Comment

8. Concern about using some of the terminology – time limited. This concern was noted and Caroline and Shirley reassured that they could look to rephrase this as have been describing what it may mean at service user focus groups. Shirley explained that Service User will be told how long the support will be available for, then they will be re-assessed so the support can link to changing needs. So it can go up or down. Needs related to the outcomes in your life.

9. There were concerns raised as to the possibility of a revolving door scenario. Shirley explained Service User’s needs would be monitored whilst having the support in place.

10. For the long term Mental Health service it is about enjoying a quality of life, about developing and maintaining these skills. Shirley explained there is an option to scale the level to respond to change/crisis and again explained support can go up or down depending on needs and outcomes achieved.

11. It was confirmed any existing ASC client will have their needs met via the ASC statutory services.

12. It all looks good. Support and understand outcome based model. Will take it back to consider and discuss. Delivery side of things and discuss options.

13. Provider – no effect for our organisation in relation to viability for Foundation as we are coming under wider group ENABLE EM HOMES.

14. Zero based hour contracts may be a potential if call off from a framework, which is not attractive. Will be hard to ask our committee to go for that option.

15. Co-op considering what level to provide subsidies to the customer.

16. Discussion of a similar proposal which was implemented by another Local Authority for sheltered housing. Advice was not to go down this route as with the removal of support, providers would not accept people with high level needs.

Close and finish

Caroline thanked everyone again for their time and reminded them this is the start of the consultation process and their views, comments and feedback were all welcome and would inform the process.
Providers Paper 3 - Carers Centre and Carers Action Group Forum
Housing Related Support Consultation notes 17th Oct 2013

Speakers: Caroline Ryan & Shirley Jones

Background
Money for housing related support is no longer protected. The budget of 2.4 million needs to be reduced to 1.7 million. We need to target money on the people who need it the most.

Proposal 1
For the council to stop paying toward the alarm system for people on housing benefit.

Carer: it could work if there is a warden on site all the time
Carer: my sister has had one fitted, does this apply?

CR: This only applies to people the council pays towards and who are on Housing benefit

Carer: My relative lives in council sheltered accommodation does this apply?
CR: No this mainly applies to people who live in housing association accommodation.

Carer: If they live alone they need an alarm, it is for emergencies and it might be difficult to pay for the alarm themselves.
Carer: Sister fell and had no alarm and was there for a long time without being discovered. A neighbour fell but had an alarm.

Q: How do residents know that they are paying for an alarm?
CR: It is on the rent card and statement. Door entry is covered by Housing benefit but ‘calling for help’ is not.

Q: Would attendance allowance be disregarded when looking at disability charges?
CR: Charging will be the landlords responsibility and it is not linked to this.

Carer: Will there be rules about charges?
CR: Councils don’t control this. Providers decide what to charge. Charges are between 50p and £7.69p a week but Housing Associations are not profit driven.

Q: Are there any statistics on numbers affected by this?
CR: Approx. 800

Carer: If someone needs an alarm is that an assessed need?
CR: If it is an assessed need, someone could choose to pay towards the alarm with their personal budget.

Carer: Important that the most needy people should not go without because they can’t afford it
CR this has been raised elsewhere and we will consider this to see what can be done for those who most in need.

Carer- Why does the council pay money towards housing associations?
CR- It is linked to how this programme was set up but originally was linked to those on housing benefit, which then came into this pot of money

Carer- if you make cuts then this will impact on the Adult social care budget. They will need to pick up the cost.
CR- individuals will pay for the alarms.

Carer- Can they have the alarm cut off?
CR and SJ- No, they are hardwired into the accommodation.

Proposal 2
This affects:
• Sheltered accommodation
• Supported accommodation
• Floating support

The proposal is to have a single process of assessment so that help is given to the people who need it most.

The options for managing the money are:
• Manage self
• Provider manages the money
• Or have the service arranged for you

The idea of the single process is to be fairer and more consistent. The assessment is to determine what support is needed and for how long.

Carer- Who carries out the assessment?
CR- Providers do currently but the proposal is to replace this with an assessment team.

Carer- Can they have friend or carer with them at the assessment?
CR yes

Carer- What skills do the providers have to assess people?
CR- Providers should have staff with the skills to assess people.

Carer- Could providers skew the assessment to benefit their organisation? For example saying that someone needed a full time warden?
CR Wardens are not on the premises 24 hrs. now.

Carer- Are there less wardens?
CR- yes this is possible.

Carer- so if support is tailored to the individual, the warden role may go?
CR – yes that’s correct

Carer- wherever you draw the line of where a safety net starts, some people will fall through the net. It will hit some very vulnerable people.

Q- Will you save any money?
CR We have to – we can only spend what we have got, which is a lot less.

Q- What changes are you bringing about?
CR- We are introducing 1 eligibility criteria for services. To be eligible people will be those 18 years old or over who have a disability, a long term illness, be HIV positive or managing AIDS related conditions or be an older person. They will also need to be in receipt of a means tested benefit. In order to receive support there needs to be an impact on continued independence.

SJ- We are looking at the issue of people in employment or on low incomes and older people who are not on benefits. This could impact on them.

Support could be in connection with:
• Debt
• Concerns regarding managing the home or hoarding for example
• Developing life skills
• Leisure, vocational, volunteering, work
• Budgeting
• Social isolation
• Monitoring health and wellbeing
• Emotional wellbeing
  There is a pilot to see how this approach works

Carer- so some people on this scheme are not eligible for adult social care?
CR –yes
Q What about people with Autistic Spectrum Disorders?
CR if they have a support need then they will be assessed to see if they are eligible

Carer query re mobile meals- important for some to have the contact. 
CR- will pass this on to relevant person.

CR any views on this?

Carer- key is who does the assessment and their skills.
Carer- the person who carries out the assessment will also need to bear in mind the budget.
CR- This has been tested and if the assessment has been carried out by a skilled person, the individual is looking at different options that suit them and their needing lower levels of support. People have been trying new things. It is important that people are safe.

Carer- what does the budget pay for?
CR- It will be for the assessments and the service.
Carer- How often will reviews take place?
SJ- depends on individual need, after the assessment, there will be a 6 weekly check and then according to the need, another review at 3, 6, 9 or 12 month interval.

Carer- It should trigger if someone now needs support from adult social care.
Carer- son has Asperger’s and it is very important for the carer to be seen separately so that they can tell the assessor the full picture. My son will not allow me to do this if he is in the room.
CR will take this point back

Carer- will there be support plans?
SJ- yes

Carer- cutting off support at the lower end so that people at the higher end get support means that the safety net moves up and there are more people below the net.
CR- we’ll take that comment back for consideration as to how we monitor this.

Carer-What about schemes and people with learning disabilities in supported accommodation?
CR Landlords could get more rent; the proposal is also looking at people getting core support which is tied to the accommodation.

Q what response have you had about alarms so far?
CR the main concern is about cost and the impact of welfare reform
Housing Related Support Statutory Consultation – Provider Presentation

Slide 1

Housing Related Support
Statutory Consultation

Slide 2

Introduction and Purpose

- Welcome and introductions
- Structure of session
  - Background
  - Consultation proposals
  - Consultation process
  - Questions
- Summary and close

Slide 3

Background context

- Services disaggregated to Adult Social Care (ASC) in 2012/11
- Annual funding available has reduced
- Currently spend £2.4 million against budget of £1.7 million – key driver for change
- The proposals will deliver the required savings which were part of the 2012/13 budget setting process.
• Consequently changes needed to ensure resources are targeted at those in greatest need
• The approach is aligned to the ASC vision, and the national policy direction
• It will provide preventative services that will stop people needing long term expensive care and support, such as residential care

Consultation Proposals
• Overview
  – Will look at the 2 proposals and take questions
  – Will provide overview of the future model of delivery

Consultation Proposals
• For Sheltered Alarm and Alarm only services:
  • Proposal: The council is proposing to stop paying towards the costs of alarm services - if the proposal is agreed people would still be able to have an alarm service from their landlord but the council would not continue to pay for it.
Slide 7

Proposal 1

• For sheltered alarm and alarm only services
• Any Questions
• What do you think of the proposal
• What this might mean for your organisation
• Does anyone have suggestions about what other changes we might make instead

Slide 8

Consultation Proposals

Services:
• For Sheltered Support, Supported Accommodation and Floating Support

Proposal: The council is proposing to introduce a single assessment for each person to make sure help is given where it is needed most, giving people who are eligible for services:
  – Money to manage and choose support themselves or
  – Help to manage the money to buy their support or
  – Help with choosing a support provider.

We think that this change would be better for people because those who are eligible for help could:
  – Buy support from whoever they want
  – Change their support when they need to
  – Arrange the support at times they need it

Slide 9

Consultation Proposal

• New Outcome Based Model
• Fixed pot
• Dedicated team
• Eligibility / Single assessment process
• Consistency of approach
• Targeted at those most in need
• Time limited support for the majority
Overview of the future model of delivery

• New model changes the way people currently receive support

• Dedicated assessment and support team who will establish:
  – Eligibility
  – Completes assessment of needs

Overview of the future model of delivery

• The Eligibility criteria

• To be eligible for Independent Living Support, you are in need of support and also have a either:
  – learning disability, mental health needs, physical disability,
  – sensory disability, HIV/AIDS, or be an older person
• And be in receipt of a means tested benefit
• Minimum age is 18 years of age
• You may not be eligible for support if you already get services from Social Services. This will be decided on a case-by-case basis.

Overview of the future model of delivery

Eligibility criteria:

• There is a risk to your continued independence and wellbeing and this could mean that there is or will be:
  – An inability to maintain your home and tasks related to your home and/or
  – Involvement in social contact and activities will not be sustained without support and/or
  – Significant risk of debt affecting your wellbeing or which could lead to you losing your home and/or
  – Current concerns about your safety both in and out of your home.
Overview of the future model of delivery

- Assessment will identify:
  - Area of need person needs support in
  - How long likely to need support for
  - Set a period of time when circumstances will be reassessed to see if needs met and/or support needs to continue
  - If support needs minimal people will be signposted

Reduced budget requires to target budget to those most in need

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Overview of the future model of delivery

- Assessment will establish area of life where support is needed:
  - Setting up a or maintaining a home
  - Developing domestic/life skills
  - Developing learning/vocational skills
  - Managing your money
  - Establishing social contacts and activities
  - Maintaining personal safety and security
  - Monitoring of health and well being
  - Emotional support practical advice

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Proposal 2

- For Sheltered Support, Supported Accommodation and Floating Support Services:
- Any Questions
- What do you think of the proposal
- What this might mean for your organisation
- Does anyone have suggestions about what other changes we might make instead
Consultation Process

- Runs from the 19th August to the 20th November 2013
- Proposed changes are a response to the fact we have less money
- The change will allow more choice and control in line with broader ASC agenda
- No action will be taken until a final decision is made in December
- Everyone that is eligible for support will receive help to organise options

After today

- We will send you a copy of the notes
- Any further comments or concerns the consultation is open until the 20th November 2013
- You can ring the helpline 0116 454 2400
- Register comments on the website: consultation.leicester.gov.uk

Summary and Close

- Thank you for coming and for the comments you have given on what you think, it is really important to us that you have your say.
- And a reminder no decision has been made
  - Thank you
## Appendix 2 - Calculation of Future Expenditure on Independent Living Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Available Budget</strong></td>
<td>£1,704,600</td>
<td></td>
</tr>
<tr>
<td>Community Alarms</td>
<td>£16,484</td>
<td>To continue within current funding amount</td>
</tr>
<tr>
<td>Sheltered Housing (Core)</td>
<td>£330,174</td>
<td>Based on an assumed number of hours of support being made available each week at each scheme. In practice, given that each individual scheme supports very different numbers of people, there would be a need to adopt a different mechanism for allocating resources. Number of Schemes: 34, Assumed No. of Core Hrs per week per Scheme: 15, Assumed Hourly Rate of Support: £12.45, Total Annual Cost: £330,174</td>
</tr>
<tr>
<td>Supported Housing (Core)</td>
<td>£375,492</td>
<td>Based on an assumed number of hours of support being made available per person each week. In practice, given that each individual scheme supports different numbers of people, there would be a need to adopt a different mechanism for allocating resources. Number of People: 116, Assumed No. of Core Hrs per week per person: 5, Assumed Hourly Rate of Support: £12.45, Total Annual Cost: £375,492</td>
</tr>
<tr>
<td>Assessment Team</td>
<td>£110,179</td>
<td>Based on the following assumed staffing numbers:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Manager</td>
<td>0.5</td>
<td>8</td>
</tr>
<tr>
<td>Access Worker</td>
<td>2.5</td>
<td>6</td>
</tr>
<tr>
<td>Admin Worker</td>
<td>0.5</td>
<td>4</td>
</tr>
<tr>
<td>Running Costs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floating Support Services</td>
<td>£872,271</td>
<td>Remaining amount for distribution based on assessments of need, and the maximisation of outcomes for customers.</td>
</tr>
<tr>
<td><strong>Total Future Expenditure</strong></td>
<td>£1,704,600</td>
<td></td>
</tr>
</tbody>
</table>
Executive Report

Future of Douglas Bader Care Service for People with Physical Disabilities

Date: 7th January 2014
Lead Director: Tracie Rees
1. Decision Summary

1.1 In August 2013 the Executive gave approval to consult on the future of Douglas Bader day care centre. The service provides day care support for working age adults (18 to 64) with a physical disability.

1.2 The statutory consultation ran from 17th September 2013 to 16th December 2013 on the proposed closure of Douglas Bader day care centre. Information relating to the consultation process and key findings are detailed in this report.

1.3 Over the last two years the numbers of people attending the service has reduced and only 3 new people have entered the service since 2011. The decline can be attributed to young disabled people choosing to use their personal budget to access alternative services or community based options.

1.4 There are currently 48 people registered to use the service, although on average only 22 people attend the centre at any one time. There has been a 42% reduction in numbers attending since April 2011. The lower numbers the higher the unit costs for the service.

1.5 Service users involved in the consultation were anxious about the change, but recognise change is necessary and were keen to explore alternative options available with appropriate support.

2. Recommendation

2.1 The Executive is recommended:

   a) To approve the closure of Douglas Bader day care centre as detailed in Option 2.

3.0 Why it is needed:

3.1 Douglas Bader day care centre provides a service for people with a physical disability where the Authority has a statutory duty to provide care and support.

3.2 Douglas Bader day care centre opened over 40 years ago at a time when there were very few opportunities for people with a physical disability. However, with the introduction of the Disability Discrimination Act and the changing attitude of society, people with a physical disability are now able to access community based services and employment opportunities.

3.3 Also, with the introduction of personal budgets and direct payments people eligible for Adult Social Care (ASC) support are able to buy alternative services.
and very few young disabled people are choosing to use traditional services day care services.

3.4 Feedback from the ‘Big Mouth’ forum for young disabled people shows they want to attend mainstream activities and that they have aspirations to be independent, gain employment and to be part of their community – see Appendix 1. The ‘Big Mouth’ forum is the consultative group for Children’s services.

3.5 A report was commissioned by the Council in 2012 from the Leicester Centre for Integrated Living (LCIL) to look at the needs of young people going through the transitions process. The report outlined the aspirations of young people and the desire to access employment, to live independently and to be part of their community. See appendix 2 for a copy of the transition report and a statement of the aspirations of disabled people from LCIL, which is a user led organisation, run by disabled people for disabled people.

3.6 Although, Douglas Bader day care service is for working age adults between 18 and 64 with a physical disability. Due to the lack of new people attending the centre, people over 65 years have been allowed to stay, which makes it difficult to provide stimulating activities for a small number of attendees spanning a wide age range.

3.7 With the decline in numbers attending Douglas Bader day care centre the cost is increasing. As people are allocated a personal budget, the amount they receive needs to cover the cost of the services they access. The cost of attending Douglas Bader day care centre is £72 per person, per day. This is compared to an average of £30 per day, per person if they choose to attend a voluntary and community Sector day care service.

3.8 In addition, the cost of the daily meal at Douglas Bader day care centre is £18 per day, per person. The cost to the service users is £3 per day and the Council subsidises the difference.

**Consultation Process**

3.9 **Service user/family carer consultation**
The consultation proposal was to cease the provision of service for working age adults with a physical disability attending Douglas Bader day care centre. Letters, information booklet and details of consultation meetings were provided to service users and carers/families.

3.10 Group and individual one-to-one meetings were offered to all service users and their carers/families. Questionnaires were made available to all service users/carers and 35 were completed and returned.

3.11 The Council also secured the support of Leicestershire Centre for Integrated Living, Mosaic’s Advocacy Service and CLASP The Carers Centre to ensure that the interests of service users and their families were properly reflected in the consultation process.

3.12 At the request of services users, the City Mayor attended a special meeting with
service users at the centre to listen to their concerns and to answer some of their questions. The City Mayor heard that at one time there were over 100 people attending the centre, whereas the average per day now is 22 people.

3.13 If the Executive accept the proposal to close this service, a programme of support will be put in place for service users and staff to support them through this period of change. This includes dedicated staff to carry out reassessments, brokerage to support planning and identify where and how identified needs will be met, advocacy support for service users and families, and HR support for staff.

Headline Findings

3.14 Service users and families listened to the rationale for change explained throughout the consultation, but in the main the overriding message is that service users and families are anxious about change, but they were keen to explore what other services could meet their needs.

3.15 Services users recognised that the change is necessary and the reasons they wanted to keep the centre open were due to:

- Anxiety about change and fear of the unknown
- Fear of becoming isolated at home and losing contact with their friends
- Worried the number of days they are able to access day opportunities would reduce

3.16 During the one to one consultations with individuals and their families, it was apparent that individuals and their families were already starting to actively explore alternative options. Many individuals who attend the centre requested one to one meetings to explore their options ahead of the outcome of the consultation exercise. In some cases they expressed a desire to move to a particular external service.

Officer response: Service users were shown a DVD of the Community Options pilot to enable them to understand the different ways they could still maintain their friendships groups and pursue their interests. Many expressed a sadness that these opportunities were not available to them when they were younger, which had resulted in them becoming institutionalised and dependant on Douglas Bader day care centre as the only option available to them.

At the moment the number of days people attend the centre ranges from half a day per week to 5 days per week, with the majority attending 3 days or less.

Regardless of if the centre closes or not, service users will have a reassessment of their needs as part of the statutory annual review process. The assessment will determine the individual’s current needs and may result in a change in the service package they currently receive. The outcome of the assessment will be used to generate a personal budget and a support plan will be developed to ensure their needs are met in the most appropriate way.

3.17 Families expressed fears about external providers and in particular:
• standards of care and quality
• the availability of service to meet people’s needs
• that they would be left to find alternatives for their loved ones
• the quality of staff, quality of service and training

**Officer response:** The Council has contracts with 19 voluntary and community day care providers, who are able to cater for a range of vulnerable adults with different needs. As part of the monitoring of these contracts the Council is continually checking the quality and outcomes of these services.

3.18 Although, carers and families were anxious about change, they understood the reasons, but wanted assurance that there were alternative services available.

**Officer response:** To give families/carers an idea of the type of provision that is available, an event was organised for providers to showcase their services and for them to talk to people about the services they provide. The event took place on 31st October 2013 and as a result some individuals arranged to visit the providers at their premises to sample what was on offer and subsequently a small number of individuals have already chosen to stop attending Douglas Bader day care centre and are in the process of transferring to new services.

3.19 Almost everybody involved in the consultation expressed dismay at the length of time it takes for the Council to make a decision. People were keen to know the decision as soon as possible in order that they could start planning for the future. Waiting for formal processes, although unavoidable, to see their course has an impact on people’s well-being and on staff morale.

**Officer response:** The Council is required to consult on key decisions, such as the closure of day care services and the formal consultation process can take up to 12 weeks. Also, the Adult Social Care Scrutiny Commission should have the opportunity to scrutinise proposed changes and to make recommendations to the Executive to ensure the best outcome.

3.20 Two emails were received from carers giving their views on the proposal. one letter was received from a service user and one letter from MP Liz Kendall on behalf of a carer.

3.21 Additionally the views of The Big Mouth Forum, a constituted group of young disabled people who are self-advocates were sought on the proposal. Each member expressed a strong aspiration to participate in ordinary community life, to have a paid job, a home and a social life. None of them felt a day centre would facilitate their aspirations and instead would continue to perpetuate the segregation of disabled people in society. See appendix 1.

3.22 The detailed consultation findings can be found at Appendix 3 and the Executive Summary can be found at Appendix 4.

**Other Implications**

3.23 A detailed discussion of the financial, legal, equalities and workforce implications of the proposals can be found in section 5 of the report. The
Equalities Impact Assessment is detailed at Appendix 5 and describes how the Council might mitigate against negative customer impacts.

Other suggestions made by those consulted

The following suggestions were put forward for consideration by the Executive by individuals and families who responded to the consultation:

3.24 Expand the current services offered by actively marketing and attracting people in to the service.

**Officer response:** The Putting People First concordat (2007) requires all local authorities to give people choice and control over the services they receive. People eligible for ASC support are given a personal budget and are able to take a direct payment and buy their services directly from a range of providers. This is evidenced in the reduction of young people attending the Douglas Bader day care service. Evidence shows that young people with a physical disability are not choosing traditional day care services and are opting for community based services and seeking employment opportunities – see appendix 2.

3.25 Consideration should be given to allowing other organisations and groups to use the building, including at evenings and weekends for functions, parties and other activities.

**Officer response:** This is something that could be explored if the day care service closes. However, it was explored in the past, but was not welcomed by neighbours, due to concerns about parking and noise levels, as the centre is located in a residential estate. Also the building requires substantial renovation, which is estimated at £1.7 million.

Also Culture and Neighbourhood Services are reviewing their portfolio and downsizing their staffing establishment to achieve budget efficiencies and therefore they would not be looking to take over the management of this facility.

3.26 If the centre closes, rename the street after Sir Douglas Bader in order to commemorate the war hero.

**Officer response:** This is something that would be considered once the future of the centre is known.

3.27 An external provider or group of providers, taking over the management of the current service and maintaining the status quo.

**Officer response:** No organisation has come forward seeking to take over the service. However, TUPE is likely to apply with the employment of the current staff transferring to the new provider/providers, under their current terms and conditions, including pay, holiday entitlement and redundancy as per the Regulations. Therefore, it is unlikely that any new provider would want to take over the service with decreasing numbers and increasing costs. Also the building requires substantial renovation, which is estimated at £1.7 million.
Outcome of Collective Consultation
Staff, supported by the Trade Unions, voiced many of the same issues as service users and carers, but in addition the following points were raised:

3.28 Staff and the unions believed that referrals into the centre had been actively stopped following a budget paper in 2011. Service users would be happy to stay, if the threat of closing was lifted, it could be more popular.

**Officer response** – Up to the point of this consultation exercise there has been no instruction to stop referrals into the centre. No evidence has been provided to support this claim.

3.29 Is there a possibility that there is another venue with basic facilities for emergency day respite? A base for friendship groups to continue? Also some people would be at risk with new key workers?

**Officer response:** The roll out of Community Inclusion Team has been agreed and staff have been recruited to support service users and families. Part of the remit for this team will be to identify appropriate spaces for friendship groups to meet and provide carers with information, advice and practical support where appropriate including emergency day respite. Individuals will also still have the opportunity to access voluntary sector day services, either through a council commissioned service or via a direct payment, if this meets their assessed needs. In addition the installation of Changing Places facilities and the capital investment to improve disabled access means people from Douglas Bader day centre will have access to modern venues where they will be supported to be able to continue to maintain their friendship groups.

3.30 Would there be the possibility of transferring to Hasting Road day care centre if redundancies are made at Douglas Bader day care centre?

**Officer response:** If a decision is made to close Douglas Bader day care centre staff will be offered the opportunity to gain alternative employment in the Council via redeployment opportunities.

3.31 There are people who need personal care whilst out and about. It's difficult to assist with personal care in outside toilets. My proposal is to keep this service for people with high level needs.

**Officer response:** The Council has identified capital monies to develop toilet changing facilities for adults.

3.32 What will happen if public consultation recommends the service is kept in some form?

**Officer response:** This will form part of the work of the Community Inclusion Team who will still provide support to individuals, but in a different setting.

**Unison’s response to the proposal (Appendix 6)**

3.33 The issue of consultation, its meaning and purpose is again of cause for concern. During management’s consultation with the trades unions UNISON posed the question “In consulting the public on the closure of Douglas Bader is it the case
that if public opinion were against closure it would not happen?” No real answer was forthcoming however given Leicester City Councils track record to date UNISON suspect not.

**Officer response:** A decision is reached based on all the facts; one opinion does not carry more weight than any other. The facts are that the numbers of people attending the centre are falling and the costs continue to rise. However, the process of consultation has enabled the engagement and views of a wide range of people including users, carers, staff and the general public. If, during the exercise, viable alternatives are presented these are given full consideration and could result in different action being taken than that originally proposed.

3.34 In respect of the consultation with staff and the trades unions – it is debatable to what extent they are able to influence the decision making – to propose an alternative which might be accepted? If consultation can change nothing surely it is meaningless and futile and therefore very difficult to engage in with any faith.

**Officer response:** Over recent months there have been consultation on the future of Housing Related Support and Mobile Meals, both exercises have enabled individuals to express their views, and in each case the Council has changed the recommendation as a direct result of feedback from the consultation. For many people at Douglas Bader day care centre, they have never been given an opportunity to say what they want. However, the consultation has given them a chance to voice their requirements and as a result many individuals have requested one to one meetings to explore their options and in some cases had already expressed a desire to move to a different service.

3.35 In respect of the current proposal to close Douglas Bader day care centre the rationale offered for the closure is as always falling numbers of people attending the service – thus increasing the cost to the Council.

**Officer response:** Since the start of the consultation the numbers registered to attend have fallen to 45 people, but the staff numbers remain the same, therefore the unit cost per person has risen. As each person pays for the service out of their personal budget, if the unit cost per day increases then they are likely to choose other services that are cheaper.

3.36 Whilst the Personalisation agenda may have played some part in the decreasing number of service users it is clear that LCC itself had a hand in the decline. A lack of referrals is a major contributory factor for falling numbers. UNISON believe this was a planned strategy - details of which can be found in the same budget papers which set out an identical approach in respect of the EPHs i.e. 2011 budget and recommendations. Reference is made to within this document to ‘effective management of referrals in the interim period to prevent further placements’ No doubt this is what happened.

**Officer response:** The report being referred to was never approved or enacted and there has never been a policy to stop people being referred to Douglas Bader day care centre.

3.37 The flexibility of non-council services and the use of Personal Assistants (working evenings and weekends) are cited as advantages of closing the
service. It appears no-one has considered whether the current staff would be willing to be equally flexible.

**Officer response:** The work of the Community Inclusion Team is designed to facilitate individuals to access local community based services, including weekends and evenings. Unless staff terms and conditions were changed, the cost of working unsociable hours would increase the overall unit cost further. Currently, individuals can engage a Personal Assistant costing approximately £10 per hour, whilst it would cost £16 per hour to use a Council employee.

3.38 When UNISON met with the staff group they were concerned that their service was not understood, that it was seen as entirely building based and somehow old fashioned. They wanted people to know this is not the case. They are much more than a traditional day centre and have forged links with the community, which they support service users to access.

**Officer response** – The work of the Community Inclusion Teams is designed to build on the links already made with the community and to facilitate individuals to access mainstream services.

3.39 They are disappointed that other options are not being considered; for example the re-provisioning of the service such that it is either less building based or based in buildings already being utilised by the community. Staff were willing to work flexibly in the evenings and at weekends to provide services to the current client group.

**Officer response:** Unless staff terms and conditions were changed, the cost of working unsociable hours would increase the overall unit cost further. Currently individuals can engage a Personal Assistant directly costing approximately £10 per hour, whilst it would cost £16 per hour to use a Council employee. Also staff have been given the opportunity to apply for posts within the Community Inclusion Team.

3.40 Whilst reference has been made to the work of the Community Inclusion Team it needs to be noted that this is short term (12 weeks) and much is expected of this very small team. Not only are they required to help people access services in the community it appears they are also charged with developing services (presumably in recognition that there isn’t currently sufficient provision). Whether the team has the capacity to undertake all of this work effectively remains to be seen.

**Officer response:** As the roll out of the Community Inclusion service gains momentum the size of the team will be reviewed and increased as necessary.

3.41 One of the concerns the staff at Douglas Bader day care centre raised with UNISON is that not all of their client group will benefit from the work of the Community Inclusion Team; some service users are more highly dependent and their needs more complex. It is this group who they believe require a different service; one which is currently not provided in the community – a service which they believe they could provide.

**Officer response:** There are contracts in place with 19 voluntary and community sector organisations, with many being able to support people with complex needs, if
they wish to attend traditional day care services.

3.42 It is important to consider the fact that at this moment in time this political administration is presiding over the biggest decimation of social care services this city has ever seen. The closure of Elderly Persons Homes, the closure of Older Persons Mental Health Day services, the closure of the mobile meals service and the closure of Douglas Bader day care centre. We expect a proposal to reduce the provision of day services to adults with a learning disability in the not too distant future. UNISON would assert it really doesn’t have to be this way. As the largest public sector trade union we believe that the provision of public services should lie with the public sector – thus ensuring their accountability. The Executive cannot continue to lay the blame for decisions which devastate the lives of service users and their relatives at the door of the coalition – it either has to own its priorities or change them.

Officer response: This is the view of Unison and is noted.

3.43 The report received by the Adult Social Care Scrutiny Commission on 10th October 2013 stated (at Para. 3.7) that cost was not the main driver - if this really is the case then it is to be hoped that the Executive will seriously consider the suggestions offered by staff and not proceed with the closure of Douglas Bader day care centre.

Officer response: As individuals are choosing not to attend Douglas Bader day care centre, the unit costs are increasing, therefore the financial consequence cannot be ignored when the Council is facing unprecedented budget cuts.

Support for the changes

3.44 The following individuals/organisations have expressed support for the changes.

- Chair of Douglas Bader Client Committee
- Big Mouth forum
- Leicestershire Centre for Integrated Living
- Carers Action Group
- National Valuing Families Forum

4.0 Options:

4.1 Option 1. Continue with the existing service at Douglas Bader day care centre.

Advantages

- No change for staff or people attending existing service.

Disadvantages

- The service is becoming increasingly unsustainable as people are choosing alternative services and the unit cost is increasing, making the service financially unviable.
Meeting changing expectations of individuals and achieving better outcomes will be lost.

The opportunity to access the Community Inclusion Team will result in double running costs as some people will choose to access those opportunities, whilst others will choose to remain at Douglas Bader as long as the service remains an option to them.

Option 2. Close the service and support services users to source alternative provision. This would ensure the provision of suitable stimulating services for individuals and deliver a cost effective solution.

Advantages

- The majority of individuals using the Council's day care service would benefit from support to maximise their skills and achieve their potential in life and to access mainstream community activities and services and the Community Inclusion Team provides that support.

- The Council will continue to support individuals to maintain their established friendship groups within community setting that meets their needs and promotes social inclusion.

- It will support the long term sustainability of the VCS and the council's own community facilities whilst delivering improved outcomes for individuals.

- Dedicated staff will support individuals, their families and carers through the transitional process.

- Individuals will be fully supported to make informed choices about the activities and services they would like to attend.

- Increased independence and opportunity, leading to better outcomes for individuals.

- Individuals will be able to purchase more activities and services with their personal budget, because community based activities tend to be less expensive.

- Non council services and the use of personal assistants (PA's) who maybe more culturally appropriate and can offer more flexibility e.g. working evenings and weekends, whereas the current day care service tends to operate from 9am to 3pm Monday to Friday.

Disadvantages

- Disruption to individuals using the service, although the impact will be minimised by working closely with individuals, their families and carers from the start to carefully plan any changes.

- As this proposal is likely to result in the closure of Douglas Bader day care centre this is likely to result in staff job losses.
5. Tell us how this issue has been externally scrutinised as well as internally?

5.1 ASC Leadership Team

5.2 Focus groups and one to one meetings with service users and families potentially affected by the outcome of the consultation on the proposal to close Douglas Bader Day Centre.

5.3 The following stakeholders were also informed of the consultation with the opportunity to provide their views and those of the people they represent:

- Elected Members and Local members of Parliament
- Trade Unions and staff at the day centres
- The general public via the council website
- The Carers Centre
- Leicestershire Centre for Integrated Living and Mosaic Shaping Disability Services
- Leicester City Clinical Commissioning Group
- Public Executive

6. Financial, legal and other implications

6.1 Financial implications

The average number of customers attending the day centre has fallen from 38 customers per day in April 2010 to 22 per day in November 2013. This represents a 42% reduction in the occupancy rate. In 2010/11 the unit cost of attending a day at Douglas Bader was £65 per person per day. This rose to £69 in 2011/12 and £72 in 2012/13. For the current financial year it is expected to be in the region of £94 per person per day compared to an average cost of £28.50 per person per day in the voluntary and independent sector.

The Council’s Day Services are required to find budget savings of £906k. Expenditure for Douglas Bader day care centre for 2013/14 is expected to be around £493k. Initial scoping work of the cost of re-provision has indicated that savings of up to £300k may be possible through closure of the service. Further work is required to verify the nature and cost of replacement services that current customers would receive.

In addition to the savings on day services, there is likely to be a reduction in the need for transport services as a result of closure. It is possible that some savings could be achieved by amending routes and managing the spare resources that would arise, although re-configuration of the transport service may be required in order to deliver full transport savings.

There will be one-off costs associated with redundancies and a potential one-off capital receipt should a decision be taken to sell the property.

Stuart McAvoy Accountant (37 4004)

6.2 Legal implications
From a Community Care law perspective the relevant legislation to consider is the Chronically Sick and Disabled Persons Act 1970 section 2(1) and the National Assistance Act 1948 section 29 in respect of the Local Authorities duties to provide appropriate support for service users who by definition of their disabilities would be eligible for services subject to an assessment. By virtue of LAC (93) 10 2 (1) and the National Assistance Act section 29, social services authorities are directed to make welfare arrangements to include “to provide, whether at centres or elsewhere, facilities for social rehabilitation and adjustment to disability including assistance in overcoming limitations of mobility or communication; to provide, whether at centres or elsewhere, facilities for occupational, social, cultural and recreational activities, and where appropriate, the making of payments to persons for work undertaken by them”.

Where suitable alternative services are identified, as proposed in this report, and such services being considered to meet the needs of the individual service user(s) then the Local Authority will be considered to have discharged its duty to provide the appropriate services.

When considering alternative services the Council should have due regard to the public sector equality duties under section 149 of the Equality Act 2010.

Pretty Patel –Principal Solicitor, Social Care & Safeguarding (37 1457)

Employment Law Implications

Option 1

There are no immediate legal implications arising from option 1, however as service users continue to decline an organisational review and/ or redundancy situation may arise in any event. It is therefore recommended that Legal Services are consulted on a regular basis to ensure that the Council meets its legal obligations and minimise risk to the Council.

Option 2

The closure of the service falls within the statutory definition of redundancy. Legal Services are advised that consultation with the Council’s recognised Trade Unions and affected employees have already commenced in respect of this proposal. It is recommended that the Council continues to seek guidance from Legal Services to ensure that the Council meets its legal obligations and minimise risk to the Council.

The report contains very little information about how the service users are likely to be relocated to alternative provision. Depending upon the process followed there is a possibility that employees could follow the service users in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (“TUPE”). It is advised that Legal Services are consulted upon the relocation process to be followed with the view that an analysis of such a risk may be undertaken. Further guidance will then be able to be given in this regard.

Hayley McDade (37 1431)

6.3 HR Implications
Only option 2 has staffing implications and this is likely to be redundancy as the Centre will close. These staff are in standalone posts.

Collective and Individual consultation has already taken place with Trade Unions and Staff and this will continue if the decision is made to close Douglas Bader.

In addition, if staff are displaced as a result of the exercise they will be eligible for the relevant notice period and redeployment under Leicester City Council existing procedures.

If notice of redundancy is issued to staff, support will be available to those affected through the Councils HR procedures including outplacement service, marketplace events and redeployment procedure.

An open dialogue with HR and Legal should be maintained in order to develop and monitor a suitable plan for HR processes.

Wendy Webster – HR Advisor (37 4344)

6.4 Equalities Implications

In summary, the protected characteristics of those affected by the proposal continue to be: age, disability, and for some current users, race/ethnicity. It is the prospect of change, fear of isolation and the standard of care by alternative providers that has generated the identification of most negative impacts.

Based on the consultation findings, the service has carried out further work to allay the fears of those consulted. The mitigating actions that have brought alternative providers and potential users and their families together appear to have dispelled some fears and provide a basis for reconsidering personal options available.

Underlying this proposal and the personalisation agenda is the issue of choice. At the heart of the proposal is the commitment to ensuring that the meeting of assessed individual needs will continue to be a central part of provision – irrespective of the actual form it takes or who the provider is. An individually negotiated balance between the two will ensure that we continue to meet our public sector equality duty.

Irene Kszyk - Corporate Equalities Lead (29 6303)

6.5 Climate Change and Carbon Reduction implications

The Douglas Bader Day Centre has the highest carbon footprint of the Day Care Centres in the city due to its size and age, and its closure could reduce the city council’s carbon footprint by approximately 161 tonnes. However, only a proportion of these savings will only be realised as part of the building is still used by the Health & Safety Training Team.

7. Background information and other papers:

   a) A vision for Adult Social Care (2012) Leicester City Council
b) Putting People First Concordat (2007) Department of Health

c) Think Local Act Personal (2011)

8. **Summary of appendices:**
   - Appendix 1 - Feedback from Big Mouth forum
   - Appendix 2 – Transitions report/Statement from LCIL
   - Appendix 3 – Consultation findings
   - Appendix 4 – Consultation Executive Summary
   - Appendix 5 – Equality Impact Assessment
   - Appendix 6 - Trade Union response to consultation

9. **Is this a confidential 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
Appendix 1

YOUNG PEOPLE'S HOPES FOR THE FUTURE

Big Mouth Forum

What I Want to Do!
- "I want to do training - that will lead to a job and give me my own money."
- Sandwich Making & Cooking
- Computer Technology
- Working in a Team
- Health & Safety
- "A Job that will make a difference to others."
- "I want my own money so I can go out with my friends i.e. go to the movies."

What I Don't Want to Do!
- "I don't want to have to go to my mum and dad for money."
- "I don't want to do the same thing everyday."
- "I don't want to do separate activities."
- "I don't want to be told what to do."

Going to a Day Centre
- "If I had to go to a day centre it would make me......"
- "Stressed because I wouldn't want to do the same things every day."
- "Sad; I want more than 1 choice."
- "Not comfortable."
- "I would go as a volunteer to help others"
Choices
- "I like to have more than 1 choice."
- "I don't like to be told what to do."
- "I wouldn't want to be told where to go, what to do, what to wear."
- "I like to do things my own way;"
  - "Making things"
  - "Voice my opinion."

Future Activities & Relationships
- In the future;
  - "I want to meet new people."
  - "I want paid work."
  - "I want to do more sports."
  - "I would like to live separately to my family."

Future Activities
- In the future:
  - "I would like to do more inclusive not separate activities."
  - "I want to cook cakes."
  - "I would like to help others including those that drink and take drugs."
  - "I would like to work with children & babies."

Shamir
- "I want to learn about cooking to help me to get a job."
Shaidean

"I want to go to college to be a multimedia game designer."

Chloe

"I want to progress on to De Montfort University so I can pass level 4 and become a Partam Curler, Fashion Designer and Fashion Illustrator."

Sapna

"I want to learn more."
"Make new friends."
"Have a job working on a till."

Anish

"I would like to have a job as a DJ."
Jay

"I would like to go to college to do a cooking course."
"Get a job cooking for lots of people."
"Go to a youth club with friends."
"Live on my own."

Mahdi

"I want an IT job."
"I want to support people that need my help i.e. those that take drugs."
"I would like to do more training to get me where I want to go."
"I want to get a job and a place for my own."
"Steady work."
Appendix 2

Transition: Executive Summary

A report on the experiences of young disabled people moving from Disabled Children's Services to Adult Social Care
Transition Report: Executive summary

1. Introduction and rationale

Right to Control (RtC) in Leicester is one of 7 national trailblazers, funded by the Office of Disability Issues (ODI). Nationally there has not yet been consideration within trailblazers of what young disabled people want in their lives and how RtC could support their independence.

The Transition project was funded through a ‘stretch’ bid to the ODI by Leicester City Council. The Leicestershire Centre for Integrated Living (LCIL) was chosen to manage the project.

The main report is based on key issues raised by young disabled people, and illustrated by quotations from them. You are warmly invited to read the main report to experience what young people said in context. Most quotations have been omitted from this Executive Summary for the sake of brevity.

2. Right to Control and Transition

The foremost aim of the project is to make sure that a variety of young people from different communities who have different disabilities have their voices heard, about what matters to them.

The term ‘transition’ in this context refers to the move of young disabled people from Disabled Children’s Services to Adult Social Care. This usually occurs when the young person reaches 18 or older, according to the individual’s stage of development.

Transition for young people, their families and carers, has generally been a time of concern and can be stressful, as the young person’s needs and eligibility are re-assessed by a variety of adult services.

It is important that the opportunities for independence presented by RtC are appreciated and understood by young people themselves and by everyone else connected with a young person’s transition, early enough for everyone to anticipate and feel well prepared for the transition itself.

Our project has therefore included meetings with a range of people, in order to inform what needs to take place for young people to understand, access and benefit from RtC effectively.
3. Procedure of data collection

3a. Journey of the project

This was not a randomised project and had to be conducted over a short span of time. Discussions were often open-ended, allowing the young people to talk about things they thought were important. We also met a range of adults involved in the transition process, in order to capture their viewpoints and experience.

A large amount of data has been collected through interviews and focus groups. The main report includes quotations that represent young people’s views and highlights issues for service providers to consider. These may be areas where service providers could improve their services further by adapting their models of service delivery to fit in with young people’s needs and aspirations.

The 5 funding streams of RtC are:
- Adult Social Care (ASC)
- Housing Related Support (HRS)
- Disabled Facilities Grant (DFG)
- Access to Work (AtW) and Work Choice
- Independent Living Fund (ILF).

3b. Criteria for interviews and focus groups

We met with young people who have a wide range of disabilities. We did not follow any criteria on levels of disability, i.e. mild or complex. If a young person considered themselves to have a disability, we listened to their views. None of the young people we met were receiving RtC, even though some were of qualifying age. The reason for this is unclear, though many young people do choose to continue their education. The adults we met also volunteered their time to take part. We feel that all the people we met made their contributions openly and transparently. We are grateful for this, and for their commitment to the project.

4. Case studies

A series of 10 detailed case studies appears in the main report.

5. Right to Control thematic analysis

Theme 1: Adult Social Care
I would like to have a Transition Box, which contains everything I need to know to help my son to make the best transition possible. (Martin, father of David, 21)

Communication

Communication is the biggest issue for parents, families and carers. They are the people who have the largest stake in what happens in their young people’s lives, and it also affects them directly. There is a need for consistency in information and that it should be timely. Additionally, teachers and tutors feel that they have good information about students which is not used elsewhere.

Parents and families feel that they need the whole picture. One parent described this as the need for a ‘Transition Box’ which contains everything required for the young person to make the best transition possible. There was considerable frustration that transition generally was commonly not an holistic process for young people. Young people themselves understood far less about the mechanics of the transition process and viewed it as the day to day consideration of where they might go next in life.

Adult Social Care (ASC) and Housing Related Support (HRS)

Some young people may qualify for funding from ASC if they meet the criteria. For those who do not, but who do still need some support with activities such as travelling or cooking, would Housing Related Support (HRS) be deemed suitable, and would it be available? The division between what could be funded by ASC and what by HRS is unclear to some people.

Service access issues

The single point of contact (SPOC) may be viewed as difficult to access by some disabled people, including deaf people, people with learning disabilities, and people with mental health issues. Drop-in sessions, for some, would be helpful. We were told by a council officer that people could drop in and see a social worker if they went to Greyfriars (the Social Services building) reception - “but we do not promote this”.

Assessment by age

There is well documented assessment by development, demonstrated by the fact that young people with profound and multiple learning difficulty (PMLD) can access children’s services until they are 25. However, choices for young people with PMLD seem more restricted than those for other disabled youngsters, and young people with PMLD have to transition to adult services at some stage. This can involve, from a parent’s perspective, unnecessary assessments such as fitness for work, and some loss of the funding used to help meet the young person’s needs.
Additionally, some adult services may not be sufficiently development related to meet the needs of young people with PMLD.

The Resource Allocation System (RAS)

The RAS software works out funding for an individual. We discovered that it is locally weighted, so there is an element of postcode lottery in its operation. This does not guarantee parity of funding if an individual, of whatever age, relocates.

Conclusions for Theme 1, Adult Social Care

Young people...
1. Want more consistent, timely and accessible information prior to transition about the options open to them.
2. Want to know that their needs in relation to socialisation can be met (for detail, see Theme 2).

Parents, families and carers...
1. Want consistent information in accessible formats about all aspects of transition early enough for them to help ensure that transition is more successful than stressful.
2. Want consistency in information and advice from professionals.
3. Want one point of contact, or a key worker, in relation to all aspects of their young person's transition.
4. Want clear explanations of decisions made about their young person's funding.

Teachers and tutors...
1. Want detailed information about transition options and how to access them, in accessible formats, early enough for these to be useful in the classroom.
2. Want more use of their profiles, reports and assessments on individual students as part of the transition from special school to FE college, and as part of ASC and other funding stream assessments.

Theme 2: Independent living

I know what I want to do and I'm working on it, but I didn't think it would be so hard... Mum is there for me – but it would make me feel better if I was independent and it would be better for her.  

(Stella, 18, FE college student)

The Independent Living Fund (ILF) and the Disabled Facilities Grant (DFG)

As the ILF is currently expected to end in 2015 and is not taking on new clients, this funding stream is effectively lost to young people and to RtC, so we expect a
range of unmet need unless this can be taken up elsewhere in the system. Would ASC be a possible choice? As Housing Related Support (HRS) is also not taking on new clients, the pressure on ASC is potentially severe. Effectively, one third of the RtC funding streams can currently offer no practical benefit to young people.

Young people and their parents, families and carers seemed to know little about the DFG unless they were already receiving it. We met with a few young people whose homes had been altered to meet their needs, to great benefit. Parents, families and carers seemed to know little about adaptive technology and showed great interest, though the cost of some simple items was prohibitive to some.

Some of the rest of this section demonstrates some of the needs of young people which could be met by the ILF and the DFG, were funding available.

**Independent living skills**

I stayed in the (independent living) flat at college for one night. I really enjoyed this – so I did it again! I would like to have my own flat. Mum’s trying to get sheltered accommodation for me ...

(Catherine, 21, FE college student)

A number of young people had received opportunities to gain experience of independent living through overnight stays in supported environments. Young people were very enthusiastic about trying out the skills learned in school or college and at home. These skills are part of the curriculum for students in special schools and for students whose FE college timetable includes foundation studies.

However, the frequency of opportunities is limited due to the level of demand, as is the funding available for support staff. This means that some much needed practical experience is not available to some young people and accommodation in short supply can end up being under used.

Some students were able to appreciate the positive differences their independence would make to other family members as well as to themselves.

**Young people**
1. Want more practical opportunities, overnight and at weekends, to try out their existing independent living skills, and to try out new ones.

**Parents, families and carers**
1. Want to feel secure that their young people could survive on their own.

**Teachers and tutors**
1. Want existing independent living facilities to be able to be used to capacity, and for additional facilities to be available to meet the need.
Transport and travelling

Travel training was available to many but not all young people who needed it. Those who missed out tended to be on more academic courses. Some students were interested in learning to drive a car but this skill did not appear to be provided for. Young people generally wanted to travel independently. Some had issues with public transport, either with the negative attitudes of some bus and taxi drivers or some passengers. It is clear that travel training has to be about more than just understanding bus timetables and paying your bus or taxi fare.

Having, or not having, a bus pass was an issue for some students in relation to travel costs, including getting to or from college.

Young people …
1. Want to travel independently, and want travel training.
2. Want to be able to afford to travel.
3. Are interested in learning to drive a car to give them greater independence.
4. Want bus and taxi drivers to show respect.
5. Want less hassle from other bus passengers.

Socialisation

They saw me as an individual. They didn’t see me as a disabled person in a wheelchair.
(Stella, 18, FE college student)

Making friends and going out

We discovered that a large number of young people do most of their socialising in school or college, simply because these are able to provide a more flexible, adult environment which is safe and supportive for young disabled people. Schools and colleges are natural meeting places. Travel arrangements are already in place.

The biggest barriers to young people meeting out of school or college were cost, distance, difficulties with public transport and, in some cases, concern or fear about attitudes to disability outside the school or college community.

One important factor for young people was having a safe and secure environment, one in which they felt they could be themselves.

Young people who went into the wider environment tended to have strong views about their experiences and could list and score places they’d visited for accessibility and quality of service. Some young people were not anxious to receive help and had the confidence to ask for it. In these cases, asking to help
was crucial as unasked help could disrupt existing skills and be counterproductive. Services too were expected to ask rather than assume for best results.

The attitudes of the general public are extremely important to young people. The bullying which takes place in some educational environments is also a feature of being in a public space for many young disabled people and, for some, its effects can debilitate. Over time, this can result in reduced confidence, increased levels of anxiety and a reluctance to try out new places.

Alternative forms of communication, like mobile phones, are popular because some young people have significantly less opportunity to meet friends and make new friends out of school or college time. If families can’t ferry them about, or if friends live too far away, or if young people can’t travel independently, these are the only opportunities to keep in touch.

Young people do want to go out and about with their friends, shopping or to the cinema or bowling, and into town at night, but there are restrictions.

A young disabled person might think twice about going into town in the evenings to meet people and make new friends. What information is available to young people which advertises venues which are disability friendly, which they can use with confidence? What initiatives are there in the city to encourage venues to take a positive approach to understanding disability equality and to attracting business from this community?

The implications for RtC are significant in relation to the socialisation aspect of funding. How can this best be assessed to reflect individual young disabled people’s needs? How can systems ensure that assessments for this operate equitably across the range of need?

**Young people …**
1. Want to go out – and stay out late!
2. Want to meet friends - and make new friends - outside school or college.
3. Want people and services to ask rather than assume where help is concerned.
4. Want places to socialise which are accessible, safe and enjoyable places to be.
5. Want less hassle – both unfriendly and well meant - in public places.

**Life, love, sex and having children**

| I have a boyfriend, but I do not ask him to care for me. I want him to see me as a person, not a disabled person. | (Linda, 18) |

Young people want their own families as well as friends. Having children features sooner (females) or later (males) for many. Some put their careers first; a few already have girlfriends or boyfriends and plan a future together. One young
woman had even decided what kind of birth she wanted. One young man wanted a male partner.

Some families were secure with their young person’s developing sexuality.

**Young people ...**
1. Want sexual relationships as well as friendships.
2. Want support, if they run into difficulties.
3. Want choices, such as whether career or having children comes first.
4. Want children when the time is right.
5. Want choice about relationships.

**Parents, families and carers**

Our experience with parents provided a few examples of the need for support and advice for families. Some parents and carers, not uncommonly, demonstrated over-protectiveness. Some wanted choice over who the young person had contact with. The main concern here was exploitation, abuse or unwanted pregnancy.

RtC funding streams can include funding opportunities for young people to socialise, to become independent, and to live separately from their families. Providing the right information and support for parents, families and carers to understand more about young disabled people forming sexual relationships as they grow in maturity could help to increase their confidence and willingness to support a young person who wants to take more responsibility for themselves.

**Parents, families and carers ...**
1. Want guidance and support in relation to young people’s developing sexuality, especially if young people have learning disability.

**Theme 3: Education, jobs and training, going to university**

| I want to do work experience and go to college. I’m learning computer skills and languages, French and Spanish. I’m good at Spanish. |
| (Valerie, 13, special school student) |

**Education**

Most students see the connection between the courses they are following and moving on to more education or training or getting a job. Most students’ timetables are personalised. Their last year at school or college is very busy as this is a focus for transition.

**Course flexibility**
It seems that the education system, especially in FE colleges, is flexible enough to support a student working at different levels, or one who needs to take more time, or to repeat courses, in order to achieve the needed qualifications. Students gave examples of how their needs were taken into account during the courses and at examination time.

However, for some students operating at the higher levels who most likely came to college through mainstream education, life skills courses such as travel training which were available to Foundation level students at special school, were not always available to them. Potentially, these are barriers to a student being able to achieve independence at times when their other, probably more academic skills, are maturing well.

**Curriculum: Course content**

It is clear that teachers and tutors are very keen to have access to up-to-date and relevant course materials for the life skills and citizenship types of course. They feel that they are failing their students in not being able to provide this type of detailed information relating to current developments in transition and RtC. Further partnership working between education and statutory services may be the answer.

We strongly support the inclusion of young role models from employment and higher education who could share their experiences. Teachers and tutors say that there is a significant lack of information and people to fulfil this crucial role in curriculum delivery and development.

The Right to Control is based on young people making choices. Joint working on curriculum development between education, social services and the other RtC funding providers could ensure a safer foundation for a smoother Transition process, and prepare the way for more young people to choose the Right to Control as their preferred route to independence.

**The developing Information Strategy for transition**

Professionals from the statutory sector also wish there was sufficient capacity to enable them to have early contact with young people in schools, to facilitate the transition process. They are very aware of the need for good information, and the Transitions Partnership has developed an Information Strategy, which takes an holistic approach, to fill the information gaps.

It is in the interests of both social and education services that the curriculum is developed to reflect current issues, so that knowledge about transition becomes a practical part of what young people learn about.
Our view is that young people themselves know least about transition – and that this could be remedied comparatively easily by the implementation of the proposed Information Strategy.

**Person-centred planning (PCP)**

Young people themselves are becoming more and more familiar with the process of person-centred planning (PCP) from an earlier age, and families are generally supportive of the process. If practical up-to-date knowledge is made available within schools and colleges about transition options and Right to Control, these can be applied within person centred approaches to show the young person and their family how independence can be achieved.

Additionally, parents would appreciate the value of having a single point of contact or a key worker in relation to transition and RtC. As parents and families can be the biggest influence on young people’s choices, and potentially the biggest barriers to them achieving optimum independence, this is a key issue to be addressed.

**Expectations post-18**

For many students on Level 2 or 3 courses, the expectation is that they will go to or stay on at FE college or, from college, will seek employment or a place in a university.

For others, the motivation may come as a response to negative attitudes to disability from education and from employers and, ironically, may lead to greater motivation to succeed.

**Taking a year out**

Some disabled students may wish to take a year out in order to gain wider life experience or to follow up a personal ambition. For instance, if a young wheelchair user wants to experience Camp America, would some financial support for this be an appropriate use of RtC?

We encountered virtually no evidence of the idea of young disabled people taking up ‘year out’ opportunities, yet the potential benefits to the young person of gaining life skills and possibly job experience are significant. The challenges this poses to initiatives like RtC are as yet unexplored. In theory the independence available through RtC would be ideal for young people with these or similar ambitions.

For some young people and their families, the future after college is more uncertain. Parents, families and carers of young people with profound and multiple learning disability (PMLD) seem to have less knowledge about post transition
opportunities, yet RtC could well be the appropriate choice, with appropriate budget management arrangements in place and a wider choice of services.

100% Health funding

If a young person is assessed as 100% Health funded, it is not yet fully clear how this could work for young people who also have education, employment or social care needs. If parents, families or carers are to support young people and young people themselves are to take up RtC in these circumstances, this information needs to be available to them early enough and in a clear and unequivocal form, to help them to make decisions.

Disabled students in mainstream schools

Some young people and their families felt there was a lack of support and opportunity available to disabled students in mainstream schools.

In particular, at the age of 16, essential services, such as speech therapy and physiotherapy, are discontinued and are difficult for the family to have reinstated. This seems to be age rather than needs related, and so does not make much sense to parents and families.

Bullying and discrimination

One strong element that featured in relation to mainstream schools was the potential for the disabled young person to experience bullying. Young people with hidden disability in mainstream education tended to choose to keep their disability hidden. Their concern was to avoid, at all costs, negative disability related attention from their peers.

One young man with a potentially serious but hidden disability did not even consider himself to have a disability. To him, disabled young people were the ones who were taken out of class to another classroom – i.e. young people with learning disability – and he didn’t want to be associated with them in the minds of his peers.

Furthermore, it became clear that bullying and negative attitudes to disability can cause a degree of self-hatred in young disabled people. There are two issues here. One relates to the continuing need for attitude change in schools, colleges and within society generally. The other usually but not necessarily has cultural roots and results in similar negative impacts.

Leicester city schools already have the successful ABC (Anti-Bullying Campaign) Awards and an electronic system for recording and addressing different types of bullying in schools. Both these approaches are now rolling out across schools in the city. What can be done in Leicester to ensure that bullying and negative
attitudes, from whatever source, do not prevent young disabled people and their families from accessing RtC in the future?

inclusion – and isolation

Several of the young people we interviewed had not met with someone with the same disability, impairment or health condition as them until they were in their teens. There was a sense of the isolation of the young people, without the opportunity to meet with and relate to others who could share this aspect of their identity. All the young people in this situation wished they had met similar others much earlier in their lives and viewed this as a missed opportunity to exchange information and to learn from others' experience.

We met with young people at an inclusion youth group, expecting it to provide opportunities for disabled and non-disabled young people to meet in a social environment. What we found was young disabled people meeting with each other, supported and facilitated where needed by youth workers and young disabled volunteers.

There was a wide range of activities available to the young people, in which they could interact with others in an environment which was free from the pressures of home, the classroom, and the need to be assessed. Having volunteer young disabled people as helpers also provided role models for the younger members.

Issues for Deaf young people

Education for deaf children in Leicester follows the auditory approach which means that the choice for bilingualism is not actively encouraged. Many deaf children and their families cannot access free sign language courses which are offered in nearby counties like Nottingham and Derby.

However, most deaf young people attend mainstream schools and have support where needed. In this, they are likely not to be able to meet with other deaf young people in a social situation. The Hearing Impairment Service provides one day per term for young deaf students in Years 7, 8 and 9 to meet together and share experiences, though the social aspects are limited as these times focus on much needed knowledge and skills.

We met some teachers that work with deaf children. On hearing about deaf sports clubs one teacher questioned why a young deaf person would need to meet with others like themselves when they could mix with hearing young people. As there is no mental health service specially tailored to meet the needs of deaf children or people in Leicester, we feel that the possible implications of a lack of opportunity for self-identity and peer support may require further consideration.
The potential impact here on RtC is the potential for additional support, required if young deaf people experience the difficulties referred to above, which could also delay or prevent them taking up RtC, possibly delay their entry into employment and reduce their life opportunities.

In addition, we noted that the accepted form of access to some services may not be suitable for some disabled young people. Access to Work requires initial contact to be made over the telephone. We think that this would not support the independence of Deaf people, even with a textphone service available, or people with learning disability, or people with mental health issues, who might benefit more from initial face to face contact.

Moving on: Transition out of college

Colleges are aware of knowledge gaps in their staff relating to transition into and out of college. Given the importance colleges, parents and families place on the role of education in preparing young people for life outside, these gaps become significant. Local authorities have differing practices, so this is a local, rather than a national, responsibility. It is also an ongoing one, as the rapidly changing environment could easily lead to good information becoming outdated quickly.

This reinforces the need for schools and colleges to have full, accessible and up-to-date information about transition opportunities to assist them to better ‘bridge the gap’ between statutory services and young people trying to plan for their futures.

Proposed developments

We have reviewed the proposals for an integrated and holistic Information Strategy, produced in partnership with Disabled Children’s Services, and we believe that this will help to address many of the current information gaps.

There is a proposal to fund an Information Officer, to implement the strategy. We welcome this development and, as long as the person in post seeks proactively to meet with young people and their families, services (including Health) and service providers, and schools and colleges, to identify and plug information gaps with accessible and timely materials, the benefits to all will be significant. This means that the Information Officer will need to have the explicit support of all partners, and be empowered to make demands of them.

Such a post could also result in less irrelevant and out-of-date information being in circulation or, particularly, found on the internet.

We understand that one special school and one FE college are seeking to create a post of Transition Officer. In each case, if funding is available, the person
appointed will be responsible for ensuring the successful transition of individual young people into and out of that school or college, with benefits all round.

As parents and families will often ask the school or college for information and support when things are unclear, having a dedicated person available who can provide this clarity and also access to up-to-date information (tracking) about an individual’s progress through transition would be an immense benefit and confidence-raiser all round.

**Young people ...**
1. Want to know how RtC could improve their lives and help them achieve their aspirations in life and work.
2. Want more personalised independent living skills where these are lacking.
3. Want freedom from bullying and discrimination, and for non-disabled people to understand more about disability equality.
4. Want the opportunity to meet with others like themselves at an earlier age.
5. Want places to go outside school and college where they can meet friends, make new friends and not be made to feel ‘disabled’ or out of place.
6. Want support in the transition out of education, to paid employment.

**Parents, families and carers ...**
1. Want more information about RtC to help them understand how RtC could increase independence and opportunities for their young person – and possibly for themselves.
2. Want to know and understand the rights they and their young people have and how these can best be applied.

**Teachers and tutors ...**
1. Want real, accessible information to enable them to include RtC in the independent living curriculum in a practical way.
2. Want more opportunities to involve parents, families and carers in young people’s progress, development and futures, to help them appreciate the capabilities the young person has and to encourage healthy risk taking.
3. Want to understand fully how a young person’s wider needs can be met if they have 100% Health funding.

**Employment and training**

| I live at home. I am bored at home on my own 4 days a week. I work as a volunteer in a charity shop 3 days a week. I want to do full time work. (George, 25) |

The majority of the young people we met wanted employment and had ideas about what that could be. Some had had work experience, or work trials via the Leicester Works initiative, and others were looking forward to these. Not many were aware
of the support available to them to find work, though the Connexions service and Remploy services (through Leicester Works) were best known about and valued.

Work experience, work trials and work placements

Good quality work experience is much valued and sought after. Most students had some idea of what employment they were looking for if not exactly how to achieve it. The occasional young person had the benefit of access to a family business, some wanted to take the self-employment option and overall, the choices were very varied. Young people became bored with long periods at home and wanted careers, pay, and the independence these could provide.

Hardly any students mentioned university as an option. Some had had experience of work and valued this opportunity. We had no adverse criticism of work experience, and much enthusiasm.

Support for young people seeking employment

The Leicester Works initiative

We became aware that some young people were part of the Leicester Works initiative, which is a partnership between Leicester City Council which provides work placements, Leicester College which provides workplace skills support, and Remploy which provides workplace mentoring and is the employment broker in the partnership. Recently, University Hospitals Leicester joined the partnership as a work placement provider.

Learning disabled students in their final year at Leicester College can apply for placements, which they enjoy. They get the experience of preparing for and being interviewed for work placements, supported employment experience in 3 or 4 different 3-month placements, and a report or reference from each placement. Support in the workplace, whether it’s a placement, work experience or paid employment, is a key issue for students and families alike.

This is therefore a key issue for Work Choice. The level of mentoring and support in the workplace can be the difference between a young person remaining employed, developing their skills and learning new skills, and them leaving employment, losing self-confidence and reducing the likelihood of them being able to access paid work again. Similarly with Access to Work, young people need to know how they can access what they need to perform fully in paid employment.

In FE colleges, students are being trained and supported to be work ready, through Leicester Works or other initiatives, yet it seems that at times the opportunities at that point are unclear, as is the referral process from college to Work Choice. Teachers and tutors in FE feel strongly that for some students there
is a gap between becoming work ready and finding employment, which can lead to skill levels becoming reduced and confidence waning.

A role for social enterprise

One social enterprise has been established to work with different special schools to bridge the gap in aspiration, taking a personalisation approach. They aim to employ disabled people as trainers, mentors and coaches to others like themselves, with a focus on disabled people getting jobs. The organisation also provides post-employment mentoring.

An interesting development to us was that the organisation was starting to offer accreditation to people who offer services to disabled people, including ‘train the trainer’ or peer support approaches. This approach, of ‘professionalising’ services, has the potential to provide quality assurance standards and can benefit employees and clients alike. If an organisation advertises opportunities for accreditation, this could help young people to distinguish between them and other providers when making decisions within RtC.

We met with 3 organisations in total which were very well positioned to deliver in response to RtC though none as yet had received any RtC business.

Quality assurance of services and value for money

There is a growing range of services in the city which will continue to proliferate as the market expands. What standards should disabled people, of whatever age, expect when looking to engage a particular service? Who can they complain to effectively if there is an issue? Is the service provider a member of a registered body? How will disabled people know which services offer the best value for money?

These questions are as important for young disabled people as they are for others taking on the management of their own budgets for the first time, even with support, and we feel that as yet there is only minimal availability of the kind of information which would assist them in making decisions. This situation may also put some young people off taking on the responsibility for their own support and care.

Without exception, the social enterprises and voluntary sector organisations we met with showed a high level of knowledge of the broader issues, were well prepared to offer a personalised range of services to their clients, and had developed or were developing strong links with statutory services. An issue they had in common was the lack of clear and specific information about RtC to enable them to work more closely with their clients.
Support from families / Cultural considerations

Where young people mentioned that they got a lot of encouragement from their families, they had very positive outlooks. Some young disabled people have the family support they need to develop their confidence and enable them to have positive outlooks and experiences. Those who may not have had sufficient support may need more encouragement in trying different services or in taking on RtC, and may benefit from more advocacy.

For some students, their future is influenced by cultural considerations. Some female students from Asian backgrounds who have learning disability spoke of their career interests but expected to be married soon after they completed their college education, possibly to a partner from abroad. It was unclear whether they were aware of their rights, and one teacher spoke convincingly about the apparent lack of choice for young Asian women with learning disability.

Young people...
1. Want good quality work experience, work trials and work placements.
2. Want support in work experience and in maintaining paid employment.
3. Want more information about the range of job coaching, mentoring and employment support available, how to access this and how to judge good provision.
4. Want information about Access to Work, what it’s for and how it operates.

Parents, families and carers...
1. Want more information about what support is available to young people to help them find paid employment.
2. Want to know how best they can support their young person into paid employment.

Teachers and tutors...
1. Want to be able to link directly with Work Choice to enable work ready students to access paid employment in a smooth transition,
2. Want reliable information to be able to include Work Choice and Access to Work in the curriculum in a practical way.

Going to university

I went back to education because I wanted to do something rather than just vegetate. One of my major goals was to get to university. People were, at one stage, very unoptimistic about me – but I like a challenge.
(John, 31, unemployed graduate doing voluntary work)

Hardly any young people mentioned going to university, yet a number of the young people we met were succeeding at Levels 2 and 3. Meeting with young people
who had been through the university system, it was clear that gaining entry to university and succeeding whilst there is not straightforward if you are disabled.

The young people we met who had been to university reported a number of barriers they had to overcome. For some the barriers are not academic and relate to, for example, a lack of life skills such as independent living skills, or the perceived need not to move away from existing support networks.

For a young non-disabled person, the choice of university can be narrowed down to factors like whether there’s a good local football team, theatre, mountain range, social life and so on. For a young disabled person, the choice of university is limited by factors such as the accessibility of the course, the accessibility of the physical environment, the availability of support and support networks, knowledge of how to access support, and the attitudes of university staff, lecturers and fellow students – all these before they consider wider personal or social interests.

On arrival at college or university, some young people, as the result of experiencing prejudice previously, refuse needed support because they do not want to be identified as a disabled person. In this way, the negative attitudes experienced at home, in their local neighbourhood, in school and at college can transfer to the young disabled person’s adult life, influencing their view of themselves in a negative way and possibly limiting their life chances.

One item we did come across was the insistence of a local university that young disabled people did not come to them with pre-knowledge about the Disabled Student Allowance (DSA). Rather, if a student presented themselves to the university’s student services as disabled, they would then be informed about the DSA and how to access it.

This implies the possibility that not all information relevant to a disabled young person about university is readily available to them. Apart from the possible impacts of this, it raises the issue of whether or not universities and student unions will be prepared to make available timely information to disabled students about the opportunities RtC could provide after university.

**Beyond university**

Even for young people who have gained higher qualifications like a degree, the difficulty of access to financial support remains a barrier to them attempting paid work at all, or to them building up to working over 16 hours a week and, if that doesn’t work out, having to try to reclaim the benefits lost.

Most young people, after university, want to use their time positively. If they are unable to obtain paid employment, volunteering can provide the opportunities they need to operate in a work environment and learn the skills that employers are said
to value. It's not unusual for volunteering to be viewed by young people as a 'stop gap' between university and employment. However, if disabled young people in this situation are not able to obtain paid employment within a reasonable timescale, they are at the same risk as other young people, of becoming dependent on benefits and of losing some of the knowledge and skills they have already gained.

For disabled young people with degrees, post-university is the time when RtC could feature strongly. If young people, prior to university entrance, have not come into contact with RtC and what it could provide, there is a need for university student support staff and for RtC funding streams themselves, especially Work Choice and Access to Work, to provide both timely accessible information and a presence, so that support into employment is readily available.

Volunteering, though beneficial to voluntary organisations, young people and society for a number of reasons, is not geared up to moving the young person on into employment, and there is the possibility that they will become 'stuck' at this stage and benefit dependent. It seems that there is a 'second transition' for young people post-university when they are once again seeking effective guidance and support to enable them to move on in life.

Young people...
1. Want fewer barriers in the UCAS (university entrance) system.
2. Want a full set of independent living skills to complement their academic achievements.
3. Want more variety in their choice of available, accessible university.
4. Want more confidence that the support available to them locally can also be available if they choose to study away from home.
5. Want people at university, whether peers or staff, to see the person first, not the disability.
6. Want the support needed post university to help them make the 'second transition' to paid employment, possibly through RtC.
7. Want some flexibility around access to benefits and building up to working in excess of 16 hours per week.

Parents, families and carers...
1. Want the security of knowing that support levels can be the same if their young person wants to study away from home.
2. Want to know how best to support a young disabled person before, during and after university.

**Theme 4: Housing Related Support**

I would need help with times and dates – I'm crap at timekeeping.
A wide range of young people could see themselves living in their own place but few had an understanding of what support they might need to keep their independence, maintain their tenancy or pay their bills. We identified a wide range of support that young people would need to maintain their independence, such as support with keeping to a schedule or routine, with managing a bank account, or with entering into contracts. However, at the time of this project, Housing Related Support (HRS) reported that they were already at maximum capacity and did not have any available spaces left for new clients.

There is therefore a significant gap in services for young disabled people who turn 18. In this respect, RtC is missing a key element of the package that can enable young disabled people to be independent. It may be that some knowledge gaps for some individuals can be identified that schools and colleges can assist with. However, if ongoing support is required, we found no evidence of forward planning. Using funding reserves to meet such needs is ultimately too risky.

Young people...
1. Want support to help them maintain their independent living, having gained skills at school, college and at home.

Parents, families and carers...
1. Want clarity about what HRS would be available to their young person.
2. Want information about possible overlaps with ASC provision.

Teachers and tutors...
1. Want the information necessary, in accessible formats, to enable them to include realistic HRS opportunities and scenarios in the classroom as part of the independent living skills curriculum.

6. Additional non-Right to Control themes

These additional themes may not have a direct relevance to RtC. However, they brought up important questions that may indirectly affect how people access RtC or how it is delivered. This is why we felt it important to include them. Right to Control cannot exist in a vacuum. More detail can be found in the main report.

Theme 5: Examples of best practice

We came across many of these and some appear in the main report within other sections. Here, Example 1, in Housing Related Support, shows how potential
conflict of interest can be avoided. Example 2, in Housing Options, shows how a service can engage in effective forward planning. Example 3, of a non city school met by chance, shows how higher levels of support and funding can benefit young people whose local authorities cannot meet their needs.

**Theme 6: Young people’s ideas of managing Right to Control**

A few real life examples show that the various options for managing a budget like RtC, composed of several funding streams, need to be included within education, prior to real life experience, to prepare young people.

**Theme 7: Disability, BME and society**

Some illustrations of cultural differences we met which could adversely affect a young disabled person’s choice, independence, and self belief.

**Theme 8: Myths and concerns about Right to Control**

Some points relating to the confusion we found about benefits, personalisation and what RtC means for a young disabled person, and good practice arising from cooperation between 2 city schools which has the potential to resolve some of these issues through their work with both young people and their families.

**Theme 9: Conflict of interest and the young person’s choice**

A short series of examples of how families may unwittingly restrict young people’s choices, and their taking up of RtC, through lack of knowledge or understanding, or through the negative impact of some media reporting.

**Theme 10: Safe spaces**

Some brief thoughts on the need not for safe spaces as such, but for all spaces to be safe for disabled people, and the potential impact of RtC on disability equality.

**Finally...**

Our sincere thanks to everyone, especially young people. You gave your time and effort so freely to contribute to this report. We couldn’t have done it without you.

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CONSULTATION ON THE FUTURE OF LEICESTER CITY COUNCIL’S DAY CARE FOR PEOPLE WITH PHYSICAL AND SENSORY DISABILITIES

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PART 1 – INTRODUCTION

Statutory consultation was carried out between 17 September and 16 December 2013 on the future of people with physical and sensory disabilities day service. The council consulted on;

Proposal: The council is proposing to stop running Douglas Bader Day Centre

The consultation was led by ASC Strategic Commissioning and the Transformation Team at Leicester City Council.
Part 2 – Methodology

The following methods were used to consult on the proposal:

a. Briefings

The Cabinet Lead, Councillor Rita Patel informed the Labour Group on the 16 September that the Council was going out to consultation on the future of Douglas Bader Day Centre.

Officers visited the day centre on the day that consultation went live to inform the Douglas Bader Client Committee members and service users about the consultation. They also informed service users that they would be receiving a letter in the post advising them that a consultation exercise was underway on the future of the day centre. The consultation would run from the 17 September to 16 December 2013.

Officers were present at the day centre to inform service users, face to face as follows:

17 September with 21 service users present
18 September with 21 service users present
19 September with 21 service users present
20 September with 4 service users present
23 September with 1 service user present

b. Letters

A letter was sent to all service users attending Douglas Bader Day Centre and their carers or families, to let them know that a 3 month consultation exercise was underway on the future of the day centre.

The following information was sent with the letter:

- An information booklet explaining the reason for change, the proposal being consulted on, answers to frequently asked questions and how people could tell the Council about what they thought about the proposal;
• Details of the four consultation meetings that people could attend to talk through the proposal and make their views known:

  - Douglas Bader on 25 September, 2pm
  - Douglas Bader on 26 September, 2pm
  - Douglas Bader on 24 October, 5pm
  - Douglas Bader on 20 November, 2pm

• The web address for the council’s website giving more information about the consultation and an opportunity for those who use the service and carers to respond using a private web address.

• The web address for Councils website giving more information about the consultation and an opportunity for the general public to respond to the consultation.

• A generic email address and a telephone helpline number for people to contact the Transformation team.

The letter, booklet and questionnaire were made available in Gujarati, Urdu and Punjabi. Information was sent by post to the people in their preferred language identified through the pen pictures provided by the staff of the day care centre. Letters were also sent in large print for those with a visual impairment.

Day centre staff where briefed as part of the collective consultation exercise. They were also provided with a letter explaining that the council was going into statutory consultation. Staff where briefed on their responsibilities to help service users and their families to understand the letter and information sent to them. They were crucial in ensuring that service users were not unduly stressed or upset by the various documents sent out.

A letter and information about the consultation were also sent to organisations representing the interests of people with physical and sensory disabilities. The organisations were asked to send their views
and to use their networks to ensure that as many people as possible had an opportunity to comment on the proposal. They were also invited to attend all consultation meetings.

City Councillors and local MP’s were sent information about the consultation.

A further letter was sent inviting people to the provider event being held on the 31 October and the consultation meeting held at Douglas Bader on 27 November with City Mayor, 11am.

After the meeting a letter plus a list of all those providers who attended the event were sent to service users and carers.

c. One-to-one interviews

The purpose of the interview was to discuss, in a private setting, individual or group concerns and issues about the proposal and obtain people’s views. 11 people took up this method of giving us their views. Individual interviews were offered to all 56 service users, families and carers attending the day centre.

Before carrying out the one-to-one meetings, pen pictures (brief written description of the service users) were completed. This highlighted the best way of involving each service user in the consultation. Each pen picture was confidential, and was used only by the staff of the day centre and the Transformation team.

Responses from the meeting were read out. A draft record of each meeting was recorded, and a final record was sent to the service user.

Officers visited Douglas Bader on a weekly basis to talk and listen to individuals if they were feeling anxious at all.

d. Questionnaires

A questionnaire was developed to find out people’s views about the proposal affecting the day centre. A paper copy of the questionnaire was made available to service users, family or carers at the day centre, at
consultation meetings and through contacting the Transformation team help line.

35 individuals completed the questionnaire with a further 10 responses that came in from the general public.

An overall analysis of views on the proposal is provided below. A more detailed analysis of the questionnaire responses for the day centre can be seen in part 7.

**Breakdown of questionnaire received -**

<table>
<thead>
<tr>
<th>Day Centre</th>
<th>Relative/Carer</th>
<th>Service user</th>
<th>Organisation</th>
<th>General Public</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper copy</td>
<td>9</td>
<td>26</td>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Webpage</td>
<td></td>
<td></td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Grand Total</td>
<td>9</td>
<td>26</td>
<td>4</td>
<td>6</td>
<td>45</td>
</tr>
</tbody>
</table>

**Breakdown of questionnaires received by ethnic background**

<table>
<thead>
<tr>
<th>Ethnic background</th>
<th>Douglas Bader Day Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>24</td>
</tr>
<tr>
<td>Irish</td>
<td>3</td>
</tr>
<tr>
<td>Asian</td>
<td>14</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>4</td>
</tr>
</tbody>
</table>

**e. Service user (families and carers) consultation meetings**

Five consultation meetings were set up by the Transformation team at the day centre. Three meetings were especially for service users and two for carers to attend. The service user meetings where supported by Mosaic and Leicestershire Centre for Integrated Living. The Carers Centre attended both the carers meetings and where available to support the carers. The meetings included an explanation of why the council needs to change the way it delivers services to people with physical and sensory disabilities in the city and the proposal being put forward.
There was also an opportunity for people to ask questions about the proposal. The meetings were attended by a large number of service users and their views were recorded as one group.

We also held a provider event and invited organisations who offer day care services and support individuals in activities to come along and showcase what they provide. This event was attended by 13 organisations from the Voluntary and Independent Sector with 12 service user and 16 carers attending.

A copy of the documentation from the consultation meetings can be seen in part 4 of this document. The names of service users and carers are not included.

**f. Written comments**

Part 8 of this document details the two emails received from carers, alongside the responses they received.

A letter was also addressed to the Ombudsman and received through the Councils Customer Services section.

A letter was received from MP Liz Kendall on behalf of a carer.
PART 3 – SUMMARY

Statutory consultation was carried out from the 17 September to 16 December 2013 on the future of the Council’s day service for people with physical and sensory disabilities.

One proposal was consulted on which is explained in full in Part 1 of this document. We have used different channels and methods of communicating information and have invited wide-ranging comments and views.

Proposal: The council is proposing to stop running Douglas Bader Day Centre.

The proposal raised concerns because people felt that if the day centre was to close they would have nowhere to go. They were concerned they would be isolated and remain at home. Some service users had been attending the day centre for a very long time and had developed friendships and viewed themselves as a family.

There was a general view that service users wanted to continue attending the day centre and felt that Douglas Bader Day Centre met their needs. Friendships with other attendees were a key factor in the feedback. The building was also important to people who attended. If the decision is made to close the service, carers asked that the council support them in finding alternative services.
PART 4 (a)

DOUGLAS BADER DAY CENTRE, CONSULTATION MEETING
MINUTES

Wednesday 25th September 2013

The People present at the Meeting introduced themselves:

Service users - 19
Carers - 2

TR - Tracie Rees (Director for Care Services' and Commissioning Adult Social Care)
YS - Yasmin Surti (Lead Commissioner Mental Health/Learning Disabilities)
JH - Julian Holt (Team Leader, representing Care Management)
MM - Mary McCausland (Head of Care Services)
DKS - Dominic Kingsmill Stocker (Leicestershire Centre for Integrated Living LCIL)
Representative from Mosaic
JHA - Justin Hammond (Transformation Team)
SB - Swarsha Bhalla (Transformation Team)

What people said

Service user: Do you know why they don’t come to the centre? They can’t afford it.
TR: People don’t want traditional services any more. Younger people are choosing to do mainstream things and to be in the community for example they are going to college. Therefore the consequence of this is there are less users attending, while we still have the same staff and buildings costs.
Service user: Where does Soulsby get his money for King Richard? He never comes here, he just goes on TV! He doesn’t come here, he hasn’t got the bottle!
**TR:** I can ask the City Mayor to come down to the centre and speak to you.

**Service user:** Where’s J? He attends the ‘I am Able’ project. Where’s he getting the money from? Why is J only attending and not allowing others to attend?

**TR:** ‘I am Able’ is a good thing to do. You will need to ask J about getting involved. We are providing transport.

**Service user:** Mr Soulsby is only interested in spending money on what he wants.

**TR:** I can’t answer for politicians; I am an officer and can only tell you what the savings are for Adult Social Care. We are looking into the future. The Council’s budget is limited and we are looking at the Community Inclusion Team to support the work we are doing and give people an opportunity to access activities in the community.

**Service user:** You talk rubbish! Why has the City Mayor got two vice Mayors?

**TR:** He has a Deputy and 6 assistants.

**Service user:** Why doesn’t the Council rent the place out for parties, weddings and things like that to make money?

**TR:** The building needs a lot of capital money spent on it and functions would not cover the costs.

**Service user:** Come on be truthful with us, how long until you kick us out?

**TR:** There is a 3 month consultation period followed by a report with recommendations and consultation findings put together for the Executive to make the decision. This is not an officer decision. Scrutiny is meeting on the 10th October at 5:30pm you are welcome to come.

**Service user:** Some of us will have to stop at home.

**TR:** If the decision is made to close the service we will not have people sat at home. We are aware that carers need a break. We will work with you to ensure your needs are met. As you will be aware we ran a pilot from September last year to support people in the community and had the opportunity to try different things. If people want to do things together we will try and keep friendship groups together. Younger people are telling us they don’t want to attend a day centre.
Service user: We want to stay together; you don’t know what it’s like to sit in a wheelchair. There isn’t access to other places in the City. Douglas Bader holds a lot of memories for us.
TR: I understand people feel attached to coming here as they have lots of memories and feelings but what do we do if people don’t want to come to the day centre. If you have suggestions I am happy to listen and feed into our consultation exercise.

Leicester College and other colleges in the City still run courses. If people want to go to college we will help you to look at that.
Service user: Wherever we go we need care and equipment.
TR: We will make sure you get the support you need to access mainstream activities if that is what you want. We are investing in buildings across the city to make them more accessible i.e. Curve and Phoenix.

Service user: Why don’t you invest in this building? If you sell this building you will find money to make it better.
TR: As I explained, younger people don’t want to attend day centres and the numbers attending are dropping. We have no plans to move people into the building due to the condition of it. The building is in poor condition. It is not worth anything in its current state and until a decision has been made no building decisions will be made.

Service user: If it is not in a good condition that is the Council’s fault. You sound like a politician. Oh shut up you sound like a politician!
TR: There has not been the money to invest. I am telling you the facts. I am only telling you what you want to know, some people may want to do other things, like volunteer or work. If the decision is made to go ahead with the proposal there are a number of things to do. We will work with you on an individual basis.

Service user: We have been together a long time and we all get on.
Service user: At the new facility how will toilet calls be dealt with (require 2 carers)?
TR: That would be dealt with as part of your Care Package.

Service user: If there is nowhere to go will care be provided at home?
TR: Yes, again your needs will be assessed.

Service user: When the facility is eventually closed I require toilets that accommodate my needs
TR: The decision has not been made to close the service. If the decision is to close the day service we will make sure your needs are met.

Service user: Currently I have a hot midday meal; will the new place I go to offer this?

JH: If you need a hot meal during the day you could have that arranged. If you are accessing activities, for example, in the community and you need a hot meal, we would ensure that this happens.

Service user: What activities will be available?

TR: We are not expecting you to stay at home; we are putting Changing Places across the city. For example, a service user is using his Personal Budget to go out across the city to do other things; he only comes here for half a day. We have talked about art at Richard Attenborough Centre, Curve, Changing Places and different venues, if that’s what you want. Volunteering is an option for some of you.

Mosaic: We do look at people’s needs and then help them to do the things they want to. Our main centre is off Ratby Lane and a few groups meet there but we have groups that meet across the City as well.

Service user: Do you run groups near Beaumont Leys?

Mosaic: Yes we have groups that meet across the city and county. We will carry out the risk assessment and plan with you. We have different services all over the place so you wouldn’t necessarily need to go to Ratby Lane. Mosaic support individuals and groups. Mosaic is just one organisation that offers support. There are a number of similar organisations out there.

Service user: I don’t want to be near my mum. We like going on shopping or trips on Fridays, could this continue? We like going shopping for Jewellery, perfume and handbag shopping.

JH: We can make sure if that’s what you want to do you can. Options for day trips and holidays can be picked up in your support plan.

LCIL: Direct payment as part of your support plan can offer you flexible support. A gentleman we have been supporting has used his direct payment to go to Skegness each week with support from his worker.

Service user: I would like to go to the seaside.

TR: There are organisations out there that can help you access any service you wish to.
Service user: What will happen to Transport? A reliable taxi service is very expensive
JH: Part of the assessment is to look at transport and get you to where you want to be for example the group who use to come to the day centre are now using dial a ride or a taxi to get to community venues. Justin will be picking up the issue of transport with the officers responsible for the yellow buses.

Service user: I have my own car and transport is not a problem for all of us.

Service user: Closing the day centre could result in isolation from friends of 30 years plus.

TR: You don’t need to meet here at the day centre. You can arrange to be together and meet elsewhere. Whether you are disabled or not you should be able to do what you want.

Service user: Where do we go from here? We don’t know where we are going. We are all in the same boat. Will you come to everyone’s house to assess their needs?

TR: Yes if that’s what you want. Nothing will happen before Christmas, the consultation finishes on the 16th of December, and if the decision is to close you will be allocated a Care Management Officer from Julian’s team. They can visit you at home if that’s what you want.

Service user: What if we all refuse to go where you want to put us, will the centre close anyway? Have you got a date? You are not going to keep it open. Half the people have disappeared.

TR: During the consultation we will not actively review cases, but if your needs change during the consultation period then yes we will be required to look at your change in circumstances. If a decision is made to close the service then we will be contacting you all on an individual basis.

Service user: When will the day centre close?

TR: We don’t know. We are currently carrying out consultation. No decision has been made. If a decision was made to close we have to assess everyone and support them to find other things. It can take several months. We don’t want to rush things we want to get it right.

Service user: Where will staff go?
**TR**: We are looking at Community Opportunities (now known as Community Inclusion) and we need staff to help people to access activities in the community. The staff could do those jobs but we cannot guarantee anything.

**Service user**: My sister and mum work with people with learning disabilities, we are different to those people. My mum has said that people with learning disabilities should not be with people with physical disabilities.

**SB**: We are going to hold a provider event at the end of October for you to come along to, if you want to meet other organisations that provide services. This will help you understand what is available. We are asking a number of organisations, for example, like Mosaic, to talk about the services they provide. You will have an opportunity to talk to these organisations and learn about what activities they can offer and the type of support available.

**Service user**: Why are you coming tomorrow?

**TR**: Because people who couldn’t come today can come tomorrow. You can come tomorrow if you want to, if you have more questions you would like to ask.

**Service user**: You should have thought of us in case it closes down. Where are people going to go?

**TR**: We are thinking of you and you will be able to speak to a team of social workers about what you and want to do. We will meet with you individually if you want to give your views about the consultation or if you just want to talk to someone about your concerns.

Tracie thanked everyone for attending and offered to talk to people individually. Julian from Care Management was also available for any questions people had at the end of the meeting.
PART 4 (b)

DOUGLAS BADER DAY CENTRE, CONSULTATION MEETING
MINUTES
THURSDAY 26 September 2013, 2PM

The People present at the Meeting introduced themselves:

Service users - 20

TR – Tracie Rees (Director for Care Services' and Commissioning - Adult Social Care)
YS - Yasmin Surti (Lead Commissioner Mental Health/Learning Disabilities)
JH - Julian Holt (Team Leader, representing Care Management)
MM - Mary Mccausland (Head of Care Services)
N - Nikki (Mosaic)
DS - Dominic Kings mill Stocker (Leicestershire Centre for Integrated Living)
SB - Swarsha Bhalla (Transformation Team)
JHA - Justin Hammond (Transformation Team)

What people said

Service user: If the day centre closes can I go to the day centre in Melton Road?
TR: We won’t do anything during the consultation period but Julian and the Care Management Team will work with you to identify your needs and ensure they are being met. You will be offered 1:1 meetings.
Service user: Who is Peter Soulby? I would like to meet him. What does he look like?
TR: He is the City Mayor. Yesterday’s group asked if he could come down and talk to you as a group.
Service User: What will happen if the proposal goes ahead?
TR: If the decision is to stop running the centre you will have an assessment. JH, who is here today from Care Management, will ensure someone from his team contacts you. Prior to this happening we will contact you once a decision is made.

Service User: Will I have an allocated Social Worker and will they be based at Grey Friars?
TR: Yes you will have an allocated social worker or care management officer. Our social work teams are based in a number of offices and not just Grey Friars.

Service user: Where will I go if the proposal goes ahead?
TR: Everyone will have an allocated social worker (care management officer) who will discuss your needs with you. They will make sure that your needs are met on an individual basis.

A lot of you have been here for a long time. You will want to do different things for example some of you have said you like cooking or do things in the community.

Service user: My relative has been talking to scope and this is all about money
TR: As I explained, the costs have been rising as the numbers of people continue to decline, which makes running the service expensive.

Service user: I hope the centre won’t close overnight
TR: If a decision was made to go ahead with the proposal, we would tell people and then plan for the decision. This will take time and won’t happen in a rush. Any decision will be communicated with everyone so that we can plan for the decision. The centre would not close overnight.

Service user: You moved people out of Douglas Bader in a hurry the last time.
TR: That was in relation to a Fire Risk Assessment recommendations and the current proposal does not relate to the fire risk assessment.

Carer: My relative is in his 70’s.
TR: We recognise a lot of carers are elderly and have medical problems of their own to deal with.

YS: When JH or his team come and talk to you, he can also talk to the carers. At this point he will talk to you about what you want to do and how your carer can be supported, so the carer don’t have to pick up any extra work.
Service user: I come here because I want a break from home.
JH: The social worker (care management officer) will ask carers or parents about how best we can support their needs so that both service user and carer’s needs are best supported.
Service user: I don’t want my PA with me all the time. I also need a Changing Place.
JH: Yes we can appreciate this. We can look at alternatives if the proposal does go ahead. The social worker will talk to you individually and identify your needs and how best to support them including any specialist equipment you may need.
YS: There are a number of buildings identified for adult changing places.
TR finished by thanking everyone for attending and advised people that she was around for the next couple of hours if anyone wanted to talk to her. YS, JH, MM or staff are available if you wish to talk to someone. YS and JH will be available at the centre regularly and you can speak to them.
PART 4 (c)

DOUGLAS BADER DAY CETRE, CONSULTATION MEETING
MINUTES

Wednesday 24 October 2013, 5pm

The people present at the meeting introduced themselves:

Carers - 9
Service users – 3

TR - Tracie Rees (Director for Care Services’ and Commissioning - Adult Social Care)
YS- Yasmin Surti (Lead Commissioner Mental Health/Learning Disabilities)
MM - Mary McCausland (Head of Care Services)
Charles and Jill Huddleston (The Carers Centre)
SB - Swarsha Bhalla (Transformation Team)
JHA - Justin Hammond (Transformation Team)
Debbie Roe – Day Centre Manager
Nicky White – Day Centre Manager

What people said

Carer: We are told it’s definitely closing.
TR: No decision has been made. As a Council we have to assess people on an annual basis. This determines the budget you are allocated. Currently Douglas Bader day centre costs £67 per day and because services are cheaper elsewhere, people are choosing other options.
Carer: You are targeting vulnerable children and adults. You talk about younger people but my sister had been coming here for over 40 years. Older people have developed bonds and any changes will have a
psychological effect on them. There are a lot of pressures on carers. In fact you should be talking to the users of the service

TR: We have been meeting with service users, 2 formal meetings and two of my staff have been visiting Douglas Bader on a weekly basis.

The Carers Centre: As well as asking for a Community Care Assessment you can ask for a carer’s assessment which is as important as the community carer assessment.

TR: There have not been a lot of activities taking place at the centre for a long time. I appreciate change is difficult for vulnerable adults. We will work with people in a planned way if a decision is made to stop running the service.

Carers: We disagree

TR: A group of ladies, who use to attend Douglas Bader, now meet at the Wolsey building. They have continued with their friendship and their group has now grown. Instead of going to day care they are in the community.

Carer: Where will people go in the community?

TR: We are working towards a framework in the voluntary sector. We recognise that some people will want a traditional based service.

Carer: If the decision is made what is the time frame. Are the Council putting things in place? People need a time scale because they are frightened.

TR: No decision has been made. The consultation closes on the 16 December. We don’t have a timeframe because it’s depends on the time it takes to go through the different decision making processes in the Council.

The Carers Centre: It can take a while before a decision is made.

Carer: My mum still things she can get a job.

The Carers Centre: That is where the Community Care Assessment would pick this up. The carer’s assessment is just as important. There is even a section on do you care for someone.

Carer: Why are we being pushed by our social worker to find other services and they have reduced my days. Is there a maximum budget for people?

TR: It depends on your need. There is no top level. It’s only an indicative amount not a final budget.
The Carers Centre: Assessments depend on individual circumstances. The carers assessment means that strain is lessoned on the carer. We as an organisation can help you with your carer’s assessment.

Carer: Why has the building deteriorated? The windows are in poor condition. Can the building not be used out of hours?

TR: It’s not about the building décor. It’s about the cost of running the service. Since 2011 only 3 people wanted to come here. People want to be part of the community. The oldest person who attends here is 84 years old. When the service was set up was for people, it was for those aged 18-65 years old. We have kept people in the service longer than we should have.

Carer: We would need someone to take the service user to the toilet.

TR: People are employing Personal Assistants to help them to be out and about and help with personal care.

Carer: In the past if you were disabled there was not much else to do and you were put into a slot. Traditional that’s all that was available. Traditions have changed.

My loved one got married here. There is an emotional bond to this place which is important. If they have to leave it will have a psychological effect on them.

YS: We understand this and we have been coming to the centre every week to talk to people individually to provide support.

The Carers Centre: I gave 4 different people who had attended Douglas Bader Day Centre and doing other things.

- Young lady who never attended Douglas Bader Day Centre. The 20 year old was disabled. She went to University. She found it difficult to get a job but with the right risk assessment and training, now volunteers at the Carers Centre.

- A person with learning and physical disabilities was told when he left school to go to Fosse Industrial Estate. His mother found out about Douglas Bader. The person came to Douglas Bader for a couple of years, until 1995. Left and went to college and moved to supported living. They tried different things and didn’t want to come back to Douglas Bader. They made some friends when at Douglas Bader and continued their friendship i.e. crafts and cooking.
• Gentleman who had disabilities. It was suggested he come to Douglas Bader and he did. After a while he got bored and wanted to go into the town. He enjoyed the woodwork whilst it took place at the centre. He left and went to the Salvation Army and enjoyed his day trips. After a while the Salvation Army lost their funding and he moved to Age UK. This met his needs and he was able to go to town and meet new people. He also went to pub lunches. He did other things
• 28 years old with autism. Working together and evidencing his needs. He has been in supported living for the last 3 years. He went to a day service for people with Learning Disabilities but felt it was for older people. The day centre saw his disabilities and didn’t recognise his abilities. The social worker suggested he be supported at home. He tried it and the agency helped him into supported living. Achievement is that he is living his life.
• 53 year old lady moved to supported living. She enjoyed Douglas Bader but enjoyed doing other things.

Don’t go into the assessment on your own if you are not comfortable. You have organisations that can support you like LCIL and Mosaic.

Carer: I can’t see this for my sister. She’s always been in a wheelchair. She couldn’t go out unless she had someone she knows.

The Carers Centre: It’s about building a relationship. It’s not something that happens instantly. Everyone is an individual.

MM: We want to be sensitive and person centred when dealing with service users. Identifying what a good day and bad day is for someone so that we can support them. Staff at the day centre know the person better than anyone and can work with the social worker. Carer: Could we have a list of contract details of who to contact if we need to?

TR: Yes we will send out the contact details with the notes.

The Carers Centre: Keeping friendships is important. As individuals we may not be able to afford a service, but if you pool budgets you can afford the activity.

YS: A group of ladies who attended Douglas Bader now pool their budgets to attend activities in the community.
Carer: Sometimes our loved ones are too flexible. If copies of what is sent to them are also sent to us it would help us as carers. I know they want to feel independent. Sometimes people come to visit my sister and we don’t know about it.
TR: Yes we will make sure this happens
TR: I am happy to come and talk to you individually or meet with you again if you want
Carer: Yes but after the decision is made please
The Carers Centre: You have the option to look at other services if you want, why not?
TR: We have a provider event on the 31 October. Come along and look at the services on offer and talk to organisations.
Carer: We have heard about the consultation process and your reference to young people. What about the older generation. Is there a gap?
TR: We are confident that needs can be met. Go to the Peepul centre provider event and talk to organisations
Carer: If there was a gap would the centre remain open?
TR: If we thought there was a gap in the market we would look at developing this.
Carer: Will friendships be supported?
TR: The Council will support friendships if that’s what people want. We still have a duty of care as a council.
YS: If you can’t attend the event we will send you a list of all the organisations that attended and their details. If the organisations don’t currently provide what you want then talk to them about what it is you want.
TR asked if there were any questions and thanks everyone for giving up their time in attending.
Contact details as requested:
Help line: 252 8301
The Carers Centre: 0116 251 0999 (Charles Huddlestone and Jill Huddlestone)
YS Lead Commissioner: Mental health and Disabilities: 0116 454 2387
PART 4 (d)

DOUGLAS BADER DAY CENTRE, CONSULTATION MEETING MINUTES

Wednesday 20 November 2013, 2pm

The people present at the meeting introduced themselves:

**Carers** - 10

1. The People present at the Meeting:

TR - Tracie Rees (Director for Care Services' and Commissioning Adult Social Care)
YS - Yasmin Surti (Lead Commissioner Mental Health/Learning Disabilities)
JH - Julian Holt (Team Leader, representing Care Management)
JHA - Justin Hammond (Business Transition Manager, Transformation Team)
SB - Swarsha Bhalla (Business Change Manager, Transformation Team)
NW - Nicky White (Unit Manager of Douglas Bader)
DR - Debbie Roe (Unit Manager of Douglas Bader)
GH - Gill Huddlestone (The Carers Centre)
Daniel Ashman – supporting carer

**GH** introduced herself and explained about the help and support The Carers Centre can offer. Officers in the room introduced themselves.

**TR**: thanked everyone for coming. TR introduced herself and said she had overall responsibility for day care. The meeting was to give carers the chance to air their concerns about the proposal put forward by the Council.

**Background**
Most of you know the centre has been open for over 40 years and many people have been attending for that time. When it opened, there were not the services in the community there are now. The Disability and Equality Act and duty has improved mainstream services and made them accessible to people who hadn’t been able to access them in the past.

We are seeing less people coming to the centre, in the past few years there have only been a couple of new people attending. Most young people want to go to employment and community services. Times have changed and new people are not coming in.

There have been changes in national policy, the 2007 Putting People First programme said that people who need support should have choice and control over their lives and this should not be determined by social workers. In the past the social worker would assess someone and then decide their options, e.g. to go to a day centre. From 2007, the policy said that social workers should not dictate what people could do, instead people should have choice and control with the option to control what services they receive. People would still be assessed under eligibility criteria, but they then get a Personal Budget to say how much money is available to pay for their care. They can take a direct payment or they can choose for the council to buy the service for them. People have more choices available to them and we have now reached a point in time where the number of people attending the centre have dropped and is so low that the service is no longer financially viable and we are consulting to close the centre. The consultation closes on the 16th Dec and then the city mayor will make a decision.

We also ran a community options pilot to support people to access community opportunities, this was for people with disabilities. They accessed a range of activities including volunteering and community activities, people from new parks and Braunstone area. The outcome was very successful and going forward we will provide that support to access services.

As part of the consultation process, we have engaged advocates to support people from LCIL, Mosaic and The Carers Centre.
Carer: I have rung Age Concern and they can meet my wife’s needs but they have a waiting list. There don’t seem to be services out there but my wife’s needs are met here.

TR: There was a provider event but not all the service providers attended. There is a wide range of providers and if the decision is made to close the centre, the social worker will support you to find the right services.

YS: There are other services including residential providers.

Carer: Are there a list of providers and names of staff we can talk to. The list needs to be sent out to us.

TR: A list will be sent to you with all the detail required.

YS: People ask me what happened if the service is closed. We will support people to meet their needs.

JH: If the decision is made to close the service, but note no decision has been made, you will be allocated a social worker who will work with the users and their family to find out likes and dislikes and ensure needs are met.

Carer: The timescale is a grey area; will you help us to find things before the service is closed? Most people want to know the time scale and buffer zone.

JH: This will depend on what type of services people want and meet their needs.

TR: We are unable to give you an exact timeline on this. The consultation information will be drawn together, followed up with a report, which will go through the executive team and scrutiny. It could take a few months for a decision to be made. Julian’s team will then need to assess everybody and that has to be done with family, staff here and advocacy support provided in some cases. So once the decision is made it will take time to get everything done.

Carer: So there isn’t an end date being aimed for. That’s good to know.

GH: A carers’ assessment is crucial as well as the impact on the person. When assessments are done carers need to think of their own needs and what support they need so they don’t end up doing more care than they can cope with. You are providing a cheap service that saves the authority money. You must look at your own health needs.

JH: The assessment is only as good as the information you tell us.

GH: You have a right to have your own life and think of your own needs as well as that of the person you caring for. It might sound selfish but it’s very important. You have to put your needs across.
**Carer:** Will we as carers be involved in the assessments? What bothers me at the moment is that I am only finding things out in bits and pieces. I am not the registered carer. I now have made contact with Justin.

**TR:** We will update our system if you let us know in order to reflect those carers who need to know.

**TR:** Can you explain what a carer’s assessment is JH?

**JH:** You have a right to have your own needs taken into account. And if you’re doing a substantial caring role then we need to capture your needs, this includes helping you to maintain any work that you do. You can have a completely separate assessment.

**Carer:** The points of the RAS seemed to be complicated and if we are doing more for someone then they will get less support.

**JH:** The social workers are trained to get information in the right way but we need you to be honest and clear with us about the needs.

**GH:** The carer’s assessment is about you, the CC assessment is the person’s assessment and your input is needed. When you have an assessment, you could choose to have it done separately and privately away from the person you care for.

**JH:** Don’t be afraid to say how you feel about your caring role.

**GH:** A few years ago, I said that I love my son but I want to be his mother not his carer, as this was my right.

**Carer:** What is the problem with Douglas Bader, why do you want to close it down? The place has been left to get run down. A drop of paint wouldn’t go a miss; people would be put off coming here by the look of the building.

**TR:** Over the last 2 years, the numbers have dropped to 56, and on any one day there are only around 20 or so people attending. We are experiencing some people don’t want to come to a day centre they want to go to work.

**Carer:** My Mrs can’t work, she thinks she can but she can’t.

**TR:** There are other services, which are less expensive in the Voluntary or Independent sector. In the past, the service we provided was cheaper because there were more people. Now we have to tell people how much the service costs and recharge them for it. This service costs £67 per day yet they can get more from other services away from the council. We can’t afford to run this service for so few people. We can support people to stay in friendship groups.

**Carer:** You say people numbers are dropping, so why are people being asked to move away to Mosaic?

**TR:** Some people have been reassessed under a Personal Budget.
Carer: I was told by a social worker that we were allowed 2 days here, and then we’re told that he needs to go elsewhere.
YS: We are being called here to speak to people who are saying they want to go to other services, as they no longer want to attend Douglas Bader.
Carer: The meeting we had at the Peepul Centre had providers that weren’t appropriate for the age group, most services were for older people.
TR: This is why we are doing community inclusion to help people access services in the community, which will offer a range of activities for a range of age groups.
GH: What do you get from this service at Douglas Bader to help understand what is important to you?
Carers: A lifeline. It’s like family for those who attend. The level of support for users and carers is unbelievable.
Carer: My brother has been coming here for over 30 years and it’s where he has spent most of his life. He can get here easily. Transport is very important. This service works so well. At the Peepul Centre, there was a service from market Harborough.
GH: What is unique for this service?
Carer: The people who work here, they are really great. You could argue that the people attending here have been institutionalised.
Rep for Carer: I work at the Emerald Centre and we can only cater for so many people, the rooms we have don’t cater for people with wheelchairs.
GH: The space is accessible and the building is well located and has changing places.
TR: In terms of accessibility and changing places, we have recognised the need for more facilities to support people with complex needs. We have a programme across the city with an investment of £800K. People will be able to participate in their local community and join in. We also recognise the need for people to stay together as friendship groups. I met with user groups and they said that they wanted to be together as friendship groups. It’s sad that people have to come here to be with their friends rather than being in their local community. This service was only set up for working age adults and as people have got older, we’ve allowed them to stay.
Carer: The numbers have dropped because people have been told to go elsewhere. My loved one now has to pay £35 per week. Prices vary with different organisations.
TR: Each organisation can charge what they want to. Our service is more expensive because of the terms and conditions of the council.

Carer: We understand there is a financial change and that this is out of your hands. Despite us wanting this service to stay open you’ve said it’s not financially viable. What we care about is that our loved one is supported and looked after.

TR: We still have a duty of care for those people whichever service they access. We have over 1500 people in the Voluntary Sector and we monitor those services to make sure they are of the right standard.

YS: We carry out unannounced visits and check standards are being met and service users and carers are happy with the level of care they receive.

Carer: You can’t manage attitudes, what you have here are staff that genuinely cares about the people here, but you can’t guarantee that elsewhere. We are worried they will get bullied and not get the emotional care they get here.

GH: A lot of services do give emotional support, not just those that are run by the council. If the service isn’t doing what it should be then you need to let the authority know.

TR: The independent providers are given money to support the person, however the person can choose where they go, and if they aren’t getting the right service they can go elsewhere. Higher paid staff doesn’t always mean a better service. We look after 1000’s of people in the independent sector. CQC check the quality of services and we do to.

YS: Health Watch go in and check services.

Carer: I understand but this is important to us.

Rep for carer: What do you understand to be a good living wage for care staff? By out sourcing this you don’t have to worry about holiday pay etc.

TR: When we contract for a service, we cannot influence what their employees should be paid. We say that if you are going to deliver a service for us, than here is a list of things we expect them to deliver, but what we can’t do is tell them how much to pay their staff.

Rep for carer: Can you stipulate what staff numbers are required?

TR: CQC state what deems to be a safe service, and they regulate this.

Carer: You say there are different services available, what we are going to do in the meantime. My loved one attends on a Mon, Wed and Friday but the service from Mosaic only offer Mon, Tue and Wednesday. I need this routine. When I spoke to them they couldn’t meet the days my mum needs.
TR: We are still in a consultation process, and no decision has been made. They will make a decision based on the outcome of the consultation. I understand the waiting is causing anxiety, but we can’t speed the process up. We recognise the needs of carers.

GH: I know you have given people information on other services, but sometime it can feel overwhelming, so can you provide some information about who they are, what they offer etc. for example what changing spaces they have, what facilities they have. I have been to see Mosaic and what they have, but other places may not be so well equipped.

YS: In terms of trying to do this, it’s almost impossible; we can provide the information for who we have a contract with.

TR: Once a decision is made then Julian’s team will give support to help you find the right service.

Carer: We had lots of support from a social worker in the past, and they told me this service was here, I wouldn’t know how to find a service on my own. I have my own health problems.

TR: When a decision is made, a social worker will contact you.

JH: No person will move from their current service until the new service is in place. They won’t be sent home they will remain in the centre until a suitable service is found and they are happy with it.

Carer: Why are people being assessed now and moved on, this is meaning the service is being run down.

JH: There was a decision that no one’s assessment would be done while the consultation is happening unless needs have changed or the social worker has been approached by the service user.

Rep for carer: Is the end goal to sell this building for redevelopment, or to leave it empty? Would there be an option for consortia to take over the building.

TR: No decisions have been made about the building.

Rep for carer: What about the staff?

TR: If the service was to close, we would support staff through redeployment. No organisation has come forward with a legitimate offer, and there are costs to the building and the service.

YS: TUPE applies if the service is taken over; this would mean that the new organisation would have to take on their pension, holiday pay etc.

Carer: Is there a cheap way for someone to have support that needs two people to change them, for £35 per day?

TR: A person can employ their own personal assistant to deliver their support needs.
GH: There are also brokers who can help you find the best service for those people.
JH: There are really good brokerage services out there to help people find the right services.
GH: If the assessment doesn’t meet their needs it can be challenged and if needs to it will go to a panel to decide on the size of the budget available.
Carer: The event didn’t have enough services to meet everyone’s needs; there were only a few organisations there that met my loved ones needs.
Rep of carer: Could people have a personal assistant and come here?
TR: People could go in the community with the support of their personal assistant but they wouldn’t be able to come here.
Rep for carer: I was thinking of this building being used by the public. It’s hard to build up resources and it would be better to use a resource that’s already available, like this building.
GH: if you did want to take over this building you would have to consider the health and safety, insurance and lots of other costs that build up before you start. And you might need a lot of people to make it cost effective.
GH: People can pool their budgets to buy services or support that they want.
YS: A group of ladies who use to come here pooled their budgets to buy support and they access the Woolsey building.
TR: This is what the pukka ladies do, how much do they pay for the room?
YS: The room is free because they have other residents from the building joining in their activities.
GH: But if they paid rent, it would come out of their personal budget.
Carer: Who decides what amount of money people get?
TR: It’s what is called a RAS, It needs = points = £££.
JH: This is why it’s important for you to say what the person’s needs are in the assessment process.
GH: But carers need to say what they can do and what they can’t do. You must think about the support you give and the impact it has on you. If you say you do everything then the money will go down, but in reality, you may not be able to do everything, so you need to be honest.
TR: Has anyone got any other questions? Staff are around to talk to and answer your questions.
PART 4 (e)

City Mayor visit to Douglas Bader Consultation Meeting

27th November 2013

Present: Some individuals introduced themselves whilst others did not.

Service users: 25

Sir Peter Soulsby - City Mayor
TR- Tracie Rees (Director of Care Services)
YS - Yasmin Surti (Lead Commissioner Adult Mental and Learning Disabilities)
JHA - Justin Hammond (Business Transition Manager, Transformation Team)
SB - Swarsha Bhalla (Business Change Manager, Transformation Team)
Staff from the day centre.

Carole welcomed Mr Soulsby as the City Mayor and asked everyone to introduce themselves.
The City Mayor, Sir Peter Soulsby introduced himself and explained he was the City Mayor and not the Lord Mayor. The City Mayor told everyone that it was him with his assistant mayors who will take decision about the future of the day centre. He explained he was present today so he could hear what everyone had to say about the Proposal.

Comments from Service users:

Service user: I don’t want the centre to close because I have been here 31 years I don’t want to leave my friends. I do craft, cook, eat and gardening and other things like relaxing at the day centre. I take part in drama, and do things with my friend like outings and exercise as well. I take part in drama on a Monday mornings; some of our friends have left. My friend has been left and now is at home for 2 days and she’s bored. I miss her a lot. I have been here 33 years and it’s like a home to me, like others I don’t want to lose my friends.

Service user: I lost my husband nearly 9 years ago and without this place I would have committed suicide. I live at Danbury gardens, I don’t like it but it’s a safety net. I understand why the daycentre has to close but what will happen to the money.

City Mayor: The reason for change is not just money, it’s about recognising that people are no longer choosing to have this type of support, they’re doing different things, so we have to ask if this is the best option for them. I do recognise that people are worried about losing contact with friends if they don’t come here. The numbers have dropped and less and less people are attending the day centre on a daily basis.

TR: Over the last few years there have only been a couple of new people. Young people are not choosing to come here. When the centre opened 40 years ago things weren’t accessible, whereas now we have the Disability Discrimination Act and things are more accessible for people. We are having new changing facilities across the city.

Service user: We do want to stay together.

TR: We do recognise that you have friendships and as part of our Community Inclusion work we want to help people to do things in the community.

Service user: But things I do are only for 3 days a week. We don’t want to go anywhere else.

TR: But you could meet on days in the community for example the café or where you would like to go. We appreciate that people will want to do different things.
**Service user:** In some places they don’t have disabled toilets. How would you feel if you needed help?

**City Mayor:** As Tracie said there are some places that do have changing facilities, but there are not enough yet and what we need to do is make sure there are more places so there is more choice available for people. I do understand some of you have been here for a long time and change is worrying. It’s not just here that the numbers have fallen, it’s across the country.

**Service user:** Does that mean we don’t matter?

**City Mayor:** No not all. If you didn’t matter I would not be here.

**Service user:** If people are choosing other things then why can’t we choose to stay here? It’s not just money.

**City Mayor:** Of course it is about the cost but as we have said the numbers have been dropping for a while and people are choosing other things to do.

**TR:** There used to be more than 100 people a day attending the day centre, now you only have about 20 people a day attending, which means that activities we provide aren’t as stimulating for people.

**Service user:** I would like to know, I want the answer now, and people are fed up about the silly rumours about the closure after Christmas. Is this day centre going to be closed?

**City Mayor:** What we have is a period of consultation. A decision is only made after the information from the consultation is collated which allows for a decision to be made.

**Service user:** Don’t say it will be in the future, people are sick of hearing it. Our parents are elderly and ill.

**City Mayor:** What we have to do is have this time to carry out the consultation and an opportunity to talk to people. The consultation finishes on the 16th Dec. We will then consider what we’ve been told and that will take a few weeks. There will be no rush to make a decision before Christmas.

**Service user:** Why are people losing their days here? My friend is looking days because of you.

**TR:** Now everyone gets a personal budget. You are given a budget to meet your needs, which pays for you activities. With your amount of money you can attend Douglas Bader which costs around £67 per day and for some this only allows a for few days at Douglas Bader. Whereas in the voluntary and Independent sector the cost is half this and people get to do more with their Personal Budget. They are choosing options that are cheaper than attending Douglas Bader. As numbers attending drop it costs more for the Council to run the service. Your budget has to
pay for all the facilities like the day care staff, kitchen staff and building costs.

**Service user:** My mum and dad are very old, they are ill, and what are they going to do with me when I’m at home. Am I going to be locked up in the house.

**TR:** I’ve made this clear at each meeting that we don’t want people to be stuck at home. We want you to do things in the community. Sitting in a café doesn’t cost money, and this is no different to what you do here.

**Service user:** Those in the wheelchair can’t get into cafes.

**TR:** The Phoenix is fully accessible for wheelchair users.

**Service user:** She needs someone to take her to the toilet.

**TR:** We will make sure that those needs are taken into consideration.

**Service user:** I am worried I will always have a personal assistant with me when I don’t want that.

**TR:** You don’t have to have you pa with you all the time.

**Service user:** I have a carer in the morning, but when they don’t come I’m late to get here.

**TR:** Your domiciliary care won’t change.

**Service user:** Put yourself in our shoes, would you like it if you had your days cut off and you didn’t go to the day centre, would you like it? What I want is a choice.

**City Mayor:** Most people are choosing not to come here. Not you but most people and this gives us a problem. I know it’s not true of you, but most people who would have come here in the past do no longer want this type of service.

**Service user:** But that’s their choice and we want to stray together, and we choose to come here. You’re missing the point, this is one big family.

**City Mayor:** Are you telling me there is not where else you could all come together?

**Service user:** You could probably get a group, but not for all of us. Would you split up your family, we want to be together. At mosaic they stay in one room all day. At the Brite centre we were in one room all day.

**TR:** We already have the example of the PUKAAR group who come together at the Woolsey building where they take part in art and crafts. They have a carer and other people in the building join them and they have made new friends.

**City Mayor:** I have to meet then and they think it’s brilliant. Different people make different choices, and some people are happy with those choices.
Service user: I live at the Wolsey, they all speak different languages and I don’t like it. It’s all for Asians. When you go it’s all set up. They were all talking in a different language and did not talk to me.
City Mayor: I don’t think that’s how they see it. There are other residents who were not Asian and were enjoying it. It’s about finding out what’s best for you.
Service user: Douglas Bader is what is best for me.
City Mayor: The decision is not made on my own.
Service user: You like wasting money for Diwali lights. I bet I wouldn’t get a grant for lights outside my house; you won’t give it to me.
City Mayor: We could go into a long debate about this but that is not what everyone wants to hear. You're just being rude.
Service user: It’s my personal opinion.
Service user: Our parents are worried about what he’s going to do in the future. When he’s here he’s safe.
TR: We have to work with everyone to find out the different things you may want to do and make sure you’re safe. We are very conscious that people here do live with elderly relatives, it’s important that they get a full carers assessment to make sure they’re supported. We want to work with your carers to make sure we meet their needs as well, and will do this as part of the assessment process.
Service user: You haven’t answered my questions: put yourself in my shoes would you be bored not having a day centre to go to.
City Mayor: Of course if there was nothing else to do I would be bored, but we need to make sure there are other things to do.
Service user: When will that be, when I get old?
City Mayor: Think of the numbers Tracie was talking about when there used to be a time when over 100 people came here, now its 20 people on a daily basis. That means at least 80 people have found something else.
Service user: My dad is in hospital, and had bad pains and had to go in an ambulance. He didn’t go to the carers meeting and I gave his apologies. I had to go to oxford on my own because I fell off the toilet and broke my arm. I was born disabled; I need help in my family. This place is like a life line for me and my dad. I’m here from 9-4pm and this gives my dad a rest.
City Mayor: I understand that.
Service user: We enjoy ourselves here.
TR: But you do other things apart from come here.
Service user: Yes but we don’t do allotments. I have another friend, he’s not here. And another but he doesn’t come here apart from
Monday. We did drama, and now they don't come here because there are less of us doing it, and it will cost us more.

**YS:** Some of you pay money to do drama and other things, but there are other groups in the city that do similar activities.

**City Mayor:** Can I just say that I do understand why people are worried about the future and we're in a period of consultation? When the consultation is finished we will spend some time thinking about the options and make a decision. I will come back here to talk to you about what the consultation has said before we make a decision. Cllr Patel is ill at the moment, but hopefully she’s better by then and I’ll bring her with me. I do understand that you are worried and I have heard you today.

**Service user:** Can we say thank you for coming to speak to us.

---

**PART 5**

**DOUGLAS BADER, ONE-TO-ONE MEETINGS**

One-to-one meetings were carried out with 11 service users.

Below is a summary of the worries service users raised and comments they made:

- Concerns about where they would go if the service was to close.
• Worried they would lose their friendships that had been built over many years.
• Feel Douglas Bader Day Centre makes them feel safe and secure.
• Where afraid that they would be left at home all day.
• Very upset and worried about their future.
• All the people we spoke to mentioned they enjoyed attending the day centre.
• Some service users informed us where they would like to go if the decision to close the day centre is made.

PART 6

PROVIDER EVENT, PEEPUL CENTRE

31 October 2013, 5pm – 7pm

People present at meeting:

Carers/relatives - 16
Service user - 12

Tracie Rees (Director for Care Services' and Commissioning, Adult Social Care)
Yasmin Surti (Lead Commissioner, Adult Mental Health and Older People)
Justin Hammond (Business Transition Manager, Transformation Team)
Swarsha Bhalla (Business Change Manager, Transformation Team)

Below is a list of organisation who attended the event.

<table>
<thead>
<tr>
<th>No.</th>
<th>Organisation</th>
</tr>
</thead>
</table>
A number of organisations were written to find out if they provide services or support for people with physical and sensory disabilities. Of those written to, 13 organisations attended the event at the Peepul Centre and shared information with service users and carers/relative.

Each provider was given a table to display their service information and be available to answer any questions people had. After the event some service users and carers response was that they found the event useful after initially being unclear about what other services were available. Since the event some service users and carers have visited alternative service organisations.
PART 7

DOUGLAS BADER DAY CENTRE COMPLETED QUESTIONNAIRE

A large percentage of people who completed the questionnaire indicated that they did not want the proposal to go ahead.

A number of options were asked to be considered. Inviting other service users to use the day centre to make it more financially viable or offering the building to other providers to run their service from.

Most people said that they were not happy with the proposal and they did not want to see the day centre close. Comments were made about the perception of the quality of services from the Voluntary and Independent sector. Some people commented about the stress and worry this process was causing them and their carers.

Paper questionnaire results as below:
Q1. Are you
- Someone who uses a day service: 74%
- A carer for someone who uses a day service: 14%
- A relative or friend acting on a service user’s behalf: 12%

Q2. What is important to you about the day service?
- Like the company: 91%
- I have close friends there: 3%
- I enjoy the range of activities on offer: 6%

Q3. What best describes how you feel about this proposal?
- Agree with the proposal: 80%
- Disagree with the proposal: 11%
- Not sure: 6%
- Blank: 3%
Q4. Do you have any concerns about the proposal that the council needs to be aware of?

- lack of alternate services (14%)
- will become inactive, isolated & stuck at home (7%)
- carer needs respite (3%)
- don’t want to be among the able bodied people (3%)
- none or blank (73%)

Q5. If the proposal was to go ahead, how do you think the proposal would affect you?

- feel isolated, miss friends and support staff (6%)
- no response (94%)
Q6. Do you see any disadvantages that might come about for you as a result of the proposal for change?

- nowhere to go, feel vulnerable among mainstream, loose friends: 77%
- carer will have to provide more care: 13%
- more choice and control: 7%
- no response: 3%

Q7. Do you see any opportunities or improvements that might come about for you as a result of the proposal for change?

- explore alternative options: 46%
- no opportunities: 9%
- not sure, don't know: 31%
- no response: 14%
Below is a summary of the concerns raised and comments made by people:

Everyone said they didn’t want the centre to close and wanted to keep things as they are. The key points made were:

- Fear of losing friendships.
- Concerned they would be left sitting at home.
- Worried about the extra pressure on their carers if the decision is made to close.
- Could the council provide as much information as possible about other services and activities?
- Worried there was nothing out there for them to access.
- Concerns about not receiving the same level of service in the voluntary and independent sector.
- Very unsure about the future and worried about what will happen to them.
- Will need support in finding something else if the decision is made to close the service.

Q8. If the proposal was to go ahead, how could the council make sure this change was as easy as possible for you - as a service user or carer?

- Involve us in discussion, support through transition: 83%
- Not sure, don’t know: 11%
- No response: 6%
Webpage questionnaire response:

<table>
<thead>
<tr>
<th>Q1. Are you resident of Leicester?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
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<table>
<thead>
<tr>
<th>Q2. Are you representing an organisation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3. Organisation you are representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact project</td>
</tr>
<tr>
<td>Douglas Bader Centre Client's Committee</td>
</tr>
<tr>
<td>L4A</td>
</tr>
<tr>
<td>Occupy</td>
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<tr>
<td>Blank</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Q4. Your comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership working to explore options for inclusive services for people</td>
</tr>
<tr>
<td>find funding by cutting vanity projects, fire housing staff officers,</td>
</tr>
<tr>
<td>alternate services like ChooseMySupport does not work</td>
</tr>
<tr>
<td>explore creative options to income generate and keep Douglas Bader</td>
</tr>
<tr>
<td>not enough alternate options</td>
</tr>
</tbody>
</table>

Comments on Proposal:

- work in partnership with council to explore options.
- explore inclusive services for people.
- explore creative options to income generate and keep the building.
- not enough alternate options available.
- Council not directing new people into the service.
- without this activity people life would be very empty.
- Building could be modernised
PART 8
WRITTEN COMMENTS AND MEETINGS

a. Individuals

There were two emails received from carers expressing their concerns about the proposal and the stress it is causing. Both emails were responded to in writing.

b. Letter

A letter was received addressed to the Ombudsman at the start of the consultation.

A letter was received from MP Liz Kendall on behalf of a carer. The inquiry asked for a timeline on when the decision would be made on the future of the day centre and if the proposal was agreed, how individuals would be supported.

c. Meeting

Staff from the Transformation Team contacted VISTA, Action Deafness and Leicester Deaf Action Group at the start of the consultation and midway through the exercise to arrange a meeting to discuss the consultation. Each organisation declined the offer to meet.
PART 9

ACKNOWLEDGEMENTS AND THANKS

The consultation carried out on the future of our council-run day service for people with physical and sensory disabilities has involved contact with lots of different people and organisations in Leicester. This contact has been through a wide range of channels.

We would like to offer our thanks for the co-operation we have received and for people’s openness in letting us have their comments and views on the proposal. In particular, we would like to offer special thanks to service users, carers and relatives who understandably are anxious about how possible change might affect them. Please be assured that we will do all we can to continue to keep any anxiety to a minimum.

We would also like to thank Mosaic, Leicestershire Centre for Integrated Living and CLASP the Carers Centre for supporting service users and carers during the consultation meetings.
CONSULTATION ON THE FUTURE OF LEICESTER CITY COUNCIL’S Physical and Sensory Disability Day Service 17 September 2013 – 16 December 2013

EXECUTIVE SUMMARY

Introduction

Statutory consultation was carried out between 17 September and 16 December 2013 on the future of our day service for people with physical and sensory disabilities.

The proposal – The council is proposing to stop running Douglas Bader Day Centre

The consultation was led by ASC Strategic Commissioning and the ASC Transformation Team at Leicester City Council.

A full report, detailing all the comments gathered during the consultation, is available at:

www.leicester.gov.uk/DouglasBaderdaycareservice

This summary document is designed to give an overview of the main opinions that have been aired during the consultation.

Consultation Methodology

The following methods were used to consult on the proposal:

a. Briefing

The Cabinet Lead, Councillor Rita Patel informed the Labour group on the 16 September, that the council was carrying out a three month consultation exercise on the future of Douglas Bader Day Centre.

Officers visited the day centre on the day that consultation went live to inform the Douglas Bader Client Committee members and service users about the consultation. They also informed service users that they would receive a letter in the post advising them that a consultation exercise was underway on the future of the day centre. The consultation would run from the 17 September to the 16 December 2013.
Further briefing meetings took place during the week of consultation as follows:

17 September with 21 service users present
18 September with 21 service users present
19 September with 21 service users present
20 September with 4 service users present
23 September with 1 service user present

b. Letters

A letter was sent to all service users attending Douglas Bader Day Centre and their carers or families, to let them know that a 3 month consultation exercise was underway on the future of the day centre.

The following information was sent with the letter:-

• An information booklet explaining the reason for change, the proposal being consulted on, answers to frequently asked questions and how people could tell the Council about what they thought about the proposal;

• Details of the four consultation meetings that people could attend to talk through the proposal and make their views known:
  - Douglas Bader 25 September, 2pm
  - Douglas Bader 26 September, 2pm
  - Douglas Bader 16 October, 5pm
  - Douglas Bader 20 November, 2pm

• The web address for the council’s website giving information about the consultation and an opportunity for those who use the service and carers to respond using a private web address.

• The web address for the council’s website giving more information about the consultation and an opportunity for the general public to respond to the consultation.

• A generic email address and a telephone helpline number for people to contact the Transformation Team.

The letter, booklet and questionnaire were made available in Gujarati, Urdu and Punjabi. Information was sent by post to the people in their preferred language identified through the pen pictures provided by the staff of the day
centre. Letters were also sent in large print for those with a visual impairment.

Letters and information were sent to organisations representing the interests of people with physical and sensory disabilities. The letter asked the organisations such as VISTA, Action Deafness and Leicester Deaf Action Group to inform their networks of the consultation and the opportunity to share their views on the proposal. Emails and letters were also sent to the Chair of Scrutiny, Elected Members, Local MPs, Trade Unions and staff at the day centre.

A further letter informing people of the provider event was sent out. After the event which was held on the 31 October at the Peepul Centre from 5pm – 7pm, all service users and carers were sent a letter with a list of the organisations that attended the event on the day.

On the request of service users, the City Mayor was asked to attend a consultation meeting with them. A letter was sent to service users informing them that the meeting was being held on the 27 November at Douglas Bader Day Centre at 11am. The meeting gave the attendees the chance to tell the City Mayor their views about the proposal and what the day centre means to them. The City Mayor listened and responded to their questions and statements. He also had a tour of the centre.

c. One-to-one interviews

Individual one-to-one interviews were offered to all 56 service users in the day centre and their carers/relatives, however, only 11 people took up this offer. The Transformation team made contact with service users by visiting them at the day centre or at their home. Other service users gave their views directly by completing the questionnaire.

The draft record of each meeting was read out at the end of the interview, the contents agreed and subsequently sent to the service user.

An overview of people’s views and comments from all of the one-to-one meetings conducted can be found in the full report.

d. Service user (and carers/families) consultation meetings

Meetings were set up at the day centre for service users and carers. The meetings included an explanation of why the council needs to change the way it delivers services to people with physical and sensory disabilities in the city and the proposal being consulted on.
Mosaic, Leicestershire Centre for Integrated Living and CLASP the Carers Centre representatives were made available to support service users who needed it due to a lack of capacity or because they were without a family member or friend to represent them. Staff members from the day centre were also available to provide support to service users during meetings.

At the first consultation meeting with service users, they asked if they could have a meeting with the City Mayor to give their views on the consultation proposal. This meeting was held on the 27 November, 11am at Douglas Bader (as previously stated).

Following the third consultation meeting, some carers asked if a further meeting could be held during the day to allow other carers to attend. This was held on the 20 November, 2pm at Douglas Bader.

A provider event was held for service users and carers to attend. This was a drop-in event held on the 31 October at the Peepul Centre and was attended by 13 organisations with 16 carers and 12 service users.

Comments from service users, carers and family consultation meetings can be found in the full report.

e. **Written comments and meetings**

Two emails and two letters were received. Two emails were received from carers giving their views on the proposal. One letter was received from a service user and the other from MP Liz Kendall on behalf of a carer. These are detailed in the full report.

Further contact was made with the specialist disability organisations but they did not wish to comment on the consultation.

e. **Questionnaire**

Those who use the service were given the opportunity to fill in a questionnaire on the council’s website with a private web address.

Information and the questionnaire were made available for people to comment on the Council’s proposal. The questionnaire was modified to ask the public views on the Council’s proposal. 10 people in total responded using the webpage.

Hard copies of the questionnaire were made available at the day centre for people to access. 35 people in total responded by completing a paper copy of the questionnaire and sending it in to the Transformation Team.
Analysis

An overall analysis of views on proposal is provided below.

Paper questionnaire results

Q3. What best describes how you feel about this proposal?

- Agree with the proposal: 80%
- Disagree with the proposal: 11%
- Not sure: 3%
- Blank: 6%

Q4. Do you have any concerns about the proposal that the council needs to be aware of?

- Lack of alternate services: 73%
- Will become inactive, isolated & stuck at home: 14%
- Carer needs respite: 7%
- Don’t want to be among the able bodied people: 3%
- None or blank: 3%

Q5. If the proposal was to go ahead, how do you think the proposal would affect you?

- Feel isolated, miss friends and support staff: 6%
- No response: 94%
Q6. Do you see any disadvantages that might come about for you as a result of the proposal for change?

- nowhere to go, feel vulnerable among mainstream, loose friends: 13%
- carer will have to provide more care: 7%
- more choice and control: 3%
- no response: 77%

Q7. Do you see any opportunities or improvements that might come about for you as a result of the proposal for change?

- explore alternative options: 14%
- no opportunities: 31%
- not sure, don’t know: 46%
- no response: 9%

Comment for the public

2. Are you representing an organisation?

- Yes: 60%
- No: 40%
Summary of results

The overriding message from this consultation is that service users and their carers/families do not want the day centre to close. There was the worry that they would be left at home if the decision was made to close the service. However they were keen to find out what other services they could access as an alternative. Long term friendships with other service users and having a secure and safe environment were key factors in the feedback.

Typical comments from service users and carers/families

- I have been coming to the day centre for a very longtime and made friends
- We are like a family and don’t want to split up
- Scared I will be left at home
- I don’t know where I will end up going

For a more complete picture of the views offered by service users and carers/families at the day centre, please see the full report. The comments below are listed as a snapshot:

- The vast majority of service users/carers/families at the day centre
said they didn’t want to move, wanted to keep things as they are, or wanted to continue attending the day centre.

- Several people praised the local authority provision as providing a high standard of care for people with physical disabilities.

- Some of the reasons people gave for liking the day centres were:
  - they’ve attended the day centre for a very long time
  - staff are caring and friendly
  - they feel they are part of a family
  - people are treated with respect
  - they enjoy the activities
  - the building was important to some people as its physically accessible
  - attending the day centre is part of their routine
  - carers feel confident with the current service
  - it provides carers with respite

- There was concern about being left at home if the day centre was to close.

- There was concern about people losing the number of days they attend.

- Carers and families said they would rather nothing changed, but if it has to, then could the Council support them in finding activities they want to do.

- There were worries about the lack of alternative services for people with physical and sensory disabilities.

**Alternative options suggested by carers/families included:**
- Expanding the services offered and attracting new people into the building.
- Allowing other organisations to use the building.

**Equalities Impact Assessment**

A full equalities impact assessment has been undertaken on the consultation proposals and endorsed by the corporate equalities lead.

**Further information**

A detailed record of people’s comments and views on the consultation can be
found in the full report, which will be published at: www.leicester.gov.uk/opmhdayservices

The Equalities Impact Assessment is also available at the same web address.

**Contact details for further queries:**

By post:
Transformation Team  
Adult Social Care  
Leicester City Council  
Committee Room 1, 8th Floor, B  
Block New Walk Centre  
Welford Place  
Leicester LE1 6ZG

By email: dayservices-talk@leicester.gov.uk

By phone: 0116 252 8301 (Internal 29 8301)
Appendix 5

Equality Impact Assessment for Service changes / Budget proposals

WHAT IS AN EIA?

An EIA is a tool which will help you assess whether there are any positive or negative equality impacts on people affected by proposed changes. This EIA form is for use in two circumstances (service changes and budget proposals):

(a) Service change involves redesigning or reshaping, (and in some cases the removal of) current service provision – whether directly provided by Council officers or commissioned by the Council for provision by an external provider.

(b) Budget proposals should arise from service changes that you are considering throughout the year in light of the current financial climate. The EIA for budget proposals should cover the same issues as considered for service changes.

Our public sector equality duty requires us to ensure that we do not discriminate against any protected group or person with protected characteristics (see below) covered by the Equality Act 2010 when taking decisions that affect them. Potential negative impacts that we disregard or ignore could mean discrimination. We also have a duty to actively promote positive impacts that advance equality of opportunity. The protected characteristics covered by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

The EIA template has a series of questions that you need to answer in order to identify any positive or negative equality impacts arising from the work you are doing. If there are negative impacts, this does not mean we cannot go ahead. Decision makers must have “due regard” to the findings and consider (if they do decide to go ahead) whether any mitigating actions can be taken to address negative impacts.

WHY IS AN EIA REQUIRED?

An EIA helps us assess whether we are meeting our public sector equality duty: eliminating discrimination and promoting equality of opportunity.

For example: Providing equality of access to services or other opportunities (such as employment related issues) because of barriers some groups may experience which may not be in place for others (language, information, or location).
The action plan identifies what steps we can reasonably take as a consequence of the EIA findings.

An EIA also enables us to identify where we do not have the data or information necessary to equality impact a decision. The EIA action plan enables us to map out how and when this data gap will be addressed.

WHEN DO WE NEED AN EIA?

The first thing to do is to assess whether there is any equality impact. This can be done by filling in a screening questionnaire as soon as you start your project/report. Answer the screening questions in order to determine whether an EIA is needed.

HOW IS AN EIA CARRIED OUT?

Before you start: If you are not sure whether you need to do an EIA, fill in the screening questionnaire to determine whether you need to complete one. The screening questionnaire is not obligatory, but will help.

What to do: When an EIA is required:

Step 1  The proposal
This part is at the start of the planning process. It sets out the service user profile, the proposed change to the service, and potential equality impacts arising as a result of the proposal.

Step 2  Consultation
This part highlights the outcome of consultation with service stakeholders about the service change proposal and likely equality impacts.

Step 3  The recommendation
The final part of the EIA identifies any changes made to the original proposal in Step 2 as a result of consultation and further consideration.

Completing the form requires you to consider the impact on service users, with the exception of a single question about staff. In order to assess the equality impact of staffing changes, complete the separate EIA template for organisational reviews which presents the ‘before’ and ‘after’ staff profiles of services affected.

NB Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
Name of service | Douglas Bader Day Centre (Adults with Physical and Sensory disabilities)
---|---
Lead officer and Contact details | Swarsha Bhalla 454 2313
List of other(s) involved | Equality officer: Irene Kszyk  
Finance officer: Stuart McAvoy
What is this EIA about? (Please tick ✓)
- Budget proposal for existing service or service contract to achieve savings ✓
- Budget proposal for new or additional service expenditure
- Commissioning a new service or service contract
- Changing or removing an existing service or service contract ✓
Step 1: The proposal (how you propose to change the service)
Question 1: What is the proposal/proposed change?
It is proposed to change the focus of in house day services aimed at providing more choice and control for people in line with the personalisation agenda. Adult Social Care services are changing and people who meet the eligibility criteria are now given a personal budget so that they can buy services directly from a range of providers. The direction of travel was set out in the Putting People First concordat (2007) and was re-iterated in the Coalition Government’s vision for Adult Social Care ‘Capable Communities and active citizens’.

Day services are activities which aim to build people’s confidence, skills and interests, and prevent disabled people from becoming isolated at home. They are vital in giving carers a break, allowing them to continue to support the people they care for and reducing reliance of expensive residential care. The number of people attending internal and external day care services is declining as people are using their personal budget to buy alternative services such as a personal assistant.

Existing internal day care services need to change, as they are not always culturally appropriate and do not meet people’s aspirations about living independently, accessing mainstream community activities and getting a job.

Department of Health vision for Adult Social Care

‘Individuals not institutions take control of their care. Personal budgets preferably as direct payments are provided to all eligible people’.

Putting People First also emphasises the need to change.
‘The current model of focusing the day-time support in day centres and traditional home care services needs to shift to a much wider range of opportunities’.

Personalisation recognises that the menu of day services currently provided or commissioned by Councils offers limited choice. They do not offer flexibility in that they run at the same time each day, from Monday to Friday.

For a variety of reasons, fewer people are choosing an in house day service than ever before. In January 2011 to January 2014, the number of service users attending Douglas Bader fell by 42%. People have made other choices, such as taking up places in the voluntary sector day services, accessing services in the community or a small number have taken up a direct payment. Customers are finding that they can buy more hours of service with their personal budget from the voluntary sector day service than from an in house service.

The changes in how people can chose to spend their personal budget means that services at Douglas Bader are becoming unviable. Community Inclusion (formerly known as Community Options) model and service users being supported to access activities in the community.

The Council is considering going out to statutory consultation on the future of its in house day service for people with a Physical and Sensory Disability. Douglas Bader has predominately white service users attending.

The following would be the consultation proposal:

‘The council is proposing to stop running Douglas Bader’

After the consultation, and if the proposed change was agreed, a care management officer from the Council would review the needs of people affected and with the support of Community Inclusion staff they would support service users in finding alternative services.

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

There are currently 45 service users attending Douglas Bader ageing from 24 to 73 years of age.

16% of people are older people (66 year and over).

There are also 2 services who are also affected by the Independent Living Support consultation exercise for community alarms. The impact of any changes may be minimal depending on the recommendation made following consultation.

Question 2:

What is the equality profile of current service users?

Data Analysis for each service

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Ethnicity</th>
<th>Age</th>
<th>Religion</th>
<th>Gender</th>
</tr>
</thead>
</table>

NB Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
Service users have a physical and sensory disability.

**Do you anticipate any changes to your service user profile as a result of your proposal/proposed change? If yes, how will it change?**

None anticipated.

**What are the main service needs and/or issues for those receiving the service because of their protected characteristic?**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Service needs and/or issues by protected characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Services need to offer people with a physical disability and sensory disability the opportunity for social inclusion and remain as independent as possible.</td>
</tr>
<tr>
<td>Disability</td>
<td>Services that meet the needs of people with a physical and sensory disability.</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>Not known</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>To take into consideration personal requirements and differing needs.</td>
</tr>
<tr>
<td>Race</td>
<td>To allow for services to be culturally appropriate and person centred.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>To allow for services to take into consideration peoples varying religious beliefs.</td>
</tr>
<tr>
<td>Sex (gender)</td>
<td>To take into consideration gender differences and differing needs.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>To take into consideration sexual orientation differences</td>
</tr>
</tbody>
</table>

**Question 3:**

**Will the proposal have an impact on people because of their protected characteristic?**

Tick the anticipated impact for those likely to be affected and describe that impact in the questions 4 & 5 below.

<table>
<thead>
<tr>
<th>Age</th>
<th>No impact ¹</th>
<th>Positive impact ²</th>
<th>Negative impact ³</th>
<th>Impact not known ⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ The proposal has no impact (positive or negative) on the group sharing a protected characteristic.
² The proposal addresses an existing inequality experienced by the group sharing a protected characteristic (related to provision of services or facilities).
³ The proposal disadvantages one or more of the group sharing a protected characteristic.
⁴ There is insufficient information available to identify if the group sharing a protected characteristic will be affected by the proposal.

NB Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
<table>
<thead>
<tr>
<th></th>
<th>No impact 1</th>
<th>Positive impact 2</th>
<th>Negative impact 3</th>
<th>Impact not known 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender reassignment</td>
<td></td>
<td></td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (gender)</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>

**Question 4:**

Where there is a positive impact, describe the impact for each group sharing a protected characteristic. How many people are likely to be affected?

For the 48 service users in Douglas Bader (24 -73 years old), future provision will be closer to where they live and more culturally appropriate. A number of options are available for individuals for example accessing activities in the local community and/or options available in the Voluntary and Independent sector that are culturally appropriate which people can access using a direct payment or a personal budget.

There is also the opportunity for people to be supported into employment where deemed possible.

**Question 5:**

Where there is a negative impact, describe the adverse impact for each group sharing a protected characteristic. How many people are likely to be affected?

Proposal: The council is proposing to stop running Douglas Bader Day Service.

The change of day care settings will have an impact on 45 clients, who are between the ages of 24 -73 years of age and have a physical and/or sensory disability. Included in the figures are service users who are older people, 66 -73 years of age (16%).

The majority of service users are of White British. Clients will move away from an attending a familiar day centre and possibly lose friendships that have formed over the years. There could also be a reluctance to change.

The attached action plan attached to this report details the particular activities which will reduce negative impacts these can be summarised as follows:

If the possible is agreed and people need to move out of their current day centre the Council will:

- Work closely with service users and families to identify how we can support people with the changes
- Apply good practice with a person centred approach to individual needs
- Establish a dedicated team who are trained in best practice approaches and can work closely with service users and families affected by change
- Make sure that workers with appropriate language skills can support BME service users and their families
- Make service users and families aware of activities in their local community that can meet their cultural needs, and reassure them that alternative provision is available

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

**NB** Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
A person centred approach plan which will involve working closely with families, carers and professionals. 1:1 meeting will be carried out and will address individual needs for service users.

**Question 6:**

<table>
<thead>
<tr>
<th>Which relevant stakeholders were involved in proposing the actions recommended for reducing or removing adverse impacts arising from the proposal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior officers</td>
</tr>
</tbody>
</table>

**What data/information/analysis have you used to inform your equality impact findings?**

Information to support the EIA has been taken from the below documents

Data Analysis from:
- Our Health Our Choice Our Say 2008
- Putting People First 2007
- Think Local Act Personal 2011
- Joint Commissioning strategy for Learning Disabilities

**Supplementary information**

**Question 7:**

<table>
<thead>
<tr>
<th>Is there other alternative or comparable provision available in the city? Who provides it and where is it provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A web facility is in place for the City and County called ‘Choose my support’. This enables people to purchase support for example through a personal assistant. As people are assessed onto personal budgets, some people are likely to exercise their right to choose these services.</td>
</tr>
<tr>
<td>There is a bi annual conference with brings together providers of all adult social care services and those who use the service, called Choice Unlimited. This provides customers and organisations a platform to share information.</td>
</tr>
<tr>
<td>Currently there are a range of activities that take place with community and leisure facilities that people can access directly using their personal budgets.</td>
</tr>
<tr>
<td>We contracted over 100 organisations in the voluntary and independent sector that provide day care places for people with physical disability and or learning disability in the city. There are currently 120 vacant places within the voluntary sector.</td>
</tr>
</tbody>
</table>

**Can this alternative or comparable provision help reduce or remove the negative impacts identified in Question 5? If not, why not?**

Alternative services meet the same needs, are culturally appropriate and provide services within service users’ own local communities. This will help reduce the travelling time service users experience when accessing current services.

**Would service users negatively affected by the proposal be eligible to use this alternative or comparable provision? Would it meet their identified needs?**

Yes. The majority of service users affected by the proposals are from a White British background. There are a number of options available for people to access alternative services that meet their needs.

NB Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
Question 8:

Will any particular area of the city be more affected by the proposal than other parts of the city? What area and why?

The proposal is to stop running Douglas Bader. Douglas Bader is situated in the Spinney Hills area of the city, although users who attend the day centre come from different areas of the city.

There is a good network of public transport within the city to allow people to travel to services they wish to seek in the future.

The future service model will promote participation in services alongside other citizens who are not in receipt of community care services.

Alternative services are based in the city and depending on the outcome of person centre plans; options for consideration are located closer to home.

Question 9:

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

Through personalisation, the introduction of personal budgets and direct payments has the potential of seeing day services attendee numbers depleting. Over time as numbers continue to drop the service become financially unviable and the Council struggles to provide a meaningful service for users. Over three years we have seen a drop of 47% in numbers using the service.

There are currently two service users who are affected by the Independent Living Support consultation exercise for community alarms.

Question 10:

Will staff providing the service be affected by the proposal/proposed changes? If yes, which posts and in what way?

There are 17 members of staff employed at Douglas Bader. Should the proposal be approved staff will be subject to a review. Full engagement with HR and Unions will ensure a fair and equitable process is undertaken with due regard to all employment law and equalities legislation.

Date completed ………………………………………………….

Step 2: Consultation on the proposal

Consulting potential service users on the proposal will provide you with an opportunity to collect information from them on the equality impacts they think may occur as a result of the proposed change, positive as well as negative. For negative impacts, this is an opportunity for them to identify how best to mitigate any negative impacts on them that they think may occur.
Question 1:

What consultation on the final proposal has taken place?

Letters were sent to all service users attending Douglas Bader day centre plus their carers along with the following documents:

- A booklet explaining why we need to change the way we run our day services for adults with physical and sensory disabilities
- Answers to frequently asked questions (FAQ’s).
- Details of meeting with service users and their carers/families could attend to talk through the proposal.

Individual one-to-one interviews were offered to all service users and carers. A questionnaire was developed to find out people’s views about the proposal affecting Douglas Bader day centre. A paper copy of the questionnaire was made available at the day centre and copies were available at the consultation meetings. The questionnaire was also made available on the website to complete for service users and their carers. The purpose of the one to ones was to complete the questionnaire in a private setting, address individual concerns and issues about the proposal for change. Other recipients of letters were advised about the availability of the questionnaire only on their thoughts about the proposal electronically on the Council’s public website.

A programme of meetings was set up at the day centre to meet service users and carers/families. The format for these meetings involved providing an explanation of why the Council needs to change the way it delivers services to adults with physical and sensory disabilities in the City.

A generic e-mail address – dayservices@leicester.gov.uk was set up for people to ask questions and submit their comments. Organisations who work with adults with physical and sensory disabilities were asked to let us know their views on the proposal effecting Douglas Bader day centre and to use their networks to ensure that as many people as possible were made aware of the proposal and how they could make their views known.

Provider event was set up to help service users and carers to understand what opportunities are available for people. Service users and carers were keen to meet alternative providers of day care and talk through services they provided and begin to understand what other options would be available to them.

Please refer to consultation report for detailed findings.

Question 2:

What potential impacts did consultation stakeholders identify?

The negative impacts perceived by those involved in the consultation were as follows:

1. The lack of knowledge or understanding of what is available in the Voluntary and
Independent sector

2. The gap in the market for adult changing facilities to support people in the community

Closing Douglas Bader could affect people’s health and well-being, especially for those who require high levels of support. Perceived impacts could be poorer standards of care impacting on their health and well-being.

<table>
<thead>
<tr>
<th>What positive equality impacts were identified? For people with which protected characteristics?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No positive impacts were identified, as the overriding message in the consultation was that people would prefer not to move from the day centre. People did understand the difficulty the council was facing and if the decision was made to stop running the day centre could the council notify them in person and support them in finding alternatives. Some service users in the one to one meetings notified the transformation team what they would like to do into the future.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What negative equality impacts were identified? For people with which protected characteristics?</th>
</tr>
</thead>
<tbody>
<tr>
<td>See above</td>
</tr>
</tbody>
</table>

**Question 3:**

<table>
<thead>
<tr>
<th>Did stakeholders indicate how positive impacts could be further promoted? How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>People did not think they would benefit from the proposed change but did accept if change did occur they would wish for the council to support them to find other things to do during the day with their friends. Service users were keen for the Council to support them in finding alternatives.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did stakeholders indicate how negative impacts could be reduced or removed? How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative impacts could be reduced imposing no change or by providing support to service users and carers to find alternative culturally appropriate activities in the community with the support of a personal assistant or day services.</td>
</tr>
</tbody>
</table>

**Date completed** ………………………………………………………………………
Step 3: The recommendation (the recommended decision on how to change the service)

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

Yes ☐ No ☐ If ‘no’, go to Question 2.

If yes, describe the revised proposal and how it will affect current service users?

What are the equality implications of these changes? Identify the likely positive and negative impacts of the final proposal and the protected characteristic affected.

Go back to the initial exercise you carried out at the beginning, on understanding your equality profile. Re-visit each characteristic and what has changed as a result of amending your recommendation. Revise potential positive and negative equality impacts accordingly.

How can any negative impacts be reduced or removed?

Question 2:
Are there any actions\(^5\) required as a result of this EIA?

Yes ☐ No ☐

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

Date completed ……………………………………………………

Step 4: Sign-off

<table>
<thead>
<tr>
<th>This EIA completed by</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countersigned by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equalities Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signed off by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divisional Director</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

\(^5\) Actions could include improving equality information collected or identifying the actions required to mitigate adverse impacts identified in the EIA.

NB Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
EIA Action Plan

Please list all the equality objectives, actions and targets that result from the Equality Impact Assessment. These should be included in the relevant service plan for performance management purposes.

<table>
<thead>
<tr>
<th>Equality Objective</th>
<th>Action required</th>
<th>Target</th>
<th>Officer responsible</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: To know equality profile of all service users.</td>
<td>Example: collect monitoring data on disabled users (currently not being provided)</td>
<td>Example: To have data for first performance review</td>
<td>Example: Joe Smith</td>
<td>Example: Start collection of data in April 2013</td>
</tr>
<tr>
<td>To ensure inclusive communication</td>
<td>Draft communication plan</td>
<td>To agree a detailed consultation approach</td>
<td>Swarsha Bhalla/Justin Hammond</td>
<td>End of July 2013</td>
</tr>
<tr>
<td>Ensure equalities needs are fully considered as part of person centred planning</td>
<td>Identify any barriers to current or future provision</td>
<td>Identify any gaps with alternatives provision</td>
<td>Justin Hammond/Swarsha Bhalla</td>
<td></td>
</tr>
</tbody>
</table>

What to do next?
If this EIA has identified any issues that need to be addressed (such as plugging a data gap, or carrying out a specific action that reduces or removes any negative impacts identified), complete the attached EIA Action Plan to set out what action is required, who will carry it out, and when it will be carried out/completed.

Once your EIA has been completed, (countersigned by the equalities officer/finance officer and signed off by your Director) the equality officer will work with you to monitor this action plan.

Officers to contact: Corporate Equalities Lead/Corporate Resources and Support: Irene Kszyk 296303

NB Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
NB Any Actions you identify through completing this EIA, you must add to the Action Plan at the end.
The issue of consultation, its meaning and purpose is again of cause for concern. During management’s consultation with the trades unions UNISON posed the question “In consulting the public on the closure of Douglas Bader is it the case that if public opinion were against closure it would not happen?” No real answer was forthcoming however given Leicester City Councils track record to date UNISON suspect not.

In respect of the consultation with staff and the trades unions – it is debatable to what extent are they able to influence the decision making – to propose an alternative which might be accepted?

If consultation can change nothing surely it is meaningless and futile and therefore very difficult to engage in with any faith.

In respect of the current proposal to close Douglas Bader the rationale offered for the closure is as always falling numbers of people attending the service – thus increasing the cost to the Council.

In relation to this claim UNISON would submit that 60 people on the books and an attendance of 35 daily seems a fairly healthy and popular service. Were there any more we suspect the rationale for closure would then be that the service was too large, impersonal – not sufficiently tailored to the needs of individuals and too anachronistic.

Whilst the Personalisation agenda may have played some part in the decreasing number of service users it is clear that LCC itself had a hand in the decline.

A lack of referrals is a major contributory factor for falling numbers. UNISON believe this was a planned strategy - details of which can be found in the same budget papers which set out an identical approach in respect of the EPHs i.e. 2011 budget and recommendations.
No doubt this is what happened.

The flexibility of non-council services and the use of Personal Assistants (working evenings and weekends) are cited as advantages of closing the service. It appears no-one has considered whether the current staff would be willing to be equally flexible.

When UNISON met with the staff group they were concerned that their service was not understood, that it was seen as entirely building based and somehow old fashioned. They wanted people to know this is not the case. They are much more than a traditional day centre and have forged links with the community which they support service users to access.

They are disappointed that other options are not being considered; for example the reprovisioning of the service such that it is either less building based or based in buildings already being utilised by the community. Staff were willing to work flexibly in the evenings and at weekends to provide services to the current client group.

Whilst reference has been made to the work of the Community Inclusion Team it needs to be noted that this is short term (12 weeks) and much is expected of this very small team. Not only are they required to help people access services in the community it appears they are also charged with developing services (presumably in recognition that there isn’t currently sufficient provision). Whether the team has the capacity to undertake all of this work effectively remains to be seen.

One of the concerns the staff at Douglas Bader raised with UNISON is that not all of their client group will benefit from the work of the Community Inclusion Team; some service users are more highly dependent and their needs more complex. It is this group who they believe require a different service; one which is currently not provided in the community – a service which they believe they could provide.
It is important to consider the fact that at this moment in time this political administration is presiding over the biggest decimation of social care services this city has ever seen. The closure of Elderly persons homes, the closure of Older Persons Mental Health Day services, the closure of the mobile meals service and the closure of Douglas Bader. We expect a proposal to reduce the provision of day services to adults with a learning disability in the not too distant future. UNISON would assert it really doesn’t have to be this way.

As the largest public sector trade union we believe that the provision of public services should lie with the public sector – thus ensuring their accountability.

The Executive cannot continue to lay the blame for decisions which devastate the lives of service users and their relatives at the door of the coalition – it either has to own its priorities or change them.

The report received by the Adult Social Care Scrutiny Commission on 10th October 2013 stated (at Para. 3.7) that cost was not the main driver - if this really is the case then it is to be hoped that the Executive will seriously consider the suggestions proffered by staff and not proceed with the closure of Douglas Bader.

Janet McKenna

20/12/13
Report to the Adult Social Care Scrutiny Commission

Date: 12th February 2014

Elderly Persons Homes Update

Lead Director: Tracie Rees
1. Summary

1.1 This report provides an indicative timetable for the actions needed to support existing residents living in the Council’s Elderly Persons Homes that are due to be closed. See Appendix 1.

1.2 Appendix 2 provides an anonymised summary of the progress of individual residents to move to alternative accommodation, where the homes are to be closed in phase I (Herrick Lodge, Elizabeth House and Nuffield House). The provision of this information has been agreed by the Council’s Information Governance service.

1.3 The information details progress against the 7 stages in the “My Moving Plan” process. Most residents are currently on Stage 3 of the process and their reassessments are underway.

1.4 Some residents are now getting close to stage 4. Stage 4 is when residents and/or their families generally start visiting homes. In every case the Council offers the support of a care management officer to view the homes. Where residents want to view homes themselves, their key worker will be released to support them on the visit if that is what they want.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Task Owne</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up dedicated reassessment team to provide specific support to the residents and families affected by change</td>
<td>JH Complete</td>
<td></td>
</tr>
<tr>
<td>Produce information for residents and families on how we will support them through change</td>
<td>AH Complete</td>
<td></td>
</tr>
<tr>
<td>Produce template for registered managers to use to develop a moving plan for each resident and guidance for registered managers and social work staff on how to approach each stage of the moving plan</td>
<td>AH/RR Complete</td>
<td></td>
</tr>
<tr>
<td>Hold staff workshop to enable all staff to fully understand the above</td>
<td>TR/AH/RR/JH Complete</td>
<td></td>
</tr>
<tr>
<td>Allocate cases to social workers so that officers can start to build relationships with residents and their families</td>
<td>JH Complete</td>
<td></td>
</tr>
<tr>
<td>Identify if there are any residents who have been placed in our homes by the County Council. (We would need to liaise with the County Council about the process)</td>
<td>JH Complete 1 county resident identified</td>
<td></td>
</tr>
<tr>
<td>Identify residents who have told home managers that they prefer to move as soon as possible.</td>
<td>RR Complete</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 2 - PHASE 1 REPROVISION PROGRESS – Report to ASC Scrutiny

**DATE:** 12th February 2014

**Key:**

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

<table>
<thead>
<tr>
<th>RESIDENT NO</th>
<th>STATUS</th>
<th>STEP ON MOVING PLAN</th>
<th>NOTES AND TARGET MOVING DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway.</td>
</tr>
<tr>
<td>2</td>
<td>Resident</td>
<td>N/A</td>
<td>Deceased</td>
</tr>
<tr>
<td>3</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway possible nursing needs.</td>
</tr>
<tr>
<td>4</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway. Further input from health needed.</td>
</tr>
<tr>
<td>5</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway.</td>
</tr>
<tr>
<td>6</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway. Further input from health needed.</td>
</tr>
<tr>
<td>7</td>
<td>Resident</td>
<td>Step 7</td>
<td>Resident has moved. Asked to move quickly and has moved to home of choice. Supported by LCC staff to visit prior to move. LCC staff still involved.</td>
</tr>
<tr>
<td>8</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment still underway but has requested once complete, family and social worker to look at homes together.</td>
</tr>
<tr>
<td>9</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway.</td>
</tr>
<tr>
<td>10</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway</td>
</tr>
<tr>
<td>11</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway</td>
</tr>
<tr>
<td>12</td>
<td>Resident</td>
<td>Step 1</td>
<td>Awaiting involvement from relative</td>
</tr>
<tr>
<td>13</td>
<td>Resident</td>
<td>Step 3</td>
<td>Awaiting involvement from relative</td>
</tr>
<tr>
<td>14</td>
<td>Resident</td>
<td>Step 3</td>
<td>Awaiting involvement from relative</td>
</tr>
<tr>
<td>15</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway</td>
</tr>
<tr>
<td></td>
<td>Resident</td>
<td>Step</td>
<td>Status</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>16</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway</td>
</tr>
<tr>
<td>17</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway</td>
</tr>
<tr>
<td>18</td>
<td>Deceased</td>
<td>n/a</td>
<td>Deceased</td>
</tr>
<tr>
<td>19</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway. Requires health input.</td>
</tr>
<tr>
<td>20</td>
<td>Resident</td>
<td>Step 4</td>
<td>Assessment completed. Awaiting confirmation that home of choice can meet needs.</td>
</tr>
<tr>
<td>21</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway awaiting input from health.</td>
</tr>
<tr>
<td>22</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway.</td>
</tr>
<tr>
<td>23</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway. Possible nursing needs.</td>
</tr>
<tr>
<td>24</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment being finalised. Needs nursing home.</td>
</tr>
<tr>
<td>25</td>
<td>Resident</td>
<td>Step 4</td>
<td>Assessment underway awaiting confirmation that home of choice can meet needs.</td>
</tr>
<tr>
<td>26</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment being finalised. Resident represented by family. Family will view a variety of homes on resident’s behalf.</td>
</tr>
<tr>
<td>27</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway.</td>
</tr>
<tr>
<td>28</td>
<td>Resident</td>
<td>Step 3</td>
<td>Finalising assessment. Family has indicated that they will be visiting various homes.</td>
</tr>
<tr>
<td>29</td>
<td>Resident</td>
<td>Step 4</td>
<td>Assessment complete. Awaiting confirmation that home of choice can meet needs.</td>
</tr>
<tr>
<td>30</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway possible nursing needs.</td>
</tr>
<tr>
<td>31</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment being finalised</td>
</tr>
<tr>
<td>32</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway.</td>
</tr>
<tr>
<td>33</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway</td>
</tr>
<tr>
<td>34</td>
<td>Resident</td>
<td>Step 3</td>
<td>Assessment underway awaiting health input</td>
</tr>
<tr>
<td>35</td>
<td>Resident</td>
<td>Step 4</td>
<td>Assessment complete. Awaiting confirmation that home of choice can meet needs.</td>
</tr>
</tbody>
</table>
Appendix E

Report to Scrutiny Commission

Adult Social Care

Date of Commission meeting: 12\textsuperscript{th} February 2014

General Fund Budget 2014/15 to 2015/16

Report of the Director of Adult Social Care
Useful Information:

- Ward(s) affected: All
- Report author: Mark Noble, Rod Pearson
- Author contact details
  - Phone: 01162544002
  - Email: rod.pearson@leicester.gov.uk

1. Introduction

At its meeting on 16th January, the Overview Select Committee requested scrutiny commissions to consider the draft budget proposals for 2014/15 to 2015/16. Your commission is asked to consider the budget of the Adult Social Care portfolio.

2. Recommendation(s) to scrutiny

The Commission is asked to make any comments to the OSC, for subsequent consideration by that committee at its meeting on 13th February. The OSC will consider all commissions’ comments before reporting its views to the City Mayor, prior to the City Mayor making his final proposals to the Council. The Council will set the final budget on 26th February, 2014.

3. Supporting Information

The draft budget has been prepared against a background of the most severe Government funding cuts the Council has ever faced.

The Council has sought to address budget reductions strategically, and to avoid having to make crisis cuts in services. Consequently, the budget approved in February, 2013, included a “managed reserves strategy” under which monies are contributed to reserves in 2013/14 and 2014/15; then drawn down in 2015/16 and 2016/17. This enabled the budget to be balanced until 2015/16, always providing agreed reductions are implemented, and gives time to consider the longer term savings needed more thoroughly. It is estimated that additional
savings of £60m per year will be needed by 2017/18.

The extent of cuts required means that the budget is no longer a “once a year” activity. The Executive has launched a spending review programme, which will scrutinise a range of service areas over an extended period to the end of 2014. Budget reductions can be made at the same time as reviews are concluded and the findings approved. The findings of these reviews will be subject to scrutiny as and when they are prepared.

Consequently, no new spending reductions have been asked of departments as part of the preparation of this budget, which essentially rolls forward the strategy approved in February, 2013. The commission will wish to scrutinise the extent to which the agreed budget strategy has been delivered, and report this to the OSC.

Attached to this report are:

(a) The draft budget report to the Council. This is attached as Appendix A. Members are asked to note that this report covers the whole of the budget, and questions about corporate aspects of budget setting are best raised at the full OSC meeting;
(b) Extracts from the budget monitoring report for period 6. This is attached as Appendix B and was considered by OSC in December. These extracts include the budgets for services overseen by your commission;
(c) A schedule showing the budget ceilings for services overseen by your commission. This is attached at Appendix C.

4. Financial and legal implications

4.1 Financial implications

This report is exclusively concerned with financial issues

4.2 Legal and other implications

These are included in the draft report to Council.
5. Background information and other papers:

6. Summary of appendices: See above

7. Is this a private report? No
General Fund Revenue Budget 2014/15 to 2015/16

Report of the Director of Finance

1. **Purpose**

1.1 The purpose of this report is to request the Council to consider the Mayor’s proposed budget for 2014/15 to 2015/16. The budget plan covers the same period as the Government’s national spending plans but this report also identifies the subsequent impact.

1.2 The proposed budget is described in this report, subject to any amendments the Mayor may wish to recommend in February.

1.3 The draft of this report has been written in advance of the local government finance settlement (which is late) in order to ensure publication in December. To the extent that the settlement changes estimates made, it is proposed that this will either extend or shorten the duration of the managed reserves strategy described in this report.

1.4 The Select Committee is asked to consider this report and make any comments it sees fit to the City Mayor.
2. **Summary**

2.1 The budget for 2014/15 to 2015/16 is set in a context of the most severe Government funding cuts the Council has ever experienced.

2.2 Since the onset of funding cuts in 2011/12, the Council has approved plans to reduce its expenditure by £85m per year. Whilst there is no certainty beyond 2015/16, if the current trajectory of funding cuts continues, the Council will need to make reductions amounting to a further £60m per year by 2017/18. Indications from the Chancellor of the Exchequer are that the squeeze on public spending will in fact last until at least 2020.

2.3 It is difficult to calculate the total amount by which the Council’s grant has been cut since 2010/11, due to changes both in local authorities’ responsibilities and in the way funding is provided. However, on a like for like basis, cuts in the five years to 2015/16 amount to £100m, or some 38% of the grant received in 2010/11.

2.4 Budget planning in recent years has not been helped by the fact that the Government has increased the level of cuts previously announced, and extended the period over which cuts will be made. These decisions have been taken and announced incrementally.

2.5 Despite these challenges, the Council has sought to address budget reductions strategically, and to avoid having to make crisis cuts in services. This approach has a number of aspects:

(a) the budget approved in February 2013 included a “managed reserves strategy” under which monies will be contributed to reserves in 2013/14 and 2014/15; then drawn down in 2015/16 and 2016/17. This was designed to balance the budget in the years to 2015/16, and provide time to consider future cuts in a managed way;

(b) it is no longer sensible to see the budget as a “once a year” activity – spending needs to be managed continuously during the course of the year, and the City Mayor is taking decisions under delegated authority (where appropriate) which reduce recurrent spending and thus the future cuts required;

(c) the Executive has launched a Spending Review Programme, which will scrutinise a range of service areas over an extended period from autumn 2013 to the end of 2014. This makes use of the time bought by the managed reserves strategy to properly plan future savings. Once reviews have reported, spending reductions can be approved simultaneously, and the effect included in subsequent budgets.
2.6 Whilst the “goal posts” have moved since February 2013 due to subsequent Government announcements, particularly in relation to the very severe cuts proposed for 2015/16, the basic strategy has remained intact. This has meant that [apart from decisions arising from the Spending Review Programme, which will be reflected in the final version of this report to the extent that they have been made by the end of January] services have not been asked to find further savings in this budget round.

2.7 Consequently, the budget the Council is being asked to approve primarily reflects decisions which have already been taken.

2.8 The budget proposes a tax rise of 1.99% in 2014/15, and assumes a rise of 2% in 2015/16. The Government has offered money to freeze the tax in 2014/15, which would continue to be paid in 2015/16. However, the amount received would be less than the amount raised by a tax rise; more pertinently, there is no certainty that the money would continue to be received from 2016/17.

2.9 Given the fact that the budget reflects decisions already taken, consultation has been tailored to reflect the scope of this year’s exercise. The underlying strategy agreed in 2012/13 and 2013/14 was, however, the subject of considerable public consultation. It is also noted that:

(a) where Executive decisions are still required to enable any service to live within its budget, formal consultation will be carried out where appropriate (as is usual);
(b) formal consultation will be carried out on any proposals resulting from the Spending Review Programme, again where appropriate.

2.10 The Spending Review is likely to generate significant savings as reviews are concluded. However, it is estimated that the programme will not save more than £35m, and it is clear that further cuts will be required once the next Government determines its spending plans from 2016/17 onwards. It is intended to carry out a substantial public engagement exercise during 2014, to determine public priorities – this will be carried out before budget proposals are developed.

2.11 In the exercise of its functions, the City Council (or City Mayor) must have due regard to the Council’s duty to eliminate discrimination, and advance equality of opportunity for protected groups and foster good relations between protected groups and others. The budget under consideration is a continuation of the status quo in terms of main policy commitments, and instead of policy changes, identifies financial pressures on existing plans and policies. There are no proposals for decision on specific courses of action
that could result in changes of provision that could have an impact on different groups of people. Therefore, there are no proposals to carry out an equality impact assessment on the budget per se (this is further explained in paragraph 10). Where necessary, the City Mayor has considered equality impact assessments for decisions affecting service quality. The Council is committed to promoting equality of opportunity for its residents; and regardless of where the legal duty ‘bites’, it is unarguable that huge cuts have had an impact, particularly on vulnerable residents. Consequently, at paragraph 10 below, an overview of the cumulative impacts is provided; together with some mitigating actions. These include setting aside £0.2m per annum in the budget to carry out further actions where necessary.

2.12 Government funding announced for 2014/15 and 2015/16 is a matter of particular concern, not solely because of the level of cuts, but also because of the disproportionate impact of the cuts on deprived authorities. This is further discussed in paragraph 11 below.

3. **Recommendations**

3.1 The Council will be asked to approve the budget strategy described in this report, the budget ceilings, and the council tax. Such approval will be subject to any changes proposed by the Mayor in February, and the final Council report will also be accompanied by a formal resolution containing the necessary statutory calculations.
4. **Budget Overview**

4.1 The table below summarises the proposed budget, and shows the forecast position for the following two years:

<table>
<thead>
<tr>
<th></th>
<th>2014/15 £m</th>
<th>2015/16 £m</th>
<th>2016/17 £m</th>
<th>2017/18 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service budget ceilings</strong></td>
<td>242.2</td>
<td>239.6</td>
<td>239.7</td>
<td>239.7</td>
</tr>
<tr>
<td><strong>Provisions to be allocated to services</strong></td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Corporate Budgets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Financing</td>
<td>13.4</td>
<td>13.9</td>
<td>14.1</td>
<td>14.1</td>
</tr>
<tr>
<td>Building Schools for the Future</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Hardship awards</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2.4</td>
<td>1.0</td>
<td>1.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Contingency</td>
<td>3.0</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy cost reduction schemes</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service transformation provisions</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Future Provisions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflation</td>
<td>2.9</td>
<td>5.8</td>
<td>8.7</td>
<td></td>
</tr>
<tr>
<td>National Insurance increase</td>
<td>3.3</td>
<td>3.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severance</td>
<td></td>
<td></td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>Planning provision</td>
<td>3.0</td>
<td>6.0</td>
<td>9.0</td>
<td></td>
</tr>
<tr>
<td><strong>Managed reserves policy</strong></td>
<td>19.6</td>
<td>(3.8)</td>
<td>(25.3)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SPENDING</strong></td>
<td>291.3</td>
<td>263.8</td>
<td>257.0</td>
<td>280.6</td>
</tr>
<tr>
<td><strong>Resources – Local Taxation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council Tax</td>
<td>82.2</td>
<td>84.1</td>
<td>87.0</td>
<td>89.9</td>
</tr>
<tr>
<td>Business Rates</td>
<td>49.8</td>
<td>51.9</td>
<td>53.1</td>
<td>54.5</td>
</tr>
<tr>
<td>Collection Fund Surplus</td>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Resources – Grant</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business rates top-up grant</td>
<td>43.6</td>
<td>44.8</td>
<td>46.2</td>
<td>47.9</td>
</tr>
<tr>
<td>Revenue Support Grant</td>
<td>107.4</td>
<td>76.0</td>
<td>50.0</td>
<td>26.4</td>
</tr>
<tr>
<td>New Homes Bonus</td>
<td>5.9</td>
<td>7.1</td>
<td>8.2</td>
<td>8.0</td>
</tr>
<tr>
<td><strong>TOTAL RESOURCES</strong></td>
<td>291.3</td>
<td>263.8</td>
<td>244.5</td>
<td>226.6</td>
</tr>
</tbody>
</table>

Projected tax increase | 2.0% | 3.0% | 3.0% |
Gap in Resources       | 12.5 | 54.0 |      |
4.2 Future forecasts, particularly beyond 2015/16, are volatile and will change.

4.3 The forecast gap in 2017/18 makes no allowance for inflation beyond 14/15 (see later) which would add a further £6m (making a funding gap of £60m in that year). Nor is allowance made for increasing demand on services.

5. **Council Tax**

5.1 The City Council’s proposed tax for 2014/15 is £1276.55, an increase of 1.99% on 2013/14.

5.2 The tax levied by the City Council constitutes only part of the tax Leicester citizens have to pay (albeit the major part). Separate taxes are raised by the police authority and the fire authority. These are added to the Council’s tax, to constitute the total tax charged.

5.3 The total tax bill in 2013/14 for a Band D property was as follows:

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Council</td>
<td>1251.65</td>
</tr>
<tr>
<td>Police</td>
<td>173.87</td>
</tr>
<tr>
<td>Fire</td>
<td>58.38</td>
</tr>
<tr>
<td><strong>Total tax</strong></td>
<td><strong>1483.90</strong></td>
</tr>
</tbody>
</table>

5.4 The actual amounts people are paying in 2013/14, however, depends upon the valuation band their property is in and their entitlement to any discounts, exemptions or benefit. 80% of properties in the city are in band A or band B.

5.5 The formal resolution sets out the precepts issued for 2014/15 by the police and fire authorities together with the total tax payable in the city. [This will be prepared on budget setting day].

6. **Construction of the Budget**

6.1 In addition to council tax, the Council is being asked to approve the budget ceilings for each service, which are shown at Appendix One to this report. The budget ceilings act as maximum amounts the City Mayor can spend on each service, subject to his power of virement.

6.2 It has been the Council’s past practice when preparing the budget to consult upon lists of specific growth and reduction proposals, which are subsequently
approved at the annual budget meeting. This approach is no longer appropriate for the following reasons:

(a) continuous changes to our funding, and increasing grant cuts imposed by central government, mean it is not sensible to wait until February each year to agree a plan of spending reductions. The Spending Review Programme is a natural outworking of this principle;

(b) the approach adopted in the 2013/14 budget has given departments a degree of budget certainty within which to manage – this approach has proved successful, and departments have dealt with many emerging budget pressures through management action during 2013/14;

(c) as reported in the 2013/14 budget report, case law confirms that the role of Council is to approve the overall budget level and council tax; the City Mayor is responsible for determining actions to enable each service to live within its budget.

6.3 In essence, therefore, the budget is the means by which the Council sets a financial framework within which the City Mayor has authority to act; and sets limits on the amount he is entitled to spend on any given service. The actions which have been taken, or will be taken, to enable the Mayor to live within the budget ceilings (should the Council approve the ceilings) are described at paragraph 7 below.

6.4 The way the budget has been constructed also has implications for consultation with the public and partners. In practice, most of the service decisions that will enable the Council to spend within its means have already been taken, either as part of the budget for 2012/13 and 2013/14, or separately by means of Executive decision and management action. The 2012/13 budget saw substantial savings made; this budget was preceded by the most substantial budget consultation the authority has ever carried out with the public. Changes to service policy which have reduced spending have also been the subject of consultation in their own right, and Executive decisions published.

6.5 The ceilings for each service have been calculated as follows:

(a) the starting point is last year’s budget, subject to any transfers of function between services within the Council;

(b) to these, an allowance for inflation has been added amounting to 1.75% of spending on supplies and services, and a deduction made amounting to 1.75% of income;

(c) the effect of any growth and reductions from previous years’ budgets is taken into account;
(d) [the ceilings will be adjusted to reflect the impact of decisions arising from the Spending Review Programme, if these have been taken by the end of January].

6.6 After the start of the year, budget ceilings will be further adjusted:

(a) to reflect the eventual pay award for employees. An estimate of 1% has been included in the budget;
(b) to allocate additional costs payable as a consequence of increases in employers’ pension contributions following the 2013 actuarial revaluation;
(c) to reflect decisions taken under the Spending Review Programme.

6.7 Whilst the above exercise is essentially a mechanistic one, members are reminded that the 2013/14 budget for Education and Children’s Services included one-off support of £4m to provide time to manage cuts in Early Intervention Grant. Thus, this department has been required to make additional savings in order to deal with the fallout of Government money – this is described further in paragraph 7 of this report.

6.8 Budget ceilings have also been created for the first time in respect of public health functions, which transferred to the Council in 2013/14 (due to the timing of the announcements, these services were included in the 2013/14 budget at net nil cost).

7. **Spending Reductions**

7.1 The purpose of this section of the report is to explain action which has been, or is being taken, to enable departments to manage within the proposed budget ceilings for 2014/15.

**Adult Social Care**

7.2 The key issues facing the service are as follows:

(a) the Government’s proposals for care reform, much of which is medium term, but for which preparations are taking place now. The proposals will result in new duties, to be met from new grant sources – the details of the new grant income remain largely uncertain;
(b) the continuing pressure of increased need, particularly arising from demographic growth;
(c) financial pressure on service providers, who are essential for service continuity.
7.3 The care reform agenda has a number of aspects:

(a) from 2016/17, there will be a cap on the amount individuals are
required to contribute to their own care amounting to £72,000 per
lifetime for most people. This will require the Council to keep records
for adults who currently fund their own social care and do not receive
any publicly funded support. Government funding to support this will be
received in 2015/16;

(b) new duties to support carers will give rise to additional costs, estimated
at £0.5m in 2015/16 rising to £1.3m by 2018/19. Funding to support
this is being received via the NHS, and is already budgeted (but will be
transferred into the new Better Care Fund from 2015/16 – see below);

(c) new rights to defer payment of fees until the death of a service user,
and extended means test support;

(d) potential national changes in eligibility for social care. At present, each
local authority sets its own threshold for eligibility. The Department of
Health is currently consulting on the establishment of national criteria:
whilst it is the Department’s intention that this will entitle people with
‘critical’ or ‘substantial’ need to a service (as now in Leicester), the draft
criteria do not deliver this.

7.4 The Independent Living Fund is expected to close in April 2015 (although the
Government’s plans have run into legal difficulties), and local authorities will
be required to take on responsibility for people previously supported by the
fund. It is expected that additional grant will be received from 2015/16 to
meet this responsibility.

7.5 The forecast costs of these new responsibilities, and the anticipated new
grant streams, are shown below:

<table>
<thead>
<tr>
<th></th>
<th>15/16</th>
<th>16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>New costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Care Funding</td>
<td>1,127</td>
<td>2,586</td>
</tr>
<tr>
<td>Reform</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living</td>
<td>1,233</td>
<td>1,233</td>
</tr>
<tr>
<td>Fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers’ Support</td>
<td>527</td>
<td>914</td>
</tr>
<tr>
<td>Total new costs</td>
<td>2,887</td>
<td>4,733</td>
</tr>
<tr>
<td>New Grant Streams</td>
<td>(3,102)</td>
<td>(3,819)</td>
</tr>
<tr>
<td>Net addition to budget</td>
<td>(215)</td>
<td>914</td>
</tr>
</tbody>
</table>
7.6 The table below shows the new spending pressures being faced by Adult Social Care Services in addition to the new responsibilities described above:

<table>
<thead>
<tr>
<th></th>
<th>14/15 (£000)</th>
<th>15/16 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Growth</td>
<td>545</td>
<td>1,324</td>
</tr>
<tr>
<td>Other pressures</td>
<td>5,060</td>
<td>3,355</td>
</tr>
<tr>
<td>Residential Care Fees, which are likely to need to increase by an amount in excess of inflation</td>
<td>560</td>
<td>960</td>
</tr>
<tr>
<td>Domiciliary Care Fees, which are likely to need to increase by an amount in excess of inflation</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Deprivation of Liberty Safeguarding – demand for increased assessments</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Additional support to direct payments users</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,415</strong></td>
<td><strong>6,139</strong></td>
</tr>
</tbody>
</table>

7.7 Of the items in the above table:-

(a) Demographic growth pressures arise from a growing and aging population which brings increased need and demand;

(b) Other pressures include the temporary impact of slippage in the delivery of previous budget savings, additional growth in the cost of care packages, and some earlier years’ planned savings which cannot now be achieved;

(c) Above inflation increases in residential care fees will be needed, to reflect increases in the cost of care and the need to maintain a stable market. Likewise, domiciliary care costs will increase due to increases in the minimum wage and increasing overheads for providers;

(d) Deprivation of Liberty Safeguarding is a statutory service with increasing levels of demand;

(e) There are increasing numbers of people who are choosing to receive their personal budget for social care in the form of a direct payment in cash. This is a positive step because it enables people to have a greater choice in the support they receive as well as having direct control over their care arrangements. However these people frequently need help and guidance on how their needs can be met, and also help in directly employing personal assistants.
7.8 The Government has recognised the pressures on the adult social care system for some time, and additional support has been provided from within NHS budgets for a number of years. Implicitly, the Government is acknowledging that continuing cuts to local government are placing the sector under huge strain. It is worth noting (and the Government recognises this) that if statutory services are protected at local level, a time will come when these services could consume the entire authority budget if cuts continue at the current trajectory.

7.9 Actions have already been taken and continue to be taken to improve the efficiency of adult social care services and to reduce costs, including:

(a) Re-assessment and review of packages of care, including reductions to personal budgets where this is appropriate;
(b) Transferring people’s care from high cost settings/services to more cost effective alternatives while continuing to meet the eligible needs;
(c) Re-procurement of services using the competitive process to drive up quantity and quality of provision and/or to drive down costs (e.g. domiciliary care);
(d) Review of relatively expensive in-house provision of services where more cost effective equivalent services are available to meet people’s assessed needs (e.g. elderly persons’ homes and older persons’ mental health day care);
(e) Reshaping remaining in-house services (such as reablement) to improve efficiency;
(f) Review of the “resource allocation system”, which allocates funding for personal budgets;
(g) Strengthening of checks and balances; with a quality assurance panel independently reviewing all high cost care packages, and all cases where a proposed care package is 10% above the indicative personal budget suggested by the resource allocation system; and
(h) Additional support to informal family carers to improve resilience, including the provision of short breaks to enable carers to provide care.

7.10 Implementation of the above actions is subject to full due process as appropriate in terms of consultation, assessment of impacts and decision making.

7.11 In its June 2013 Spending Review, the Government announced the creation of a £3.8bn per annum Better Care Fund. This will be a pooled budget; to be created in 2015/16 from a number of existing funding streams, together with a further £1.9bn from the overall NHS budget. The money is intended to provide better integration between health and adult social care, but also to provide protection for adult social care services. Explicitly, the Government
has recognised the need to use some of this money to help deal with demographic pressures in adult care. Our best estimate is that the pool will receive £12m per year from 2015/16, over and above monies already set aside for adult social care. Discussions on the use of this fund are continuing with NHS colleagues locally, and we are required to submit a joint plan for Department of Health approval in April 2014. Appropriate planning for the future, including transformation supported by Better Care Fund monies, is clearly going to be key to delivering a sustainable financial future, and the Council’s Spending Review Programme recognises this (the review of adult care is not being started until April 2014).

7.12 An addition of £2.2m has been made to the departmental budget for one year only in 2014/15. The balance of the pressures will be met by departmental reserves in that year. The position for 2015/16 needs to be resolved as part of Better Care Fund discussions.

Children’s Services

7.13 The Education and Children’s Services portfolio has faced substantial spending reductions since 2010/11, largely as a consequence of specific grant streams ceasing or being cut back rapidly. Unlike other departments, the department has needed to make savings in the 2014/15 budget as a consequence of continuing grant cuts.

7.14 The key issues faced by the service in planning for 2014/15 and beyond are as follows:

(a) to meet the continuing impact of Government grant cuts, as stated. Total pressures amount to £5.1m in 2014/15, of which £4.38m arises from cuts in Early Intervention Grant made in 2013/14 (the Council’s budget for that year provided temporary finance to the department, to enable the impact to be managed); £0.35m in Education Services Grant; and £0.4m in youth offending grants. Further cuts in Education Services Grant, in excess of £1m, are likely in 2015/16;

(b) to cope with the rise in numbers of looked after children (for which budgetary provision has been provided in previous years), and increased responsibilities arising from young offenders now being classed as looked after children. These issues have placed social care budgets under pressures of £1.7m per annum;

(c) delivery of some major budget challenges approved in previous budgets. These include reorganisation of children’s centres, the review of service interventions for the 0-19 age group, and a review of management across various divisions (requiring savings of £3.6m to be achieved in total);
7.15 Actions are already in progress to tackle these issues, which include:

(a) a review of interventions across the 0-19 age range has been completed, reducing non-priority work and delivering savings;
(b) specialist services at children’s centres have already been reduced as a consequence of previous budget decisions. A public consultation was completed in November on proposals to reorganise and further reduce the level of services provided from children’s centres whilst maintaining the full estate. This would save £3.3m, £1.7m more than the amount required in the 2013/14 budget, with the balance required to meet Early Intervention Grant cuts;
(c) organisational reviews will shortly take place to combine teams providing similar services; and to rationalise the working hours of part time youth workers;
(d) redesign of statutory social services based on the child’s journey through the system, whilst securing better integration with locality based early help services. An organisational review is now in progress; and follows on from detailed work on referral taking, assessment practices and quality assurance activity undertaken by senior managers;
(e) an organisational review of the Youth Offending Service will take place shortly so that it can live within its reduced grant. It is anticipated that the savings required will be achieved almost entirely from vacant posts.

7.16 Further action will be taken:

(a) to agree with the Schools’ Forum to use Dedicated Schools’ Grant to fund early years teachers;
(b) to review support to adventure playgrounds, to provide wider access at reduced costs;
(c) to make savings in the special educational needs service;
(d) to review the school improvement service, reducing the core service whilst strengthening formal partnership structures;
(e) to cease certain miscellaneous budgets (sports development and key stage 4 foundation learning, and discretionary budget for one-off initiatives);
(f) combining teams where practical in localities, and utilising buildings more effectively.

7.17 Actions taken, or to be taken, are subject to full due process as appropriate including consultation as necessary, assessment of impacts and decision making.
7.18 To the extent that a full year saving cannot be achieved in 2014/15, the budget will be balanced using departmental reserves: it is anticipated that £1.8m will be required.

7.19 Further work will need to take place during 2014/15 to identify additional savings, if further cuts are made in Education Services Grant.

7.20 Children’s services will be further reviewed as part of the Spending Review Programme, and a report will be prepared for the Executive.

City Development and Neighbourhoods

7.21 The department is delivering a major programme of strategic initiatives, including the market redevelopment, Connecting Leicester, and the Richard III Programme. It is able to manage within its overall budget for 2014/15 to 2015/16, and any new pressures arising are being (or will be) dealt with by management action. This is enabling the department (as the 2013/14 budget strategy intended) to focus its efforts on the Spending Review Programme. The main pressures arising in 2014/15 are as follows:

(a) real terms reduction in sports income of £400,000 per annum, as income has not kept pace with inflation. Compensating reductions in expenditure budgets of the service have been made;
(b) loss of £80,000 income to Community Services, due to falling usage by other City Council services – the service is making savings in its running costs, reflecting this reduced usage.

7.22 All management actions have been (or will be) assessed for equalities implications, and are not considered to present any at this stage.

7.23 After many years of growth in demand, it is pleasing to report that the cost of concessionary fares has now stabilised.

7.24 The department’s services feature heavily in the Spending Review Programme. Key ones are:

(a) a review of neighbourhood services, seeking to co-locate and integrate services (area by area) against a background of needing to deliver cost reductions;
(b) review of sports and leisure provision;
(c) review of parks and open spaces, with particular reference to the sums spent on grounds maintenance;
(d) review of the Council’s investment property portfolio, with a view to increasing net returns;
(e) review of technical services (encompassing highways maintenance, facilities management, property management and fleet management amongst the department’s services).

7.25 It is anticipated that substantial savings will accrue from the above.

Housing Portfolio

7.26 This is a small portfolio with a net spend of £5m.

7.27 The key service, from a financial perspective, is prevention of homelessness, which has been subject to review as a consequence of 2012/13 budget decisions. The review is currently being implemented, and is expected to save £2m per annum from 2014/15 (there will remain a small shortfall against the original budget, as shown below).

7.28 The portfolio has expenditure pressures which need to be managed if it is to live within its budget ceilings in 2014/15. These are shown below:

<table>
<thead>
<tr>
<th></th>
<th>2014/15 £000</th>
<th>2015/16 £000</th>
<th>2016/17 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness strategy</td>
<td>215</td>
<td>215</td>
<td>215</td>
</tr>
<tr>
<td>Hostel rents</td>
<td>165</td>
<td>165</td>
<td>380</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>215</strong></td>
<td><strong>380</strong></td>
<td><strong>380</strong></td>
</tr>
</tbody>
</table>

7.29 Council hostel dwellers are not currently exempt from the benefit cap, something which ministers did not intend, but are unlikely to rectify in the near future. In 2014/15, this can be managed with support from discretionary housing payments. However, it is also anticipated that (regardless of who the landlord is) there will be a cap on the amount of hostel rent which can be taken into account for universal credit purposes. It is expected, therefore, that hostel rents will not be fully reimbursed at current levels, which creates a budget pressure for the Housing portfolio.

7.30 One off departmental monies will be used to balance the budget in 2014/15. A full review of services will take place during 2014/15 to find the balance on a recurrent basis.

7.31 A follow-up to the homelessness review will report in September 2014 (part of the Council’s Spending Review Programme).
Public Health

7.32 In 2013/14, the Council became responsible for the delivery of public health services, the purpose of which is:

(a) to improve the health of the population;
(b) to ensure the health of the population is protected;
(c) to support improvements in health and care services.

7.33 Some new responsibilities are mandatory, whilst others are to be applied in response to local need. In practice, the Council has wide discretion to discharge its duties as it sees fit.

7.34 To enable the Council to deliver its responsibilities, a ringfenced grant of £22m will be received in 2014/15.

7.35 The budget contains provision for the delivery of a number of new services which were the responsibility of the NHS prior to 2013/14. However, transfer of responsibilities to the Council has provided the opportunity to look more holistically at what the Council does to promote health, and this work will continue. Spending of this grant will not follow the same configuration as for inherited services, recognising it would be sensible to invest in or protect some existing services which demonstrably have a beneficial impact on public health. This underlines the Council’s commitment to public health in its broadest sense, and determination to improve health outcomes. In future, the whole of the Drugs and Alcohol Team budget (which currently receives a £0.6m general fund subsidy) will be met from public health grant.

7.36 The public health services inherited from the NHS are gradually being re-commissioned, as contracts come up for renewal, and savings made.

Corporate Support and Resources

7.37 The key challenge facing the Corporate Resources and Support Department is to be as cost effective as possible, in order to maximise the amount of money available to run public facing services. In this context, the department has reduced staffing by around 200 in recent years, and made savings of some £12m per annum.

7.38 The department will continue to face significant challenge to be cost effective, and features strongly in the Spending Review Programme. In particular, services are gearing up to be more streamlined to match anticipated reduced activity elsewhere.
7.39 The department is able to manage within its budget ceilings for 2014/15, having absorbed new spending pressures (thus freeing up time to pursue the Spending Review activity). Cost pressures absorbed include:

(a) a small shortfall of £48,000 per annum in telephone savings anticipated from the Lync project, which is being met by efficiencies elsewhere in IT Services;
(b) an additional £80,000 expected cost from job evaluation appeals in the Delivery, Communications and Political Governance Division, which has been met by securing additional savings in a review of corporate administration.

7.40 Additionally, there is risk to the budget in 2014/15 and 2015/16:

(a) continued reductions in the £4m grant received for benefit administration are envisaged, particularly as responsibility for universal credit transfers to DWP;
(b) the introduction of a medical examiner service from 2015 will change the way in which all deaths are certified. This scheme is expected to be funded out of new fees levied on the next of kin. However, fee levels will be set by central government with the consequent risk of a shortfall (currently projected at up to £0.4m per annum);
(c) the move out of New Walk Centre and the relocation of the data centre will put new pressures on IT support, particularly increases in mobile working.

7.41 Most of the department’s services will be subject to periodic review during the period of the Spending Review Programme, with savings anticipated from continuing transformation as well as savings consequent to reductions elsewhere. The exception to this is IT Services, which will be subject to separate review and challenge from the perspective of what is currently available from modern IT offerings.

8. Corporately Held Budgets

8.1 In addition to the service budget ceilings, a number of budgets are held corporately. The key ones are described below (and shown in the table at paragraph 4).

8.2 The budget for capital financing represents interest and debt repayment costs on past years’ capital spending and planned capital spending (mostly the former). This budget is not managed to a cash ceiling, and is effectively controlled by the Director of Finance. Costs which fall to be met by this budget are driven by the Council’s approved treasury management strategy.
8.3 **Building Schools for the Future** (BSF) is a substantial programme of investment in secondary schools, partly funded by conventional finance and partly through the Private Finance Initiative (PFI). At the inception of the programme, the Council agreed to share the additional costs arising from this scheme with schools. All contracts for BSF have now been signed, and the programme will be substantially complete by 2015/16. The sum remaining in corporate budgets represents the Council’s contribution to costs for schools in the later phases of the programme. Over time, this money will be added to the budget of the Education and Children’s Services Department.

8.4 £0.5m per annum has been set aside for the costs of hardship awards to council tax payers who find it difficult to pay. In 2013/14, Government welfare reforms required the Council to introduce a council tax reduction scheme; this has resulted in low income taxpayers being required to contribute to their council tax for the first time.

8.5 The 2013/14 budget also provided for two one-off provisions to be made in 2014/15:-

(a) £5m for service transformation, making £6m in total between 2013 and 2015. This is intended to facilitate more radical options for service design which will enable us to reduce cost in later years, and is being used in conjunction with the Spending Review Programme;

(b) £1.5m (making £3m in total) to enable departments to invest in energy reduction schemes.

8.6 **Miscellaneous corporate budgets** include external audit fees, pensions costs of some former staff, levy payments to the Environment Agency, monies to mitigate the impact of budget reductions on protected groups under the Equality Act, bank charges, the carbon reduction levy and monies approved for the accommodation review. These budgets are offset by the effect of charges from the general fund to other statutory accounts of the Council, and remaining savings to be achieved through a review of employee terms and conditions (approved in earlier budgets). Charges to other statutory accounts have increased as a consequence of additional charges proposed to the HRA, as described in the report to Council on the HRA budget: this will help tenants to safeguard community services which the General Fund can no longer afford.

8.7 A contingency of £3m has been included in the budget for each of 2014/15 and 2015/16. This reflects the risk associated with the very substantial cost reduction programmes approved in earlier years’ budgets which are still being implemented. Whilst this risk should largely crystallise in 2014/15, there
remain substantial risks in 2015/16, particularly in respect of adult care funding, and departments’ ability to fund problems from within their own resources is reducing. Nonetheless, the contingency will only be used as a very last resort.

9. **Future Provisions**

9.1 This section of the report describes the future provisions shown in the table at paragraph 4 above. These are all indicative figures – budgets for these years will be set in February prior to the year in question.

9.2 The provision for **inflation** includes money for:

(a) an assumed 1% pay award each year, in line with current Government guidelines;

(b) a contingency for inflation on running costs. Following approval of the Council’s budget in February 2013, inflation provision will no longer be made on the generality of goods and services, with departments left to absorb this themselves. Exceptions have been made for the few services where this is not feasible: waste disposal, and independent sector residential and domiciliary care. Additionally, a small contingency of £250,000 per annum will be kept for individual departments to bid for in exceptional circumstances.

9.3 Provision has also been made for an increase in the costs of **national insurance** in 2016/17. This arises from the Government’s decision to replace the state second pension with a single flat rate scheme. Organisations which have previously “opted out” of the state second pension have received a rebate in their national insurance contributions; this includes local authorities, who have their own occupational pension scheme. This rebate will cease in 2016/17, at an estimated cost of over £3m per annum.

9.4 Provision has been made for further **severance** costs (see paragraph 14 below).

9.5 No provision has been made for any increase in the cost of employers’ pension contributions beyond 2014/15. It was agreed as part of the 2013/14 budget that these would cease to be funded with effect from 2015/16, with departments left to meet the cost themselves.

9.6 A **planning provision** has been provided in future years to reflect the severe difficulties in making accurate forecasts and to manage uncertainty. This is reviewed on an annual basis.
10. **Budget and Equalities**

10.1 The Council is committed to promoting equality of opportunity for its local residents; both through its policies aimed at reducing inequality of outcomes experienced by local residents, and through its practices aimed at ensuring fair treatment for all and the provision of appropriate and culturally sensitive services that meet local people’s needs.

10.2 Since April 2011, in accordance with section 149 of the Equality Act, the Council has been required by law to “have due regard” to the need to:

(a) eliminate discrimination;
(b) advance equality of opportunity between protected groups and others;
(c) foster good relations between protected groups and others.

10.3 Protected groups under the Equality Act 2010 are characterised by age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

10.4 Advancing equality of opportunity under our public sector equality duty includes removing and minimising disadvantage, meeting the needs of protected groups which are different to others (particularly the disabled), and encouragement to participate in public life.

10.5 The approach in this budget is to set financial ceilings for each service which act as maxima above which the City Mayor cannot spend (subject to his power of virement). The ceilings set reflect the budget strategy approved by the Council in February 2013 – no additional savings targets have been allocated to services. Decisions to live within the ceilings have been, or are being, taken by managers or the City Mayor; and where necessary these decisions are subject to a full equality assessment. Hence, a specific impact assessment has not been done for the budget as a whole (because there are no specifically identifiable impacts).

10.6 However, the period of national spending restraint (and local spending cuts) that we are living through have, undoubtedly, had an impact on service users and city residents. Consequently, it is felt important that the cumulative impact of changes in recent years is summarised for members, and that mitigating measures for anticipated negative impacts are identified.

10.7 The impact of service changes over the last three years should be considered against the background of the socio-economic profile of the city’s residents:
(a) the city’s population is young compared to the rest of the country, and is increasing. 55% of the city’s population is under the age of 34; the number of senior citizen households has declined from 23,000 in 2001 to 18,000 in 2011;
(b) the city has relatively low educational attainment and skills levels, particularly for disadvantaged children (notwithstanding improvements between 2001 and 2011). There remain 29% of adults in the city with no qualifications; and as of October 2013, there were 10,600 job seekers’ allowance claimants;
(c) there is high and increasing ethnic diversity – 51% of residents classified themselves as white in the 2011 census, compared to 64% in the 2001 census;
(d) Leicester is a deprived city, ranking as the 25th most deprived in the country. However, unlike other cities in the country, there is no strong link between ethnicity and poverty. There are currently 34,000 people claiming housing benefit in the city, and 40,000 claiming council tax support. Whilst 44,000 people receive universal child benefit, 33,000 also receive income support in the form of child tax credit.

10.8 The effect of budget proposals on different groups of residents has been considered in each of the last three years. Since 2012/13, consideration has been informed by the public sector equality duty, which expanded the groups for which potential impacts had to be identified and assessed. In 2011/12, the only protected characteristics under the then current legislation were race, disability and gender.

10.9 Taking together all our budgets since 2011/12, there is a pattern in respect of how and which groups are affected. The focus of budget proposals has been to minimise frontline service impacts in general, and impacts on the most disadvantaged/deprived residents in particular. This includes:

(a) substantial reductions being made in management, administration and back office services;
(b) the generation of efficiency savings wherever possible;
(c) in many cases, targeting of services where reductions have been made, moving away from universal models of provision;
(d) service re-design.

10.10 Notwithstanding this, particular impacts have been seen in respect of age (older people) and disability. In part, these are transition issues arising from the programme of transforming adult social care, and reflect the fact that change is challenging for many service users. For instance, a move from direct, buildings based, service provision to personalised budgets (whilst a positive development) needs to be managed to minimise disruption to service
users. Transition issues also include re-focusing of voluntary sector provision; and integration of community services. However, service users have also been affected by reviews of service charges, and by restricting service eligibility to a more strict assessment of statutory entitlement. Reductions are also being made in (non-statutory) housing related support services. Additionally, relocation of universal services to new premises, and reduced subsidies for some bus routes inevitably have the most significant negative impact on the least mobile.

10.11 Particular impacts have also been seen in respect of age (children). This has been an impact of substantial reductions in Government specific grants which existed prior to 2011/12 and can be seen, for instance, in targeting of services at children’s centres, changes to travel support, and reshaping of services commissioned for the 0-19 age group.

10.12 Part of the Council’s approach to its equality duty is to consider mitigating actions where negative impacts have been identified. A recent review of these actions shows that many of the anticipated negative impacts have in fact been reduced, or even removed, as a consequence of mitigating actions suggested at the time the budget proposals were made. This includes, for instance, amending proposals to change library services following user consultation, which has resulted in successful implementation with satisfied users; the provision of targeted information and individual support to adult social care users; achievement of efficiency savings as an alternative to closing bowling greens; and the continued promotion of the Duke of Edinburgh Award (for which Council funding ceased) by a regional body.

10.13 In addition to the above protected groups, it is believed that reductions have disproportionately affected those who most rely on public services due to low levels of income, despite the increased targeting of services towards those who need them. Thus, proposals to charge (or increase charges) for leisure provision, reduction in some play activity, and reduction in activity at children’s centres will have an impact on those who use them most. However, changes affecting people on lower income need to be seen in the context of the wider impact of the economic downturn and the Government’s welfare reforms; the latter has generally excluded older people from its remit, and had the most significant impact on the incomes of larger households in receipt of benefits. In Leicester:

(a) 13,000 council tax reduction scheme households have dependent children;
(b) 15,300 housing benefit households have dependent children;
(c) 1,300 households with children are subject to the ‘bedroom tax’;
(d) 200 households with dependent children are subject to benefit income capping.

10.14 It is believed that the impact of these measures will be felt more keenly than the impact of Council budget reductions, and are of course beyond the Council’s control. Nonetheless, it is important to understand the range and impacts of financial constraints currently being placed on our residents.

10.15 The Council is taking a number of steps to help mitigate the impact of its budgets, and wider changes, on its citizens. Given the likelihood of considerably more cuts in our funding, these will become all the more vital in the coming years. These include:

(a) the setting aside of a provision of £0.2m per year for the Executive to spend on measures to mitigate the most significant impacts, particularly where these are cumulative on any given group (whether protected or not);
(b) a review of advice provision, as part of the Council’s Spending Review Programme. It is recognised from the outset that there is not the same expectation of savings from this review as there is from the others, and one of its objectives is to develop (with partners) a ‘core city advice framework’;
(c) the setting aside of £0.5m per annum in the budget to support people unable to pay increased council tax charges due to hardship;
(d) a continued emphasis on supporting businesses who recruit apprentices to help promote employment and address skills levels. A key aim of the Economic Action Plan more generally is to improve employment opportunities and skills;
(e) administration of a number of programmes of discretionary relief, including discretionary housing payments;
(f) a rigorous approach to carrying out equality impact assessments for individual proposals affecting service provision (and the setting aside of a contingency in the budget to enable proposals to be modified if the impact on a protected group is too severe).

11. **Government Grant**

[Note: this section of the report is based on consultation information released by the Government and will be updated for settlement data]

11.1 As can be seen from the table at paragraph 4, government grant is a major component of the Council’s budget. Figures for 2014/15 and 2015/16 have been announced and will fall substantially (figures beyond 2015/16 have been
estimated). Cuts the Government has already announced are illustrated below:-

<table>
<thead>
<tr>
<th></th>
<th>2013/14 £m</th>
<th>2014/15 £m</th>
<th>2015/16 £m</th>
<th>Cuts 13/14 to 15/16</th>
<th>Cuts 14/15 to 15/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Support Grant</td>
<td>133.0</td>
<td>107.4</td>
<td>76.0</td>
<td>42.9%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Top-Up Grant</td>
<td>42.2</td>
<td>43.6</td>
<td>44.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Homes Bonus</td>
<td>3.9</td>
<td>5.9</td>
<td>7.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant Total</strong></td>
<td><strong>179.1</strong></td>
<td><strong>156.9</strong></td>
<td><strong>127.9</strong></td>
<td><strong>28.6%</strong></td>
<td><strong>18.5%</strong></td>
</tr>
</tbody>
</table>

11.2 The system of local government finance changed substantially in 2013/14. In place of formula grant, which was allocated by need, the Government introduced the business rates retention system. This meant that money previously allocated by formula grant was split two ways:

(a) an amount retained by local authorities from business rates collected locally;
(b) an amount distributed by the Government as Revenue Support Grant (RSG).

11.3 Under business rates retention, 50% of rates income is retained by local government and 50% paid over to central government. However, the Government has recognised that some authorities receive much more in rates income than others. Consequently:-

(a) deprived authorities (including us) receive a “top-up” grant;
(b) affluent authorities make a “tariff” payment.

11.4 Nationally, top-up payments equal tariff payments – at aggregate level, therefore, 50% of business rates income remains with local authorities.

11.5 The amount which would otherwise have been distributed as formula grant, minus the Government’s estimate of locally retained rates, is now distributed to local authorities as RSG.

11.6 In determining cuts, the Government curiously still sees retained business rates as central government funding. Thus, when it announces that local authority funding will be cut by a certain percentage, the Government is applying this to the sum of RSG and locally retained rates (now known as the “settlement funding assessment”). Because business rate poundages increase each year (as do top-up and tariff payments) this means that RSG
bears the full brunt of the funding cuts calculated with reference to a much bigger figure. Hence the substantial percentage reductions seen above.

11.7 Overall income reductions in 2015/16 will considerably exceed those announced in the Government’s spending plans announced in June 2013. There are 2 reasons for this:

(a) because some of the money set aside for local government is being held back for other purposes (including purposes for which the Government ought to be providing additional funding under the New Burdens Doctrine, such as social care reform), local authorities as a group are seeing much bigger reductions in their core funding;

(b) RSG is simply being scaled back from its 2013/14 levels. This, of course (and unlike the old formula grant) pays no regard to authorities’ different abilities to raise council tax. Hence, the most deprived authorities are facing much greater reductions in their overall spending power than more affluent authorities. Reductions range from 2.7% (Wokingham) to 12.2% (Hackney) in 2015/16 alone. Leicester’s comparable figure is 10.5%.

11.8 New Homes Bonus is a grant paid to authorities which roughly matches the council tax payable on new homes, and homes which have ceased to be empty on a long term basis. The grant is calculated with reference to a 2010/11 baseline, and will therefore grow each year until 2016/17; in 2017/18, 2011/12 will be used as the baseline, and the baseline will roll forward in the following years.

11.9 In June 2013, the Government proposed that (nationally) £400m of New Homes Bonus would be paid to local enterprise partnerships instead of councils, with effect from 2015/16. However, the Autumn Statement announced that this proposal would not be taken forward.

11.10 In addition to the grants shown above, there are two other grant streams. To the extent that these grants are received, they will contribute to the managed reserves strategy:-

(a) a “New Homes Bonus Adjustment” grant. New Homes Bonus is funded by “topslicing” money which would otherwise have been payable as RSG. The Government errs on the side of caution (from its perspective) and ensures enough has been deducted to cover the maximum expected cost. To the extent this is not required, it is refunded to local government. By its very nature, this grant is nigh on impossible to forecast. In 2013/14, £0.75m was received;
(b) a “Small Business Rate Relief Extension” grant. Small businesses pay less rates than large businesses; and this relief is more generous than it used to be under a temporary scheme to provide additional support for small businesses. This temporary scheme was due to end in 2012/13, and the business rate retention scheme was calibrated accordingly. It was, however, subsequently extended; and the Government has promised additional grant to compensate local authorities for loss of their 50% share of rates foregone. Details of how grant will be provided are extremely late – whilst a sum in excess of £1m is expected in 2013/14, with a 60% advance payment, nothing has been received at the time of writing. At present, the scheme is due to end in March 2015. Nothing has been budgeted for this grant.

11.11 We have no grant figures for years beyond 2015/16, and 2016/17 spending plans will be set after the general election. However, the current Government does anticipate national spending reductions to 2017/18 and beyond, and these are reflected in national spending plans (at aggregate level). The table at paragraph 4 assumes the national “settlement funding assessment” will fall by 12% in each of 2016/17 and 2017/18 (compared with 13% in 2015/16). Reality could be better or worse than this.

12. Local Taxation Income

12.1 Local tax income consists of three elements:

(a) the retained proportion of business rates;
(b) council tax;
(c) surpluses arising from previous collection of council tax and business rates.

12.2 Local government now retains 50% of the rates collected, as discussed above. In Leicester, 1% is paid to the Fire Authority, and 49% is retained by the Council.

12.3 Rates estimates have been made in advance of the Autumn Statement announcements. The Autumn Statement included the following:-

(a) a cap on the index linking of rates to 2% (which is less than inflation);
(b) new discounts for some small businesses with a rateable value of less than £50,000;
(c) discounts for businesses which occupy premises that have been empty for a long period of time.
12.4 Details of these new discounts have not been received at the time of writing, and the effect cannot therefore be quantified. The Government has committed to reimburse authorities for the additional costs, but we do not know how this will be done or whether grant will match loss on a pound for pound basis.

12.5 Revised rates estimates will be included when this report is considered by the Council, together with details of compensating grant.

12.6 Rates estimates have been based upon:

(a) the existing rateable value;
(b) changes in rateable value for known developments;
(c) provision for successful appeals; and
(d) an assumed real terms decline in our rates base after 2014/15, of 0.7% per annum (consistent with recent years).

12.7 The most difficult element in estimating rates income is the effect of appeals by ratepayers, which can result in refunds going back a number of years. 49% of any such refunds fall to be paid by the Council, even where they relate to periods prior to introduction of the Business Rate Retention Scheme.

12.8 Any future academy conversions will have an impact on rates income, as academies are entitled to mandatory rate relief. Conversions to date have not had a significant impact (because voluntary aided schools were receiving relief prior to conversion). However, loss of any large schools in the future would cost the authority around £50,000 per school in lost rates.

12.9 The Council is part of a “pool” with the other authorities in Leicestershire. Pools are beneficial in cases where shire district councils’ rates are expected to grow, as pooling increases the amount of rates which can be retained locally in these areas. Any additional retained rates will be available to spend on regional economic regeneration activities. 2013/14 was the first year of the pool, and it is not yet known whether or not a surplus has been created (this will depend to a large extent on outstanding appeals in the county area). The amount of rates collected by the City Council does not affect the economics of the pool.

12.10 The new discounts announced in the Autumn Statement may affect the pool surplus achievable in 2014/15.

12.11 Council tax income is estimated at £82.2m in 2014/15, based on a tax increase of 1.99%. This is higher than was envisaged when last year’s budget was set, and reflects an increase in the taxbase. For planning
purposes, a tax increase of 2% has been assumed in 2015/16, and 3% thereafter.

12.12 For the fourth year running, the Government has offered the Council money to freeze its council tax:

(a) in 2011/12, the Government offered an annual grant, equivalent to a 2.5% increase, to freeze our tax. This was accepted, and the grant of £2.3m has been received ever since (although it has now been absorbed into the Business Rates Retention Scheme/Revenue Support Grant);
(b) in 2012/13, the Government again offered a grant equivalent to a 2.5% increase, but payable in 2012/13 only. This was not accepted, as it would have resulted in a loss of income from 2013/14 onwards;
(c) in 2013/14, the Government offered a more complicated deal, which would have resulted in money being received for a limited period (2013/14 and 2014/15). The period over which the money will be received has now been extended to 2015/16, but no guarantees of continuation have been provided beyond then;
(d) in 2014/15, the Government is making another complicated offer. In effect, if we froze grant, we would receive £1.1m in each of 2014/15 and 2015/16, with no guarantee beyond this. A 1.99% tax rise provides £1.6m per annum on a permanent basis.

12.13 The Government requires local authorities to hold a referendum if tax rises which exceed 2% are proposed. They have also indicated that the same limit will apply in 2015/16.

12.14 The table below compares the estimated income which would be received by the Council through implementing a tax increase of 1.99% in 2014/15, and compares this with the grant income receivable from a tax increase of 0%. Future tax rises remain as assumed above:
### Tax Increase in 2014/15

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<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<td>2014/15</td>
<td>£1,603</td>
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<tr>
<td>2015/16</td>
<td>£1,641</td>
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<tr>
<td>2016/17</td>
<td>£1,697</td>
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<tr>
<td>2017/18</td>
<td>£1,754</td>
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### Tax Freeze in 2014/15

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>2015/16</td>
<td>£1,055</td>
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<tr>
<td>2016/17</td>
<td>?</td>
</tr>
<tr>
<td>2017/18</td>
<td>?</td>
</tr>
</tbody>
</table>

12.15 The budget for 2014/15 includes a collection fund surplus arising from previous years’ collection of council tax (£2.3m) and business rates (£0.1m). In previous years, surpluses in respect of business rates have not featured in the budget: as a consequence of the business rates retention scheme, they will now be routine feature of budget setting.

13. **General Reserves and the Managed Reserves Strategy**

13.1 It is essential that the Council has a minimum working balance of reserves in order to be able to deal with the unexpected. This might include:

- (a) an unforeseen overspend;
- (b) a contractual claim;
- (c) an uninsured loss.

13.2 In the current climate, the Council also needs to guard against slippage in the achievement of budget savings.

13.3 The Council has agreed to maintain a minimum balance of £15m of reserves. The Council also has a number of earmarked reserves, which are further described in section 14 below.

13.4 In the 2013/14 budget strategy, the Council approved the adoption of a managed reserves strategy. This involved contributing monies to reserves in 2013/14 and 2014/15, and drawing down reserves in 2015/16 and 2016/17. In practice, this policy has “bought time” to more fully consider how we address the substantial cuts we are still facing.
13.5 As a consequence of the managed reserves strategy, the budget remains balanced until 2015/16. Forecast reserve balances are:

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<th>2014/15 £m</th>
<th>2015/16 £m</th>
<th>2016/17 £m</th>
</tr>
</thead>
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<tr>
<td>Planned reductions</td>
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<td>(3.8)</td>
<td>(25.3)</td>
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<tr>
<td><strong>Carried forward</strong></td>
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<td>40.2</td>
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<tr>
<td>Less minimum required balance</td>
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<td>(15.0)</td>
</tr>
<tr>
<td><strong>Available balance</strong></td>
<td></td>
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</table>

13.6 Clearly these forecasts are volatile, accumulating as the do the risk inherent in every expenditure and income forecast in this budget report. Any savings made from the Spending Review Programme in advance of 2015/16 can be used to continue this policy, and further mitigate the impact of future cuts.

14. **Earmarked Reserves**

14.1 Appendix Four shows the Council’s earmarked revenue reserves as they stood on 31st March 2013, and as projected by March 2014. These have been set aside, sometimes over a number of years, for specific purposes. Of the ringfenced reserves:

(a) school monies and public health monies are ringfenced by law, and cannot be spent on other purposes;

(b) NHS monies have been given for specific purposes by the NHS.

14.2 The capital reserve is committed to fund the capital programme, and the forecast balance will be used to fund slippage. The actual balance will depend upon year end financing decisions, and whether expenditure is financed by revenue or capital grant.

14.3 The balance on the BSF reserve is significant, and has accumulated over many years from Government grant. This is now starting to be spent, will decline substantially in 2014/15, and be almost entirely spent in 2015/16 (a small amount will remain for IT renewals).

14.4 In 2011/12, the Council set up an earmarked reserve to meet the costs of severance, which was topped up with further contributions in 2012/13 and 2013/14. The balance on this reserve is projected to be £14m at the end of
2013/14, and it is believed that this will be sufficient to meet costs of severance arising from actions required to deliver this budget, and the Spending Review Programme. There is not sufficient funding to meet any additional severance costs required to achieve savings of £60m per annum by 2017/18 and it is estimated that a further £8m will be required in 2016/17.

14.5 The insurance fund exists to meet claims against the Council for which we act as our own insurer (there is a further “provision” for actual known claims which stood at £5.8m in March 2013).

15. **Risk Assessment and Adequacy of Estimates**

15.1 Best practice requires me to identify any risks associated with the budget; and the Local Government Act 2003 requires me to report on the adequacy of reserves and the robustness of estimates.

15.2 In the current economic climate, it is inevitable that the budget carries significant risk.

15.3 In my view, whilst very difficult, the budget for 2014/15 is achievable subject to the risks and issues described below. For budgetary control purposes, the budget of the Council is split into departments, with a strategic director accountable for spending within budget. Inevitably, some individual service reductions will not achieve the full expected savings, and issues will surface during the course of the year which will unexpectedly cost money. The Council has always, however, operated flexible budget management rules which enable pressures to be dealt with as they arise.

15.4 The paragraphs below deal with what I believe to be the most significant risks in the budget.

15.5 There is a significant risk that budget savings are not delivered, or take longer to deliver than anticipated. The cumulative impact of budget savings agreed since 2011/12 means that some £13m of savings remain to be implemented in 2014/15, plus any slippage in savings expected in earlier years.

15.6 Slippage can, to an extent, be managed; but will affect the managed reserves strategy discussed above. Failure to implement the full required savings at all will, however, affect our longer-term position.

15.7 The second significant risk is economic downturn, nationally or locally. This could result in:
(a) further cuts to Revenue Support Grant in 2015/16 (despite the 2 year settlement); or Revenue Support Grant for later years being less than current projections (this may happen even in a period of economic recovery, if the recovery is less strong than current Treasury/OBR forecasts);
(b) falling business rate income due to business failures;
(c) increased cost of council tax reductions for low income taxpayers;
(d) growing need for Council services;
(e) an increase in bad debts.

15.8 We also continue to be responsible for substantial demand-led services such as adult care and concessionary travel. The former is particularly susceptible to the impact of any new, high cost clients. In the medium term there remains work to do to put the adult social care budget on a sustainable footing, and risk remains until this is resolved.

15.9 The growth of academies will lead to loss of income for the Education and Children’s Services Department, which cannot be readily compensated by cost reductions unless a critical mass of schools seek to become academies. Each pupil brings £116 to the Council in Education Services Grant, which would be lost when a school becomes an academy. Academy conversion will also lead to loss of business rates income.

15.10 The budget seeks to manage these risks as follows:

(a) a £3m contingency has been included in the 2014/15 budget and provisional 2015/16 budget. In addition to managing risk, this provides resource for the City Mayor to revisit any proposed service reductions, particularly if needed to satisfy our equality duties. Should the contingency prove insufficient, the managed reserves strategy will need to be revisited;
(b) a minimum balance of £15m reserves will be maintained;
(c) a planning contingency is included in the budget from 2015/16 onwards (£3m per annum accumulating).

15.11 Subject to the above comments, I believe the Council’s general and earmarked reserves to be adequate. I also believe estimates made for pay, price, and capital financing are robust. (Whilst no inflation is provided for the generality of running costs in 2015/16, some exceptions are made, and it is believed that services will be able to manage without an allocation).

15.12 Strategic directors, supported by their heads of finance, believe the financial estimates in their budget proposals are robust.
16. **Comments received on the Draft Budget**

16.1 This section of the draft report will be completed once consultation has concluded.

17. **Borrowing**

17.1 Local authority capital expenditure is based on a system of self-regulation, based upon a code of practice (the “prudential code”).

17.2 The Council complies with the code of practice, which requires us to agree a set of indicators to demonstrate that any borrowing is affordable, sustainable and prudent. To comply with the code, the Council must approve the indicators at the same time as it agrees the budget. The substance of the code pre-dates the recent huge cutbacks in public spending.

17.3 Since 2011/12, the Government has been supporting all new general fund capital schemes by grant. Consequently, any new borrowing has to be paid for ourselves.

17.4 Until 2012/13, the Council supplemented the national code with local indicators which measured the impact of unsupported borrowing. Changes to the system of local government finance, and to the way government supports capital schemes, has now rendered these obsolete.

17.5 Attached at Appendix Three are the prudential indicators which would result from the proposed budget. A limit on total borrowing, which the Council is required to set by law, is approved separately as part of the Council’s treasury strategy.

17.6 The Council will continue to use borrowing for “spend to save” investment which generates savings to meet borrowing costs.

18. **Minimum Revenue Provision**

18.1 By law, the Council is required to charge to its budget each year an amount for the repayment of debt. This is known as “minimum revenue provision” (MRP). The purpose of this section of the report is to propose a policy in respect of calculating MRP.

18.2 Historic supported borrowing will be charged to revenue at a rate equal to 4% of outstanding debt.
18.3 For other borrowing, the policy statement members are asked to endorse is as follows:

(a) **basis of charge** – where borrowing pays for an asset, the debt repayment calculation will be based on the life of the asset; where borrowing funds a grant or investment, the debt repayment will be based upon the length of the Council's interest in the asset financed (which may be the asset life, or may be lower if the grantee's interest is subject to time limited restrictions); where borrowing funds a loan to a third party, the basis of charge will normally be the period of the loan;

(b) **commencement of charge** – debt repayment will normally commence in the year following the year in which the expenditure was incurred. However, in the case of expenditure incurred relating to the construction of an asset, the charge will commence in the year in which the asset becomes operational. The charge would normally be based on an equal instalment of principal, but could be set on an annuity basis where the Director of Finance deems appropriate;

(c) **asset lives** – the following maximum asset lives are proposed:

- Land – 50 years;
- Buildings – 50 years;
- Infrastructure – 40 years;
- Plant and equipment – 20 years;
- Vehicles – 10 years;
- Loan premia – the higher of the residual period of loan repaid and the period of the replacement loan;

(d) **voluntary set-aside** – authority to be given to the Director of Finance to set-aside sums voluntarily for debt repayment, where she believes the standard depreciation charge to be insufficient, subject to such decisions being reported annually as part of the revenue outturn.

19. **Financial Implications**

19.1 This report is exclusively concerned with financial issues.

19.2 Section 106 of the Local Government Finance Act 1992 makes it a criminal offence for any member with arrears of council tax which have been outstanding for two months or more to attend any meeting at which a decision affecting the budget is to be made unless the member concerned declares the arrears at the outset of the meeting and that as a result s/he will not be voting. The member can, however, still speak. The rules are more circumscribed for the City Mayor and Executive. Any executive member who has arrears outstanding for 2 months or more cannot take part at all.
20. **Legal Implications (Kamal Adatia, City Barrister)**

20.1 The budget preparations have been in accordance with the Council’s Budget and Policy Framework Procedure Rules – Council’s Constitution – Part 4C. The decision with regard to the setting of the Council’s budget is a function under the constitution which is the responsibility of the full Council.

20.2 At the budget-setting stage, Council is estimating, not determining, what will happen as a means to the end of setting the budget and therefore the council tax. Setting a budget is not the same as deciding what expenditure will be incurred. The Local Government Finance Act, 1992, requires an authority, through the full Council, to calculate the aggregate of various estimated amounts, in order to find the shortfall to which its council tax base has to be applied. Council can allocate more or less funds than are requested by the Mayor in his proposed budget.

20.3 As well as detailing the recommended council tax increase for 2014/15, the report also complies with the following statutory requirements:

(a) Robustness of the estimates made for the purposes of the calculations;
(b) Adequacy of reserves;
(c) The requirement to set a balanced budget.

20.4 Section 65 of the Local Government Finance Act, 1992, places upon local authorities a duty to consult representatives of non-domestic ratepayers before setting a budget. There are also no specific statutory requirements to consult residents, although in the preparation of this budget the Council has undertaken tailored consultation exercises with wider stakeholders.

20.5 As set out at paragraph 2.11 the discharge of the ‘function’ of setting a budget triggers the duty in s.149 of the Equality Act, 2010, for the Council to have “due regard” to its public sector equality duties. These are set out in section 10. There are considered to be no specific proposals within this year’s budget that could result in new changes of provision that could affect different groups of people sharing protected characteristics. As a consequence, there are no service-specific ‘impact assessments’ that accompany the budget, and instead the Council has considered the cumulative impact of the budget proposals over time when applying “due regard” to approving this year’s budget.
21. **Other Implications**

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<th>Other Implications</th>
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<th>Paragraph References within the report</th>
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<td>Policy</td>
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<td>Human Rights Act</td>
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22. **Background Papers**

23. **Report Author**

Mark Noble  
Head of Financial Strategy  
11th December 2013
## BUDGET CEILINGS 2014/15

### Appendix One

<table>
<thead>
<tr>
<th>Divisional Management</th>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
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<td><strong>1.4 City Centre</strong></td>
<td>479.5</td>
<td></td>
<td>6.2</td>
<td></td>
<td></td>
<td>485.7</td>
</tr>
<tr>
<td><strong>1.5 Property Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Management</td>
<td>7,506.8</td>
<td>(340.0)</td>
<td>109.1</td>
<td></td>
<td></td>
<td>7,275.9</td>
</tr>
<tr>
<td>Environment team</td>
<td>294.7</td>
<td></td>
<td>5.1</td>
<td></td>
<td></td>
<td>299.8</td>
</tr>
<tr>
<td>Markets</td>
<td>(409.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(409.2)</td>
</tr>
<tr>
<td>Energy Management</td>
<td>246.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>246.6</td>
</tr>
<tr>
<td>Fleet Management (Trading)</td>
<td>(250.0)</td>
<td>(50.0)</td>
<td></td>
<td></td>
<td></td>
<td>(300.0)</td>
</tr>
<tr>
<td><strong>Divisional sub-total</strong></td>
<td>7,388.9</td>
<td>(390.0)</td>
<td>114.2</td>
<td>0.0</td>
<td></td>
<td>7,113.1</td>
</tr>
<tr>
<td><strong>1.6 Departmental Overheads</strong></td>
<td>853.0</td>
<td></td>
<td>2.0</td>
<td></td>
<td></td>
<td>855.0</td>
</tr>
<tr>
<td><strong>DEPARTMENTAL TOTAL</strong></td>
<td>71,408.9</td>
<td>(1,652.0)</td>
<td>670.7</td>
<td>352.0</td>
<td>0.0</td>
<td>70,779.6</td>
</tr>
</tbody>
</table>
## Budget Ceilings 2014/15

### Appendix One

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
</tr>
</tbody>
</table>

### 2. Adults & Housing

#### 2.1 Adult Social Care & Safeguarding

| Management                                | 600.7 (556.0) | 0.9   | 45.6                     |
| Safeguarding & Emergency Duty Team        | 1,191.3       | 3.4   | 1,194.7                  |
| Independent Living                        | 4,449.2       | 10.7  | 4,009.9                  |
| Assessments & Commissioning               | 59,729.4      | 2,035.0 | 2,200.0                  |

**Divisional sub-total**

|                      | 65,970.6       | 3,041.0 | 827.8 | 2,200.0 | 65,957.4 |

#### 2.2 Care Services & Commissioning

| Care Services Management                  | 239.8         | 3.7    | 243.5         |
| Residential Care (In-House)               | 4,842.7 (2,373.0) | (36.6) | (1,072.0) | 1,361.1 |
| Day Opportunities (In-House)              | 4,423.6 (548.0) | (12.9) | 37.0 | 3,899.7 |
| Commissioned Services                     | 11,339.5 (353.0) | 156.7 | 1,035.0 | 12,178.2 |
| Drugs & Alcohol Action Team               | 640.1         | 5,644.0 | 6,284.1 |
| Directorate                              | 302.3         | 0.4    | 302.7          |

**Divisional sub-total**

|                      | 21,788.0 (3,274.0) | 111.3 | 5,644.0 | 0.0 | 24,269.3 |

#### 2.3 City Public Health & Health Improvement (see note)

| Sexual health                | 4,765.6         | (573.0) | 4,192.6         |
| NHS Health Checks            | 981.0           | 120.0   | 1,101.0         |
| Children 5-19                | 1,981.7         | (180.0) | 1,801.7         |
| Smoking & tobacco            | 1,227.0         |        | 1,227.0         |
| Substance Misuse             | 6,106.5 (5,644.0) |       | 462.5          |
| Physical Activity            | 667.5           | 325.0   | 992.5          |
| Other public health          | 4,265.7         | (590.0) | 3,675.7         |
| Grant income                 | (19,995.0)      | 19,995.0 | 0.0          |

**Divisional sub-total**

|                      | 0.0          | 0.0     | 14,351.0 (898.0) | 13,453.0 |

#### 2.4 Housing Services

|                      | 6,659.4 (1,000.0) | (48.7) | 5,610.7          |

#### 2.5 Public Health grant income

|                      | 0.0          | (19,995.0) | (2,000.0) | (21,995.0) |

**DEPARTMENT TOTAL**

|                      | 94,418.0 (7,315.0) | 890.4 | 0.0 | (698.0) | 87,295.4 |

### Note

For the 2013/14 budget process, Public Health funding was shown as a single line with a net nil spend (as all expenditure was covered by specific grant income); a notional split of expenditure was later added and is included above. For this year, the major areas of spend are shown separately. In addition, in-house service spend (of which the largest element is the Drugs & Alcohol Team) is shown under spending departments’ budget lines to avoid double-counting of budgets.
### 3. Education & Children's Services

#### 3.1 Young People's Support

<table>
<thead>
<tr>
<th></th>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Prevention</td>
<td>13,791.5</td>
<td>(1,961.0)</td>
<td>72.6</td>
<td>(2,470.0)</td>
<td>9,433.1</td>
<td></td>
</tr>
<tr>
<td>Youth Service</td>
<td>3,554.7</td>
<td>(158.0)</td>
<td>29.2</td>
<td>(603.0)</td>
<td>2,822.9</td>
<td></td>
</tr>
<tr>
<td>Attendance Service</td>
<td>928.2</td>
<td>(0.3)</td>
<td>0.0</td>
<td></td>
<td>927.9</td>
<td></td>
</tr>
<tr>
<td>Youth Offending Service</td>
<td>1,342.1</td>
<td>(16.6)</td>
<td>0.0</td>
<td></td>
<td>1,325.5</td>
<td></td>
</tr>
<tr>
<td>Divisional Budgets</td>
<td>(1,464.9)</td>
<td>(20.5)</td>
<td>1,910.0</td>
<td></td>
<td>424.6</td>
<td></td>
</tr>
<tr>
<td>Operational Transport</td>
<td>(111.6)</td>
<td></td>
<td>0.0</td>
<td></td>
<td>(111.6)</td>
<td></td>
</tr>
<tr>
<td>School Support Services</td>
<td>4,895.5</td>
<td>(96.0)</td>
<td>69.8</td>
<td></td>
<td>4,789.3</td>
<td></td>
</tr>
</tbody>
</table>

**Divisional sub-total**

|                      | 22,935.5                   | (2,215.0)         | 134.2      | 0.0                       | (1,243.0)         | 19,611.7               |

#### 3.2 Learning Services

|                      | 2,863.2                    | (10.0)            | 7.4        | (343.0)                   | 2,517.6           |
| Removing Barriers    | 2,934.5                    | (27.0)            | 6.0        | (400.0)                   | 2,513.5           |

**Divisional sub-total**

|                      | 5,797.7                    | (37.0)            | 13.4       | 0.0                       | (743.0)           | 5,031.1                |

#### 3.3 Social Care & Safeguarding

|                      | 8,209.7                    | (63.0)            | 28.4       | (131.0)                   | 8,044.1           |
| Resources            | 26,899.9                   | 269.2             | (426.0)    | 26,743.1                 |
| Safeguarding Unit    | 1,807.8                    | 1.9               | (54.0)     | 1,755.7                  |

**Divisional sub-total**

|                      | 36,917.4                   | (63.0)            | 299.5      | 0.0                       | (611.0)           | 36,542.9              |

#### 3.4 Adult Skills & Learning Service

|                      | (890.5)                    | 1.0               | 0.0        |                           | (889.5)           |

#### 3.5 Departmental Resources

|                      | 1,582.3                    | 24.0              | (1,926.0)  | (319.7)                   |
| Education Services Grant | (6,624.0)                | 0.0               | 350.4      | (6,273.6)                |
| Early Intervention Grant | (382.6)                   | (4,000.0)         | 4,382.6    | 0.0                       |

**Divisional sub-total**

|                      | (5,424.3)                   | (4,000.0)         | 24.0       | 0.0                       | 2,807.0           | (6,593.3)              |

**DEPARTMENTAL TOTAL**

|                      | 59,335.8                    | (6,314.0)         | 471.1      | 0.0                       | 210.0             | 53,702.9 |

## BUDGET CEILINGS 2014/15

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
<td>{000}</td>
</tr>
</tbody>
</table>

### 4. Corporate Resources Department

4.1 Delivery, Communications & Political Governance

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,557.5</td>
<td>(45.0)</td>
<td>53.2</td>
<td></td>
<td></td>
<td>8,565.7</td>
</tr>
</tbody>
</table>

4.2 Financial Services

- **Financial Support**: 5,871.1 (465.0) (17.2) 5,388.9
- **Revenues & Benefits**: 2,980.6 233.0 14.1 3,227.7

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,851.7</td>
<td>(232.0)</td>
<td>(3.1)</td>
<td>0.0</td>
<td>0.0</td>
<td>8,616.6</td>
</tr>
</tbody>
</table>

4.3 Human Resources

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,168.2</td>
<td>(149.0)</td>
<td>(20.1)</td>
<td></td>
<td></td>
<td>2,999.1</td>
</tr>
</tbody>
</table>

4.4 Information Services

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,375.9</td>
<td>(1,115.0)</td>
<td>(23.8)</td>
<td></td>
<td></td>
<td>8,237.1</td>
</tr>
</tbody>
</table>

4.5 Legal Services

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,076.1</td>
<td>(28.0)</td>
<td></td>
<td></td>
<td></td>
<td>2,048.1</td>
</tr>
</tbody>
</table>

### DEPARTMENTAL TOTAL

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>32,029.4</td>
<td>(1,541.0)</td>
<td>(21.8)</td>
<td>0.0</td>
<td>0.0</td>
<td>30,466.6</td>
</tr>
</tbody>
</table>

### GRAND TOTAL

<table>
<thead>
<tr>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>257,192.1</td>
<td>(16,822.0)</td>
<td>2,010.4</td>
<td>352.0</td>
<td>(488.0)</td>
<td>242,244.5</td>
</tr>
</tbody>
</table>
Appendix Two

Scheme of Virement

1. This appendix explains the scheme of virement which will apply to the budget, if it is approved by the Council.

Budget Ceilings

2. Strategic directors are authorised to vire sums within budget ceilings without limit, providing such virement does not give rise to a change of Council policy.

3. Strategic directors are authorised to vire money between any two budget ceilings within their departmental budgets, provided such virement does not give rise to a change of Council policy. The maximum amount by which any budget ceiling can be increased or reduced during the course of a year is £500,000. This money can be vired on a one-off or permanent basis.

4. Strategic directors are responsible, in consultation with the appropriate Assistant Mayor if necessary, for determining whether a proposed virement would give rise to a change of Council policy.

5. Movement of money between budget ceilings is not virement to the extent that it reflects changes in management responsibility for the delivery of services.

6. The City Mayor is authorised to increase or reduce any budget ceiling. The maximum amount by which any budget ceiling can be increased during the course of a year is £5m. Increases or reductions can be carried out on a one-off or permanent basis.

7. The Director of Finance may vire money between budget ceilings where such movements represent changes in accounting policy, or other changes which do not affect the amounts available for service provision.

8. Nothing above requires the City Mayor or any director to spend up to the budget ceiling for any service.

Corporate Budgets

9. The following authorities are granted in respect of corporate budgets:

(a) the City Mayor may commit sums set-aside for energy cost reduction schemes;
Appendix Two

(b) The City Mayor may commit sums set-aside as service transformation provisions;
(c) the Director of Finance may commit the council tax hardship fund;
(d) the Director of Finance may incur costs for which there is provision in miscellaneous corporate budgets, except that any policy decision requires the approval of the City Mayor;
(e) the City Mayor may determine the use of the in-year budget contingency, including using it to supplement any budget ceilings (within the limit at paragraph 6 above) or corporate budgets;
(f) the Director of Finance may allocate the sum held for BSF.

Earmarked Reserves

10. Earmarked reserves may be created or dissolved by the City Mayor. In creating a reserve, the purpose of the reserve must be clear.

11. Strategic directors may add sums to an earmarked reserve, from:
   (a) a budget ceiling, if the purposes of the reserve are within the scope of the service budget;
   (b) a carry forward reserve, subject to the usual requirement for a business case.

12. Strategic directors may spend earmarked reserves on the purpose for which they have been created.

13. When an earmarked reserve is dissolved, the City Mayor shall determine the use of any remaining balance.
1. Introduction

1.1 This appendix details the recommended prudential indicators for general fund borrowing and HRA borrowing.

2. Proposed Indicators of Affordability

2.1 The ratio of financing costs to net revenue budget:

<table>
<thead>
<tr>
<th></th>
<th>2014/15 Estimate %</th>
<th>2015/16 Estimate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>4.6</td>
<td>5.2</td>
</tr>
<tr>
<td>HRA</td>
<td>10.5</td>
<td>10.3</td>
</tr>
</tbody>
</table>

2.2 The estimated incremental impact on council tax and average weekly rents of capital investment decisions proposed in the general fund budget and HRA budget reports over and above capital investment decisions that have previously been taken by the Council are:

<table>
<thead>
<tr>
<th></th>
<th>2013/14 Estimate £</th>
<th>2014/15 Estimate £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band D council tax</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>HRA rent</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Appendix Three

3. **Indicators of Prudence**

3.1 The forecast level of capital expenditure to be incurred for the years 2013/14 and 2014/15 (based upon the Council capital programme, and the proposed budget and estimates for 2014/15) are:

<table>
<thead>
<tr>
<th>Area of expenditure</th>
<th>2013/14 Forecast £000s</th>
<th>2014/15 Estimate £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s services</td>
<td>5,278</td>
<td>28,569</td>
</tr>
<tr>
<td>Young People</td>
<td>300</td>
<td>0</td>
</tr>
<tr>
<td>Social Care &amp; Safeguarding</td>
<td>77</td>
<td>80</td>
</tr>
<tr>
<td>Learning Services</td>
<td>43</td>
<td>0</td>
</tr>
<tr>
<td>Early Prevention</td>
<td>150</td>
<td>643</td>
</tr>
<tr>
<td>BSF</td>
<td>82,357</td>
<td>54,537</td>
</tr>
<tr>
<td>Transport</td>
<td>13,688</td>
<td>10,238</td>
</tr>
<tr>
<td>Cultural &amp; Neighbourhood Services</td>
<td>4,444</td>
<td>3,088</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>910</td>
<td>3,230</td>
</tr>
<tr>
<td>Economic Regeneration</td>
<td>20,563</td>
<td>26,336</td>
</tr>
<tr>
<td>Adult Care</td>
<td>1,343</td>
<td>4,281</td>
</tr>
<tr>
<td>Property</td>
<td>15,251</td>
<td>7,941</td>
</tr>
<tr>
<td>Housing Strategy &amp; Options</td>
<td>3,365</td>
<td>1,867</td>
</tr>
</tbody>
</table>

**Total General Fund**

| Total General Fund                   | 147,769                | 140,810               |

| Housing Revenue Account              | 26,075                 | 25,513                |

| Total                                | 173,844                | 166,323               |
3.2 The capital financing requirement measures the authority's underlying need to borrow for a capital purpose is shown below. This includes PFI recognised on the balance sheet.

<table>
<thead>
<tr>
<th></th>
<th>2013/14 Estimate £000s</th>
<th>2014/15 Estimate £000s</th>
<th>2015/16 Estimate £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>357,462</td>
<td>373,504</td>
<td>374,459</td>
</tr>
<tr>
<td>HRA</td>
<td>218,566</td>
<td>220,626</td>
<td>219,026</td>
</tr>
</tbody>
</table>

4. **Treasury Limits for 2013/2014**

4.1 The Treasury Strategy, which includes a number of prudential indicators required by CIPFA’s prudential code for capital finance, has been submitted as a separate report to the Council.
### Earmarked Reserves

<table>
<thead>
<tr>
<th>Ring-fenced Reserves</th>
<th>31st March 2013</th>
<th>31st March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools Balances</td>
<td>24,651</td>
<td>24,651</td>
</tr>
<tr>
<td>DSG not delegated to schools</td>
<td>6,609</td>
<td>6,609</td>
</tr>
<tr>
<td>School Capital Fund</td>
<td>5,449</td>
<td>3,000</td>
</tr>
<tr>
<td>Schools Buy Back</td>
<td>1,136</td>
<td>900</td>
</tr>
<tr>
<td>NHS Joint Working Projects</td>
<td>12,957</td>
<td>7,355</td>
</tr>
<tr>
<td>Public Health</td>
<td>3,313</td>
<td>3,313</td>
</tr>
<tr>
<td><strong>Total ring-fenced</strong></td>
<td><strong>54,115</strong></td>
<td><strong>45,828</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporate reserves</th>
<th>31st March 2013</th>
<th>31st March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Reserve</td>
<td>25,957</td>
<td>10,000</td>
</tr>
<tr>
<td>Building Schools for the Future - Financing</td>
<td>37,027</td>
<td>19,740</td>
</tr>
<tr>
<td>Severance</td>
<td>9,271</td>
<td>14,500</td>
</tr>
<tr>
<td>Insurance Fund</td>
<td>5,382</td>
<td>5,400</td>
</tr>
<tr>
<td>Job Evaluation (inc. Schools Catering)</td>
<td>1,225</td>
<td>1,225</td>
</tr>
<tr>
<td><strong>Total corporate</strong></td>
<td><strong>78,862</strong></td>
<td><strong>50,865</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>31st March 2013</th>
<th>31st March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT Reserves</td>
<td>2,050</td>
<td>1,450</td>
</tr>
<tr>
<td>Connexions Closure</td>
<td>1,797</td>
<td>1,200</td>
</tr>
<tr>
<td>CDN departmental reserve</td>
<td>2,874</td>
<td>990</td>
</tr>
<tr>
<td>Strategic Initiatives</td>
<td>1,043</td>
<td>500</td>
</tr>
<tr>
<td>Social Care Replacement IT System</td>
<td>2,099</td>
<td>500</td>
</tr>
<tr>
<td>Hamilton Development - Bond</td>
<td>475</td>
<td>475</td>
</tr>
<tr>
<td>Housing-related Support reserve</td>
<td>609</td>
<td>348</td>
</tr>
<tr>
<td>Economic Action plan</td>
<td>1,129</td>
<td>328</td>
</tr>
<tr>
<td>Highways Maintenance</td>
<td>418</td>
<td>238</td>
</tr>
<tr>
<td>City Council Elections</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Ward Committee funds</td>
<td>192</td>
<td>160</td>
</tr>
<tr>
<td>Corporate Governance divisional reserve</td>
<td>300</td>
<td>150</td>
</tr>
<tr>
<td>Childrens Services Funds</td>
<td>1,447</td>
<td>60</td>
</tr>
<tr>
<td>Cremator replacement fund</td>
<td>268</td>
<td>-</td>
</tr>
<tr>
<td>Preventing Homelessness</td>
<td>936</td>
<td>-</td>
</tr>
<tr>
<td>Adult Services departmental reserve</td>
<td>916</td>
<td>-</td>
</tr>
<tr>
<td>Community Cohesion Fund</td>
<td>92</td>
<td>-</td>
</tr>
<tr>
<td>HR Divisional Reserve</td>
<td>701</td>
<td>-</td>
</tr>
<tr>
<td>Other - Miscellaneous reserves</td>
<td>3,838</td>
<td>2,540</td>
</tr>
<tr>
<td><strong>Total other</strong></td>
<td><strong>21,284</strong></td>
<td><strong>9,139</strong></td>
</tr>
</tbody>
</table>

**Total General Fund Earmarked Reserves**            | **154,261**     | **105,832**     |
Appendix Five

Comments from Key Stakeholders

[This section will be completed when the final report is submitted to Council, after partners and trade unions have had a chance to comment].
### Appendix Six

**Forecast Departmental Budgets**

<table>
<thead>
<tr>
<th>Service</th>
<th>2014/15 £000s</th>
<th>2015/16 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Development and Neighbourhoods</td>
<td>70,780</td>
<td>70,380</td>
</tr>
<tr>
<td>Adult Social Care</td>
<td>87,295</td>
<td>85,244</td>
</tr>
<tr>
<td>Education and Children’s Services</td>
<td>53,703</td>
<td>53,543</td>
</tr>
<tr>
<td>Corporate Resources</td>
<td>30,467</td>
<td>30,467</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>242,244</strong></td>
<td><strong>239,634</strong></td>
</tr>
</tbody>
</table>
## GENERAL FUND REVENUE BUDGET
### BUDGET MONITORING SUMMARY 2013/14 - PERIOD 6

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Current Budget for Year</th>
<th>Forecast Outturn to Period 06</th>
<th>Forecast Variance over (under) spend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Environmental &amp; Enforcement Services</td>
<td>26,065.1</td>
<td>26,064.8</td>
<td>(0.3)</td>
</tr>
<tr>
<td>Culture &amp; Neighbourhood Services</td>
<td>16,099.0</td>
<td>16,099.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Planning, Transportation &amp; Economic Development</td>
<td>20,411.8</td>
<td>20,411.9</td>
<td>0.1</td>
</tr>
<tr>
<td>City Centre</td>
<td>479.5</td>
<td>479.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Property Services</td>
<td>8,114.6</td>
<td>8,114.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Departmental Overheads</td>
<td>853.0</td>
<td>851.1</td>
<td>(1.9)</td>
</tr>
<tr>
<td><strong>City Development and Neighbourhoods</strong></td>
<td><strong>72,023.0</strong></td>
<td><strong>72,021.0</strong></td>
<td><strong>(2.0)</strong></td>
</tr>
<tr>
<td>Adult Social Care &amp; Safeguarding</td>
<td>65,748.0</td>
<td>68,648.8</td>
<td>2,900.8</td>
</tr>
<tr>
<td>Care Services &amp; Commissioning</td>
<td>21,788.0</td>
<td>23,309.7</td>
<td>1,521.7</td>
</tr>
<tr>
<td>Housing Services</td>
<td>6,659.4</td>
<td>6,910.9</td>
<td>251.5</td>
</tr>
<tr>
<td><strong>Adult Social Care, Health and Housing</strong></td>
<td><strong>94,195.4</strong></td>
<td><strong>98,869.4</strong></td>
<td><strong>4,674.0</strong></td>
</tr>
<tr>
<td>Young People's Support</td>
<td>23,047.1</td>
<td>23,047.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Learning Services</td>
<td>5,797.7</td>
<td>5,797.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Social Care &amp; Safeguarding</td>
<td>37,140.0</td>
<td>37,140.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Adult Skills &amp; Learning Service</td>
<td>(890.5)</td>
<td>(677.4)</td>
<td>213.1</td>
</tr>
<tr>
<td>Departmental Resources</td>
<td>(5,424.3)</td>
<td>(5,426.4)</td>
<td>(2.1)</td>
</tr>
<tr>
<td><strong>Education &amp; Children's Services</strong></td>
<td><strong>59,670.0</strong></td>
<td><strong>59,881.2</strong></td>
<td><strong>211.2</strong></td>
</tr>
<tr>
<td>Delivery Communications &amp; Political Governance</td>
<td>8,557.5</td>
<td>8,177.9</td>
<td>(379.6)</td>
</tr>
<tr>
<td>Financial Services</td>
<td>8,878.0</td>
<td>9,178.0</td>
<td>300.0</td>
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<tr>
<td>Human Resources</td>
<td>3,171.2</td>
<td>3,171.0</td>
<td>(0.2)</td>
</tr>
<tr>
<td>Information Services</td>
<td>9,341.0</td>
<td>9,341.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Legal Services</td>
<td>2,076.1</td>
<td>2,091.7</td>
<td>15.6</td>
</tr>
<tr>
<td><strong>Corporate Resources and Support</strong></td>
<td><strong>32,023.8</strong></td>
<td><strong>31,959.6</strong></td>
<td><strong>(64.2)</strong></td>
</tr>
<tr>
<td>City Public Health &amp; Health Improvement</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Housing Benefits (Client Payments)</td>
<td>527.6</td>
<td>527.6</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total Operational</strong></td>
<td><strong>258,439.8</strong></td>
<td><strong>263,258.8</strong></td>
<td><strong>4,819.0</strong></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>21,338.3</td>
<td>20,404.7</td>
<td>(933.6)</td>
</tr>
<tr>
<td>Capital Financing</td>
<td>14,408.9</td>
<td>13,456.0</td>
<td>(952.9)</td>
</tr>
<tr>
<td><strong>Total Corporate Budgets</strong></td>
<td><strong>35,747.2</strong></td>
<td><strong>33,860.7</strong></td>
<td><strong>(1,886.5)</strong></td>
</tr>
<tr>
<td>Net Recharges</td>
<td>(2,944.3)</td>
<td>(2,944.3)</td>
<td>0.0</td>
</tr>
<tr>
<td>Use of Reserves</td>
<td>12,126.3</td>
<td>12,126.3</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>TOTAL GENERAL FUND</strong></td>
<td><strong>303,369.0</strong></td>
<td><strong>306,301.5</strong></td>
<td><strong>2,932.5</strong></td>
</tr>
</tbody>
</table>
**Adult Social Care**

1. **Overall position**

   1.1. The Adult Social Care division has a gross budget of £131.5m and net budget of £87.5m. The department is presently forecasting budget pressures of £4.4m for the year, which is proposed to be met from resources carried forward. The budget pressures have arisen mainly because budget savings are taking longer to achieve than originally planned. The delays will also have some knock-on impact into 2014/15 which will need to be dealt with as part of the 2014/15 budget preparation process. There has also been an increase in demand for statutory services and market forces have driven up the cost of residential care.

2. **Adult Social Care & Safeguarding**

   2.1. The forecast for the Adult Social Care & Safeguarding Division is a budget pressure of £2.9m on a net budget of £65.7m. The main reasons for this are detailed below.

   2.2. The mobile meals service has a budgeted saving of £160k but no savings are expected to be made in the current year. Consultation with service users on changes to the service ended on 7th October and a decision will be taken in the new year. Dependent on the decision taken, a reassessment of existing service users may be necessary followed by implementation from April 2014.

   2.3. Reablement and enablement. The shortfall against budgeted savings is expected to be £600k and this has resulted from the complexity of the organisational review required in order to implement these savings. The savings are to be made through:

      2.3.1. Staff savings, following an organisational review, and the implementation of a scheduling and rostering system. A new care management system has been procured, for which the contract was signed on 1st February 2013, but the contracted provider does not provide a staff scheduling and rostering module and this has had to be procured separately.

      2.3.2. The development of an enablement service which will lead to more cost effective options for some service users.

   2.4. Care Packages - the shortfall against budgeted savings is expected to be £250k. The savings were expected to result from reducing packages of care whilst meeting eligible need. While considerable savings have already been made the original forecast will take longer to achieve than first thought.

   2.5. Need for services - there has been an increase in demand for statutory services.
3. Care Services & Commissioning

3.1. The forecast for the Care Services and Commissioning Division is for a budget pressure of £1.5m on a net budget of £21.8m. The main reasons for this are:

3.2. Elderly Persons Homes - There is a shortfall against budgeted savings of £1.2m in 13/14 (including double running costs affecting the Adult Social Care and Safeguarding Division). Costs have risen and extended consultation has changed the time-frame for the review. On 15th October the Executive made the decision to close 3 homes in 2014 and sell 3 others in 2014/15. A further Executive decision will be required in relation to the remaining homes and proposed new Intermediate Care Facility.

3.3. Housing Related Support - the budgeted savings are £750k. This requires a move away from block contracts to more flexible framework agreements and the decommissioning of some services. Statutory consultation has begun. Subject to the outcome following consultation there may need to be a re-assessment of current service users with savings ensuing from April 2014. The shortfall will be made up in subsequent years through reduced contract values.

3.4. Voluntary Sector Review - there will be a shortfall of £320k against budgeted savings. Day services provided by voluntary and community organisations are being re-tendered, with bids currently being evaluated. New services are expected to be in place for April 2014. Meanwhile the Council will be recovering monies for void placements. The remaining savings relate to early intervention and prevention services which are being reviewed separately with new arrangements expected to be in place in early 2015. The shortfall resulting from the changed timeframe will be made up in subsequent years through reduced contract values.
## Adult Social Care Budget Ceiling

<table>
<thead>
<tr>
<th></th>
<th>Budget 2013/14 (as amended)</th>
<th>Full Year Effects</th>
<th>Inflation</th>
<th>Technical &amp; Other Changes</th>
<th>Real budget changes</th>
<th>Budget Ceiling 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(000)</td>
<td>(000)</td>
<td>(000)</td>
<td>(000)</td>
<td>(000)</td>
<td>(000)</td>
</tr>
</tbody>
</table>

### 2. Adults & Housing

#### 2.1 Adult Social Care & Safeguarding

| Management                | 600.7                         | (556.0)           | 0.9       |                           |                     | 45.6                   |
| Safeguarding & Emergency Duty Team | 1,191.3                       |                   | 3.4       |                           |                     | 1,194.7               |
| Independent Living       | 4,449.2                       | (450.0)           | 10.7      |                           |                     | 4,009.9               |
| Assessments & Commissioning | 59,729.4                      | (2,035.0)         | 812.8     |                           | 2,200.0             | 60,707.2              |

**Divisional sub-total**

| Divisional sub-total     | 65,970.6                      | (3,041.0)         | 827.8     |                           | 2,200.0             | 65,957.4              |

#### 2.2 Care Services & Commissioning

| Care Services Management | 239.8                         |                   | 3.7       |                           |                     | 243.5                 |
| Residential Care (In-House) | 4,842.7                       | (2,373.0)         | (36.6)    | (1,072.0)                 |                     | 1,361.1               |
| Day Opportunities (In-House) | 4,423.6                       | (548.0)           | (12.9)    | 37.0                      |                     | 3,899.7               |
| Commissioned Services    | 11,339.5                      | (353.0)           | 156.7     | 1,035.0                   |                     | 12,178.2              |
| Drugs & Alcohol Action Team | 640.1                         |                   | 5,644.0   |                           |                     | 6,284.1               |
| Directorate              | 302.3                         |                   | 0.4       |                           |                     | 302.7                 |

**Divisional sub-total**

| Divisional sub-total     | 21,788.0                      | (3,274.0)         | 111.3     | 5,644.0                   | 0.0                 | 24,269.3              |

**TOTAL Adult Social Care**

<p>| TOTAL Adult Social Care | 87,758.6                      | (6,315.0)         | 939.1     | 5,644.0                   | 2,200.0             | 90,226.7              |</p>
<table>
<thead>
<tr>
<th>Meeting</th>
<th>Meeting Items</th>
<th>Standing Items</th>
<th>Scrutiny Review</th>
<th>Key Actions Agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10th Jan</td>
<td>ASC 2013/14 Budget</td>
<td>Elderly Persons Homes</td>
<td></td>
<td>ASC 2013/14 Budget Officers asked to note comments of the commission and that they are kept informed of changes introduced as minuted, particularly proposals to integrate community services in residential packages.</td>
</tr>
<tr>
<td>Special Mtg 16th Jan</td>
<td>Protecting Elderly People from Rogue Traders</td>
<td>Elderly Persons Homes</td>
<td>Domiciliary Care</td>
<td>Domiciliary Care The Scoping document was agreed with minor amendments.</td>
</tr>
<tr>
<td>13th Feb</td>
<td>Protecting Elderly People from Rogue Traders</td>
<td>Elderly Persons Homes</td>
<td>Domiciliary Care - Alternative Care for Elderly People</td>
<td>Protecting Elderly People from Rogue Traders It was agreed for information on what the current processes and actions are around financial abuse to come to the next meeting with the commission considering how it might be able to input into an awareness raising campaign.</td>
</tr>
<tr>
<td>7th Mar</td>
<td>Healthwatch Leicester and ICAS</td>
<td>Elderly Persons Homes</td>
<td>Domiciliary Care - Alternative Care for Elderly People</td>
<td>Healthwatch and ICAS Members of the commission asked that a further report on the ICAS be given at a future meeting.</td>
</tr>
<tr>
<td>4th Apr</td>
<td>Day Care for People with Mental Health Problems</td>
<td>Elderly Persons Homes</td>
<td>Domiciliary Care - Alternative Care for Elderly People</td>
<td>Elderly Persons Homes Cllr Patel mentioned that a letter to inform of the findings of her review into EPH will be circulated within the next week and a report will come to the next meeting of the commission. Day care for people with mental health problems It was agreed that findings of the consultation process would come back to a future meeting.</td>
</tr>
<tr>
<td>2nd May</td>
<td></td>
<td>Elderly Persons Homes</td>
<td>Domiciliary Care - Alternative Care for Elderly People</td>
<td>Elderly Persons Homes Agreed for consultation findings to come back to the commission before a decision is made.</td>
</tr>
<tr>
<td>Meeting</td>
<td>Meeting Items</td>
<td>Review/Report</td>
<td>Actions Agreed</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------</td>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Thurs 13th June 2013 at 5.30pm</td>
<td>- Adult Social Care Portfolio Overview</td>
<td>- Presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Elderly Persons Homes</td>
<td>- Review Item Report</td>
<td>Agreed to hold a special meeting and cover in the scheduled July meeting to gather evidence. Also agreed to circulate the report completed by scrutiny previously.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Corporate Procurement Plan 2013/14</td>
<td>- Report</td>
<td>Comments were submitted to officers. Asked for a further update in 3/6 months’ time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- City Mayor’s Delivery Plan</td>
<td>- Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Access for All Work Programme</td>
<td>- Report</td>
<td>A number of future items were discussed and were to be added to the work programme.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Work Programme</td>
<td>- Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Mtg – Mon 1st July 2013 at 5.30pm</td>
<td>- Elderly Persons Homes</td>
<td>- Review Item Report</td>
<td>Extra information requested with regards to the proposals. Members of the public will be allowed to give representation at the next meeting.</td>
<td></td>
</tr>
<tr>
<td>Thurs 11th July at 5.30pm</td>
<td>- Elderly Persons Homes</td>
<td>- Review Item Report</td>
<td>Further information still required but a report to be drafted up pending this information.</td>
<td></td>
</tr>
<tr>
<td>Thurs 5th Sept 2013 at 5.30pm</td>
<td>- Elderly Persons Homes</td>
<td>- Review Item Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Older Persons Mental Health Day Care Services</td>
<td>- Report</td>
<td>Agreed that a final report with the commission’s comments be completed and sent to the Executive.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Enablement Pilot and the Community Inclusion Team</td>
<td>- Presentation</td>
<td>The commission voted in favour of the option to close the day service of older people with mental health problems and move the existing users to alternative provision.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The commission to receive a further update at the next meeting.</td>
<td></td>
</tr>
<tr>
<td>Meeting</td>
<td>Meeting Items</td>
<td>Review/Report</td>
<td>Actions Agreed</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------</td>
<td>---------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Thurs 10th Oct 2013 at 5.30pm</td>
<td>- Community Inclusion Team</td>
<td>- Report</td>
<td>Trade unions will be invited to give representation at the next meeting. The results of the consultation to come back to the January meeting of the commission.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Douglas Bader Day Centre</td>
<td>- Report</td>
<td>The series of consultations announced to be added to the work programme.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Current Consultations</td>
<td>- Verbal Update</td>
<td>A report that evaluates the effectiveness of the indicative personal budgets be brought back to the commission in 6 months' time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Personal Budgets and Direct Payments</td>
<td>- Presentation</td>
<td>The final review report was ratified. The direction of travel and timescales to brought back to the next meeting. The commission asked to be kept informed about progress of proposals to set up a commission for vulnerable people.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Elderly Persons Homes</td>
<td>- Verbal Update</td>
<td>The scoping document was agreed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Winter Care Plan</td>
<td>- Scoping Document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thurs 7th Nov 2013 at 5.30pm</td>
<td>- ASC Local Account</td>
<td>- Report</td>
<td>Feedback was given to the draft ASC Local Account.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Douglas Bader Day Centre</td>
<td>- Verbal</td>
<td>Representation was received from Unison union and their views were endorsed by the commission.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Elderly Persons Homes</td>
<td>- Verbal</td>
<td>The commission requested anonymised updates on the position of each resident at each stage of the process of moving them from their current EPH to their new one.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Domiciliary Care Review</td>
<td>- Report</td>
<td>Further information was requested for the next meeting.</td>
<td></td>
</tr>
</tbody>
</table>
### Meeting Items

**Thurs 5th Dec 2013 at 6.00pm**

- Mental Health Care (Dementia) - Report
  - It was agreed to consider all the information provided and follow up at the next meeting.

- Mobile Meals Service - Report
  - The commission agreed that the Executive be recommended to consider the way that consultations are carried out in view of the Commission’s concerns about this consultation. Also recommended the Executive adopt option 2, (expand the in-house service).

- Housing Related Support Services - Verbal
  - Representations were received from residents and staff at John Woolman House and Vernon House and also from Castle Ward Councillors.

- Domiciliary Care Review - Report
  - The commission agreed to look at communicating the review to carers and family members in order for them to give representation. Further information was requested for the next meeting.

- Elderly Persons Homes - Report

**Thurs 9th Jan 2014 at 5.30pm**

- Elderly Persons Homes - Report
  - Update since last meeting

- Mobile Meals Service - Verbal
  - Update on decision

- Alternative Care for Elderly People - Review Report
  - Final review report

- Dementia Care for Elderly People - Report
  - Consider information received and approach for commission

- Domiciliary Care - Report
  - Review information provided

### Agenda Meeting – Tuesday 28th January 2014 at 4.30pm

**Wed 12th Feb 2014 at 5.30pm**

- General Fund Budget 2014/15 to 2015/16
  - Updated position on the budget

- Housing Related Support Services
  - Update on the findings of the consultation
  - Final Proposals

- Elderly Persons Homes
<table>
<thead>
<tr>
<th>Meeting</th>
<th>Meeting Items</th>
<th>Points to be considered</th>
<th>Review Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Douglas Bader Day Centre</td>
<td>- Update on the findings of the consultation including alarm services</td>
<td>- Final Proposals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td><strong>Agenda Meeting – Wednesday 19th February 2014 at 4.30pm</strong></td>
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<tr>
<td>Thurs 6th Mar 2014 at 5.30pm</td>
<td>- Update on Personal Budgets</td>
<td>- Update report to evaluate the effectiveness of the indicative personal budgets</td>
<td>- Elderly Persons Homes</td>
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<td>- Enforcement of Blue Badge Scheme</td>
<td>- What is the current system?</td>
<td>- Domiciliary Care Review</td>
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<td>- Transformation programme and I.T systems</td>
<td>- How is it administered?</td>
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<td>- What is the system and why do we have it and what’s changing?</td>
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<td>- What money is being spent on it?</td>
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<td>- What is the provision of the new system?</td>
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<td>- Any identified problems and how they will be resolved?</td>
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<tr>
<td><strong>Special Meeting – Date to be confirmed</strong></td>
<td>- Dementia Care for Elderly People</td>
<td>- Introductory presentation</td>
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<td>- How to progress the review</td>
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<td><strong>Agenda Meeting – Wednesday 19th March 2014 at 4.30pm</strong></td>
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<tr>
<td>Thurs 3rd Apr 2014 at 5.30pm</td>
<td>- VCS Preventative Services</td>
<td>- Update on the findings of the consultation</td>
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<td>Thurs 1st May 2014 at 5.30pm</td>
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<td>Future Items</td>
<td>Items to be considered</td>
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<td>Integration Transformation Fund (February/March)</td>
<td>• Information on the transfer of funds from Dept. of Health to the Council</td>
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<td></td>
<td>• What does it involve?</td>
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<td>• How much will it be?</td>
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<td>• View the draft plan that is to be submitted to Dept. of Health</td>
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<td>Internal Day Care for People with a Learning Disability Review (Later in 2014)</td>
<td>• An update of services</td>
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<td>• What is being changed and what will the review involve?</td>
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