

# Executive Report

Announcement on: 6<sup>th</sup> February 2012

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Decision to be announced of

## **Endorsement of the proposed Adult Social Care Vision and Future Direction of Travel**

Assistant Mayor: Councillor Dawood  
Decision to be taken by: City Mayor and Cabinet  
Lead director: Deb Watson

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**Useful information**

■ Ward(s) affected: All

■ Report author: Deb Watson

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Stage	<b>1 “Policy development”</b>  Private meeting	<b>2 “Defining our approach”</b>  Private meeting	<b>3 “Giving notice”</b>  Public	<b>4 “Announcing the decision”</b>  Private/Public meeting
What happens	Initial briefing of City Mayor, Deputy or Assistant Mayor/s or Cabinet about new policy or decision that is needed	Officers draw up options paper for City Mayor etc.	We give 5 clear day’s notice of our decision	We let you know what our decision is and seek final comments questions from press, public, other Councillors
Where you can find out more	Informal notes Briefing documents Forward Plan  Scrutiny may start to help develop the idea	Agenda, report, minutes Forward Plan  Scrutiny may start to define our approach	Agenda, report  Forward Plan	Decision record Press release  Forward Plan  Scrutiny may start to ask for a “pause” of the decision or to make sure our decision works as we said it would.

**“Key decisions” are defined as:**

An executive decision which is likely:-

- (a) to result in the Council incurring expenditure which is, or the making of savings which are significant having regard to the Council’s budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising on or more Wards in the City.

Expenditure or savings will be regarded as being significant if:-

(a1) in the case of revenue the expenditure/savings are outside the approved revenue budget and are greater than £250,000

(a2) in the case of capital, the capital expenditure/ savings are £1,000,000 or more.

Not all decisions to be taken by the Cabinet will be key decisions.

**PLEASE COMPLETE SECTIONS 1, 2 and 3 ON THE NEXT PAGE. IF YOU SUBMIT FURTHER INFORMATION, PLEASE USE CLEARLY MARKED**

**1. Decision Summary:**

1.1 To seek Cabinet's endorsement of the vision for Adult Social Care services in Leicester (see Appendix 1). The priorities are also reflective of the national policy '*A Vision for Adult Social Care: Capable Communities and Active Citizens*' (2010).

**2. Why it is needed:**

2.1 It is important that Cabinet and the wider community understands the vision and direction of travel for Adult Social Care in Leicester, as a means of understanding the drivers for change and how services will be affected in the future.

2.2 This approach builds on a previous report to Cabinet (June 2008), where it was agreed that Leicester should adopt the national approach to Adult Social Care as set out in the '*Putting People First: A Shared Vision and Commitment to the transformation of Adult Social Care*' (2007). The key theme of the policy was the introduction of 'personalisation' and personal budgets, so individuals could buy services directly from a range of providers.

2.3 This approach was subsequently re-affirmed in '*A Vision for Adult Social Care: Capable Communities and Active Citizens*' (2010), which set out Seven Priorities for the transformation of services, and have been adopted by Leicester as follows:

1. Prevention and early intervention
2. Personalisation
3. Partnerships
4. Plurality
5. Protection
6. Productivity
7. People

2.4 That Cabinet notes and approves the next steps, which include:

- Developing services and accelerate change through joint working and additional resources provided by the NHS, including extra monies for

carers services

- Ensuring the robust application of eligibility criteria, and the diversion of service users to preventative and universal services, which promote independence by :
  - Ensuring the maximum take up and effectiveness of re-ablement services
  - Improved commissioning and market development to ensure that the services people want are available in the market
- Investment in alternatives to residential care, such as supported living and home care to help people to have as a much independence as possible as well as being cost effective
- Increasing the number of people in receipt of a personal budget, so that more people can exercise choice over the support services they buy
- Improved communications and engagement with the wider public and service users about these changes, which to date has not been as widespread or consistent as needed
- Workforce changes need to be embedded, and require a significant cultural change. Social workers will move to a role of 'facilitators' rather than 'controllers' of assessments and support plans. This will be challenging not just for the workforce, but also partners and customers who have long held expectations about the 'hands on' role of social workers in planning and organising care packages
- Services provided by the voluntary and independent sector will need to be reviewed, to ensure they remain consistent with Adult Social Care priorities and can deliver the needs and aspirations of personal budget holders
- National reports have highlighted the need to focus on quality, which is important if we are going to rely on a wide range of social enterprise and private sector providers to meet people's needs. Need to introduce more proactive approach to continuous improvement, using contractual and other levers

2.5 Comments were sought following the announcement of the vision at City Mayor and Cabinet meeting on 9<sup>th</sup> January 2012 and from Adults and Housing Scrutiny Commission and have been included in the document where possible.

### **3. Options:**

3.1 Doing nothing is not an option as it is a statutory requirement for all Local Authorities to provide personal budgets to buy the support services they need. As people have a personal budget and begin to exercise choice, this is having an impact on the patterns of services, including reduced

demand for services provided in house by Leicester City Council.

3.2 Cabinet to endorse the vision and direction of travel for Adult Social Care as set out in Appendix 1. The proposed changes will ensure the transformation of services to ensure people have choice and control over the care and support they receive.

#### **4. Tell us how this issue has been externally scrutinised as well as internally?**

4.1 The progress of the transformation of Adult Social Care services are monitored by the Adult Social Care Transformation Steering Group, which is an external facing group, and includes users, carers and partners from health and the voluntary sector.

4.2 In addition, the Adult Social Care transformation programme is monitored as part of the Corporate Programme Management Officer, which reports separately to Cabinet.

4.3 Comments on the vision document have been sought from Scrutiny Committee, other elected members and the public.

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

##### 5.1 Financial implications

##### 5.1 Rod Pearson - Head of Finance, Health & Wellbeing

The financial implications arising from the Adult Social Care Vision have been modelled in the budget strategy which is shortly to be the subject of public consultation.

##### 5.2 Legal implications – Joanna Bunting Legal Services

The Council has power to provide (and procure the provision of) social care services and welfare services under various statutory provisions (and also to make charges)

In exercising its functions, in this context, the Council needs particularly to be aware of the public sector equality duty and the recent “best value” guidance on “funding” decisions which affect the voluntary sector and small businesses.

The vision document correctly refers to the role of procurement and contracting. The impact of re-provision, the development of KPI's and new payment mechanisms and wider procurement activity will have an impact on the workload in legal services, although we do have a team of lawyers who are skilled in this area. I envisage that this can be managed through the early engagement of legal services in reprovision. Legal Services is already

involved in advising and is already represented on project teams.

### 5.3 Other Implications

**5.3 Is a full Equality Impact Assessment Required? Yes/No YES**

*In particular the following questions should be considered*

- Is there any indication or evidence of higher or lower participation or uptake by different groups?*
- Is there any indication or evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy?*
- Have previous consultations with relevant groups, organisations or individuals indicated that policies of this type create problems specific to them?*
- Is there an opportunity to better promote equality of opportunity or good relations by altering the policy or working with others in government or the larger community?*

**Action: A full Equality Impact Assessment will be undertaken for each aspect of change resulting from the Adult Social Care transformation programme.**

## **6. Background information and other papers:**

- 6.1 Putting People First Concordat (2007) Department of Health
- A Vision for Social Care (2010) Department of Health
- Cabinet Report (2008) Adult Social Care Transformation

## **7. Summary of appendices:**

- 7.1 Appendix 1. Vision and future direction of Adult Social Care services.

## **8. 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

## **9. Is this a “key decision”?**

Yes. Although, Cabinet made the decision to introduce personal budgets in 2008, it is necessary for the new administration to endorse the vision and direction of travel to facilitate the change process.

## Appendix 1.

### The proposed vision and future direction for adult social care in Leicester

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#### Introduction

How we look after older and vulnerable people is one of the biggest challenges society faces today. Life expectancy across the country is growing, as living conditions improve for many people and medical care becomes ever more effective at tackling serious and debilitating illnesses.

This brings huge challenges for those organisations like Leicester City Council whose services play a major part in how older and vulnerable people are looked after in our local communities.

With these changes in life expectancy also come changes in people's expectations about how they want to live their lives. The traditional ways that society has dealt with older and vulnerable people – often established many decades ago – become less and less appropriate in 21<sup>st</sup> century Britain.

This document sets out how we are tackling these changes here in Leicester, what we've already done and what our plans are for the coming years. It outlines what is happening nationally to address these issues, how we are building on that national approach here in Leicester and what all of that means for the people most affected by the changes that are now underway.

#### National policy

Changing how we look after older and vulnerable adults has been both a local and a national priority for many years.

It was brought into sharper focus when, in 2007, the previous Government published its vision for the transformation of adult social care – *Putting People First*. This vision recognised that if people are to live fuller and better lives, fundamental changes are essential – principally, that we need to give people greater choice and control about the care and support they receive.

*Putting People First* is, in large part, about shifting control away from the traditional state providers towards the people who need our services. For example, giving personal budgets to those people who are eligible for social care services means they can choose which services they feel are most appropriate to their circumstances and buy those services from whoever is the most suitable provider of them – whether from the public, private or voluntary sectors.

Although the transformation of adult social care services is not about making savings, there are financial consequences in the changing patterns of service. For example, with more people choosing to remain in their own homes for longer, demand for residential care has reduced<sup>1</sup> at the same time as demand for home care has increased. A similar picture is also emerging for day care,

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<sup>1</sup> Data Source – annual statutory adult social care returns 2010/2012 – information available on the Care Quality Commissioning website.

with more people choosing to use their personal budgets to buy alternative services.

Some people are happy to have a notional personal budget and to use this to continue to use services provided by the council, others are requesting a direct payment in cash to enable them to buy the care they need from other providers, other than the council.

Building on many of the principles of *Putting People First*, in November 2010 the coalition government launched *A Vision for Adult Social Care: Capable Communities and Active Citizens*, which extended the rollout of personal budgets across the country. This report also highlighted the valuable role local communities can play in helping people to retain their independence, as well as the need to break down barriers between health and social care funding. It saw great value in care and support – including wider support services, such as housing – being delivered through a partnership between individuals, communities, the voluntary sector, the NHS and councils.

Further support for the principles of changing the way social care is delivered came in January 2011 when a wide range of professional and voluntary sector organisations involved in social care endorsed the policy document *Think Local, Act Personal*. They all agreed that choice and control is best delivered by the public sector helping and supporting communities and local enterprises to provide flexible and appropriate support to vulnerable people – with links to public sector health, housing and employment services working in the same way.

### **Here in Leicester**

We know that there will be growing numbers of older people and people with disabilities in the city. As life expectancy increases so does the demand for care and support.

At present Leicester City Council supports over 8,000 vulnerable people. Although, compared to the national average, the population of Leicester is relatively young, we know that demand will increase as the population ages. Added to this is our projection of a 10% increase in the city's overall population by 2020 and the growing demands of people with highly complex needs that we are already seeing.

At the same time, we are facing the challenges of the nation's economic downturn and the severe reductions in funding imposed by the current government on the public sector – in particular on local authorities. We do not expect this situation to change substantially over the coming years. So we should be honest and acknowledge that we are being asked to do the impossible – meet an increasing demand for care services with reducing budgets.

In June 2008, the council's cabinet endorsed initial proposals to transform adult social care services in Leicester. The principles established then are now being used as the building blocks to deliver improved quality of services and outcomes for vulnerable people in Leicester.

As elsewhere, people's expectations are changing; they are no longer happy with a 'one size fits all' approach to adult care services.

At Leicester City Council we recognise that we have an opportunity to change radically the way we look after our older and vulnerable people. We believe that it is important that the needs of people are seen as a whole by the council and its partners. Social care is a vital part of the support people need, but it is far from being the only component to help people live fulfilled lives. We must build and harness the contributions communities can make to support themselves and the people living in different communities.

We also accept that this will have a significant impact on the way we organise our own services. By allowing people to have greater control and choice over how their support funding is spent, we know that demand for our own in-house services (like day care, elderly people's homes and mobile meals services) will change. Value-for-money becomes a more important consideration for our service users when they have a wider choice of services and they are able to buy services from a range of organisations, including the voluntary sector. We are already seeing the impact of these changes, with reduced numbers of people using the Councils in-house services, such as residential care, day care and mobile meals.

These changes have fundamentally influenced our vision for the future of adult social care services here in Leicester.

## **Our Vision**

We believe that we should do all that we can to ensure that everyone is able to lead a fulfilled life – being independent but part of the community, being supported but not a burden on family and carers. People must have real choice and control over the key decisions that affect their lives. So the movement towards personalisation that we are seeing right across the country is one we support. We accept too that it is right for people to have greater personal control and choice over which services they want to use.

So we are adopting the seven principles of personalisation that will help to ensure we deliver high quality personalised services to the older and vulnerable people of Leicester.

### **1. Prevention and early intervention**

Prevention is the first step of the transformation and is the key to success. In its widest sense, prevention is about improving the health of the population so that, as well as living longer and healthier lives, people are able to remain active and independent into older age. This work to improve the health of the population is already underway, led by the city council in partnership with the NHS and endorsed through the City Mayor's '100 Day' pledge on public health priorities for the city.

We know we can prevent or reduce future dependence on adult social care services by taking action before serious problems arise. For example, we can provide a frail, elderly person with 'assistive technology' (such as a lifeline alarm), perhaps make minor adaptations to their home (such as grab rails) and then allocate a personal budget for home care. This will help that person to continue to live in their own home, within their community and hopefully closer to family and friends, rather than see them move into long-term, relatively-expensive residential care.

It is also important to recognise the essential role of carers – both formal and informal. Informal caring is a vital component of the caring system.

By allocating funding for prevention, national experience shows we make savings in care costs. For example, The Partnership for Older People Projects funded by the Department of Health to develop services for older people, found that preventative services resulted in improved quality of life for participants and considerable savings, as well as better local working relationships.

## 2. Personalisation

We support the principle that everyone should have as much control and independence over their own care as they want. Personal budgets can be an effective way of achieving this, so people eligible for social care, they can exercise more choice and control in planning and buying the services they need. We know that personal budgets and direct payments are a powerful way to give people control. With that choice and control, personal dignity and freedom are protected and quality of life is enhanced.

## 3. Partnerships

We believe that services need to be properly integrated and organised to meet individual needs – for example, so that the council's housing teams work closely to ensure aids and adaptations are provided as appropriate and that health, community, education, library and leisure services work alongside social care to encourage social contact and to reduce isolation.

We also agree that closer joint working between health and social care services is essential if we are to help people to maintain their independence. It can also ensure the services both organisations offer are more efficient and can strengthen our joint preventative work in local communities. We're already piloting personal health budgets, so we can understand how people can take greater control over both their health and their social care needs.

## 4. Plurality

We need to work with the many local organisations, including those in the voluntary and independent sectors, to ensure people are able to receive high quality services. However, we also need to acknowledge that independent providers in Leicester receive relatively low payments and that the market needs to grow.

## 5. Protection

Whilst the principles of choice and control are important, we also need to ensure that they do not bring added risks of abuse or neglect. Equally, we need to ensure that risk is not used as an excuse to limit a person's freedom.

## 6. Productivity

In 2011 we introduced a framework that contains a range of performance indicators we can use to benchmark and compare the quality of local services. Alongside this we will also be developing an annual 'local account' which will contain a range of data, as well as information about users' and carers' experiences of adult social care services.

## 7. People

We need to ensure we have, and support, a skilled workforce that can work alongside carers, users and those organisations providing services that ensures people are receiving high quality services.

### **What have we done so far?**

We think we've made good progress to date, but we also know there is still a great deal more to be done.

Working in partnership with the NHS and other organisations, we've already put considerable investment into areas that will improve the health of Leicester's population. Key to this is the extension of 'reablement' services (services that are designed to give older and vulnerable people the confidence to manage as many of their daily living tasks as possible on their own – for example, help to prepare snacks and meals, bathe, get dressed or take part in social activities). Already 87% of people can continue living in a community setting as a result of the reablement support provided, with individual wellbeing and quality of life also measurably improved.

Recently the government has provided funding for partnership work between the NHS and our adult social care teams here in Leicester, including £4.2m for joint working to be spent on social care activities that also benefit health. We have agreed with the NHS that the money will be spent on prevention activities, community equipment, telecare (remote monitoring of older and vulnerable people through sensors, so if someone has an accident or fails to respond, we can quickly check they are all right), crisis response services and support for carers. Some money has also been set aside to help meet general pressures.

NHS funds have also been made available to support carers, enabling them to continue with their caring role; this includes support to carers that complements the increased responsibility placed on them in managing personal budgets and direct payments.

The government has also provided almost a million pounds (rising to £1.95m in 2012/13) for reablement linked to hospital discharge. Specifically this funding is to develop people's capacity to make a rapid recovery from the severe problem that caused them to go into hospital and so reduce their dependency on social care services following their discharge.

Detailed plans have not been finalised, but the funding will mainly be spent on a rapid intervention team, additional intermediate care beds and practical support at home.

We have developed a system that, through the use of a self-assessment questionnaire, allocates a personal budget to eligible service users based on their assessed need. In addition, all new service users are now allocated a personal budget, and by April 2012 we expect at least 42% of all eligible service users will have a personal budget. The national average at the end of 2010/11 was 29%.

We are already seeing the different ways in which people are using personal budgets. For example, people are choosing to pay personal assistants to help them to take part in community activities, rather than attending traditional

day care services. This position is reflected in the reducing numbers attending in-house day care – from 517 in 2007/08 to 452 in 2010/11.

The city council is supporting the development of personal assistants by providing training in conjunction with local colleges and undertaking CRB checks.

Furthermore, Leicester City Council is a trailblazer for a new scheme called 'Right to Control', which pilots a wider personal funding approach, including budgets for care, housing and employment services.

We have already begun to re-organise our social care workforce to create a single point of contact for people. This includes providing easily accessible information about what services are available, including direct access into reablement services and better assessments. People who need advocacy will automatically be offered support at the point of assessment.

By focusing our teams on a geographical area of the city, social workers can get to know that area and better support the people they are looking after in using existing community capacity and facilities.

There are now more opportunities for people to live independently in Leicester. For example, there are more people now living in supported housing rather than needing to move into residential care – and we are making much greater use of assistive technology. Not only have these changes given people a chance to live independent and active lives within their own communities, they have also resulted in a more cost-effective use of funding.

As more people remain independent we have seen a decrease in the numbers of new admissions to residential care. The total numbers of over 65s newly admitted to residential care fell from 277 in 2007/08 to 208 in 2010/11 (across both public and independent sectors), reflecting the national trend. This is clear evidence of the success of our policy of supporting people to remain in their own homes, and as a consequence we have seen in the level of home care increase from 13,441 hours in 2007/08 to 18,067 hours in 2010/11, and an increase in telecare and assistive technology installations from 262 in 2007/08 to 726 in 2010/11. These changes have had a knock-on effect on admissions to residential care, which has resulted in significant over provision, particularly in the council's own care homes.

Leicester City Council was the first East Midlands local authority to introduce personal budgets for carers. These have been welcomed by carers wishing to arrange flexible support. Indeed, Leicester is among the best performers nationally for carers' self-directed support.

We fully understand the importance of focusing on quality if we are to improve the quality of care across the sector. So we've developed a local quality assurance framework for providers of residential services that describes the quality standards expected and puts in place a framework for measuring quality and for delivering improvements.

## **Where do we go now?**

We know there is more we need to do if we are to continue to deliver this vision and these changes.

Firstly we need a more detailed understanding of the social care needs and expectations of the people in Leicester – and then we need to ensure that appropriate and affordable services are available to them.

We need to use the extra funding that is being made available through the NHS to develop services further and accelerate change by providing additional resources for reablement and joint working with the NHS.

We appreciate change is often difficult to accept and in the past it has not always been fully understood by service users, the voluntary and independent sector or the wider community, so we need to put more effort into communicating and engaging with people in a way that is most appropriate for them on what is happening.

The changes to our workforce have already been outlined above. We now need to embed those changes fully. This will need a significant cultural change where social workers move away from 'controlling' to 'facilitating' access to a wider range of opportunities. We know this will be challenging – not only for our own workforce but also for partners and customers who have long-held views about the 'hands on' role of social workers.

If voluntary and independent sector service organisations are to continue to provide the services people need today, we need to review what services are currently available and how they might need to change to meet the expectations and needs of personal budget holders. The voluntary and independent sector service organisations will have the opportunity to provide a different range of services that people with a personal budget will want to buy, and in the future we will target our resources on purchasing services that reflect the wider priorities, such as preventative services.

Internally our adult social care function will need to ensure its activities and progress are aligned with the City Mayor's new delivery plans, that we support his wider objectives and that we contribute to specific developments where appropriate.

Most importantly, at a time when budget pressures brought by the government's public sector spending cuts are hitting council budgets hard, we need a much greater focus on value-for-money. We believe this can be achieved by ensuring we apply eligibility criteria robustly, by ensuring people make maximum use of facilities and services that are generally available for everyone (for example leisure centres, community centres and libraries), by investing in carers and by improving how we buy and commission services.

Having carried out a consultation on the future of our elderly persons' homes, we now need to make some firm decisions about the way forward. We all agree that change is needed, but recognise that any changes must be carefully planned over the next few years. It is likely that we will continue to run some of our homes in the short and medium term but we will be looking at how services need to change in the long term.

We also need to invest in lower-cost alternatives to residential care including supported living and extra care opportunities. For example we have worked

with local Registered Social Landlords to develop specialist built accommodation for people with a learning disability and mental ill health issues.

We are also looking to introduce a fairer charging system that ensures everyone pays appropriately for the services they receive. We have consulted on this issue and the results of that consultation will be brought forward to Cabinet to enable a decision on future arrangements to be made.

We need to better co-ordinate health and social care prevention and early intervention services – including intermediate care and ‘reablement’ services – so we can reduce the demand on long-term support and prevent unnecessary admissions to hospital.

Compared to other local authorities we’ve made good progress on moving towards personal budgets, but we need to increase momentum. We need to get quickly to a position where every single service user – both new and existing – has been assessed and has received a personal budget allocation. This includes providing good quality brokerage and ensuring that those acting as employers are fully supported in meeting their legal responsibilities. Our aim is to reach this position by March 2014.

In partnership with the NHS, we need to establish a co-ordinated citywide single point of contact and demand management system.

To ensure people can continue to live within their communities for longer, we need to work in closer partnership with housing providers and our own housing teams, who can provide access to the necessary equipment and adaptations.

Recognising that people’s needs are changing, we need to work with the voluntary and independent sector to ensure that we have effective commissioning and procurement processes in place and also that they are offering the range of social care support services that are needed. In particular we need to ensure that, if we are going to rely on a wide range of social enterprise and private sector providers to meet people’s needs, we have a more proactive approach to continuous improvement, using contractual and other relationships to ensure people get the best quality services.

We need to increase the quality and reduce the cost of expensive placements by using approaches like our newly-developed ‘care funding calculator’.

Finally, we need to have a charging policy that ensures everyone is treated fairly and also that ensures everyone pays an appropriate amount for the services they receive. People will use their personal budgets to buy from either us or from other sectors – but we must have a level playing field in terms of price. This means charging at cost, so that service users who choose our services are not obtaining greater public benefit than others.

### **In summary**

In 2008 Cabinet agreed to endorse the national policy to give greater choice and control to the individual, to move away from the ‘one size fits all’ services provided by the local authority.

We have made some good progress, as shown in this document, but we still need to do more. Whilst changes are driven by the desire to give people

greater control over the care and support they receive, they are also creating a different pattern of services and expenditure, which is more cost effective and important in light of the current financial climate.