

Report of: Director of Adult Social Services

Report to: Executive Board

Date: 22nd June 2016

Subject: Review of the Long Term Community Support Service – Next Steps and Progress Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

This report sets out the outcome of the review of the Long Term Community Support Service (LTCSS). In line with the Council's commitment to modernise services to better meet people's needs and expectations together with the demographic and financial challenges as set out in the *Better Lives* Strategy, there has been a strategic shift in relation to the delivery of long term home care services.

The Long Term Community Support Service (LTCSS) has reduced in size over the last five years, in line with the *Better Lives* Strategy. Resources have been targeted at those areas which focus on enablement, recovery and independence such as the Skills for Independent Living Service (SkILs), Telecare and Holt Park Active. Longer term home care services have been successfully commissioned from the independent sector and have achieved an increase in choice at a cost effective level.

In contrast to the reduction in size of the in-house service, which now provides for approximately 50 customers, there is a large independent sector market for the provision of home care in Leeds which has grown in size in recent years. This significant growth, to cater for approximately 2,500 customers, has resulted in a corresponding reduction in the share of the market provided by the Council's in-house service. Services in the

independent sector are of a similar nature, of comparable quality, more flexible and at a lower cost than the in-house service.

This report outlines the proposal for Adult Social Care to cease provision of the long term service and provides an update on the outcome of the consultation.

Compared with current costs, it is estimated that a recurrent £1.796m in net revenue savings will be made as a result of ceasing the LTCSS (excluding any severance or early retirement costs for staff) and domiciliary care being re-provided within the independent sector.

As a result of the Executive Board recommendations in November 2014, a series of meetings, chaired by the Executive Member, commenced in August 2015 and were attended by Trade Union representatives and senior Adult Social Care officers. These meetings reviewed the future options for the directly provided Long Term Community Support Service and investigated alternative service delivery models. Additional sub-meetings, chaired by the Chief Officer: Access & Care Delivery, and attended by Trade Union representatives, looked at a number of options for LTCSS staff.

Following the review of a range of potential options for the service at the meetings referred to above, a consultation exercise took place on the proposed option: to cease the service and commission alternatives in the independent sector. Consultation took place with customers and their family and carers as well as staff to gather their views and keep them informed of the detail around the proposal. Full consultation details can be found in the accompanying consultation report.

Approval is now sought to commence with cessation of the Long Term Community Support Service. This will involve ongoing work with customers to ensure a smooth transition to alternative services – there will be no loss of service for customers, there will instead be a smooth transition to a new provider, with an effective handover that will minimise disruption. Continued consultation will take place with staff and Trade Unions to support staff in finding opportunities elsewhere in the Council, or exploring opportunities under the Early Leavers Initiative where applicable.

Recommendations

The Executive Board is asked to:

1. Approve to cease the directly provided Long Term Community Support Service (LTCSS) and note the plans for the transfer of customers to independent sector providers.
2. Agree the timescales for ceasing the directly provided Long Term Community Support Service (LTCSS) commencing in July 2016, with an aim to complete closure by September 2016.
3. Agree continued formal consultation under Employment Legislation with Trade Unions and staff and support for staff throughout the process including identifying any opportunities for employment within the Council.

4. Approve the use of £0.656m from the savings achieved to develop the in-house Skills for Independent Living Service (SkILs) and note the opportunities this development creates for staff.
5. Note the work that has been undertaken in carrying out the further review of the Long Term Community Support Service (LTCSS).
6. Note the outcome of the full consultation report (at Appendix 1) in approving a decision on the future of the service.
7. Note the development of alternative models of support, including those provided in the independent sector and the support available for existing customers to transfer to suitable alternative services within the independent sector.
8. Note that the lead officer responsible for implementation is the Director of Adult Social Services.

1 Purpose of this report

- 1.1 In November 2014, the Executive Board agreed that once a further review of the Long Term Community Support Service (LTCSS) had taken place (to be chaired by the Executive Member and attended by Trade Union representatives) consultation on the future of the LTCSS should then take place with direct stakeholders. This report sets out the outcome of the review of the Long Term Community Support Service and the related consultation.

2 Background information

- 2.1 The *Better Lives* Programme commenced in 2011 with a remit to review the care and support services directly provided by Leeds City Council. The review's terms of reference and review criteria were determined by the Adult Social Care Scrutiny Board in 2010. This focused on whether the services were meeting the current and projected needs and aspirations of people and whether they represented value for money.
- 2.2 The outcome of the reviewing process has been implemented in phases and has resulted in the development of new services and the closure of some facilities (approved by Executive Board) where the demand had fallen and the cost of maintaining and improving the buildings had been prohibitive. The service users affected by these changes have been transferred to a range of alternative care and support options. The process used to transfer residents and day centre service users had involved a dedicated team of social care staff working in accordance with a clearly defined protocol and overseen by a quality assurance group.
- 2.3 The future needs of older people will be met by supporting people to live in their own home safely and for as long as possible. This will be achieved by the Council working more collaboratively and in partnership with other organisations (notably the NHS and Third Sector). Moving away from institutional models of care and converting the Council's funds into personal budgets gives people more choice and control over the type of care and support that best meets their needs. The Council's role will be to ensure that these services are available by enabling and facilitating their development across the city. As part of this transition towards more community based services, the Council has reviewed the existing services it provides. This includes the LTCSS, which provides domiciliary care.
- 2.4 The Long Term Community Support Service underwent a significant change between 2010 and 2011. This involved creating a citywide reablement team (SkILs – Skills for Independent Living Service), and separating out the Long Term Community Support, Extra Care and Long Term Mental Health services. Since this change in service, the reablement service (SkILs) has expanded in response to increased demand for short term interventions that promote people's recovery.
- 2.5 The LTCSS has continued to reduce in size as staff and resources have transferred into the recovery model of provision (SkILs) alongside an increase in commissioning of long term home care from the independent sector. Some staff have taken other opportunities within the Council, or have left via the Early Leavers Initiative (ELI) / Voluntary Early Retirement (VER).

- 2.6 Executive Board members received a report on the 19th November 2014 entitled: *'Delivering the Better Lives Strategy in Leeds – Proposed Next Steps'*. The report gave an account of a review and option appraisal of Adult Social Care's directly provided services.
- 2.7 As part of the proposals within the report, elected members were asked to agree to the commencement of formal consultation on the proposal to cease the provision of the in-house directly provided Long Term Community Support Service with the proposed intention of the service being fully withdrawn at the end of March 2016.
- 2.8 Many factors were taken into account in developing the initial proposals outlined in the Executive Board report in November 2014 and were subject to further scrutiny as part of the follow-up review, these included:
- Aspirations and needs of older people who use the service at present and those who may use the service in the future.
 - Trends in the demand for Council services and the availability of alternative providers across the City.
 - Costs of the in-house service compared with the cost of re-providing the service in the independent sector.
- 2.9 As a result of the Executive Board recommendations in November 2014, a series of meetings chaired by the Executive Member commenced in August 2015. These meetings were attended by Trade Union representatives and senior ASC officers to review the future options for the directly provided Long Term Community Support Service and investigate alternative service delivery models. Additional sub-meetings, chaired by the Chief Officer: Access & Care Delivery, and attended by Trade Union representative, looked at a number of options for LTCSS staff.
- 2.10 The options considered for the future of the LTCSS were:
- 2.11 **Option 1: Do nothing – Continue to run the directly provided LTCSS as is**
- 2.12 This option was not viable due to the current cost of the in-house service compared to the wider market. Based on 2015/16 costs, the current cost of the in-house service is calculated at £53.29 per client contact hour (excluding Directorate and corporate support costs). By comparison, the highest rate for the new independent sector home care contract from the 1st June 2016 will be £16.26 per hour. This hourly rate includes for alternative providers paying their staff the Leeds City Council minimum pay rate (£8.01 per hour), paying for staff travel time and for staff training.
- 2.13 **Option 2: Continue to run the directly provided LTCSS as part of the Council but identify changes to service to generate cost savings to make the business case viable**
- 2.14 Cost savings have been made in order to meet budget targets but this has resulted in fewer staff supporting a reduced number of customers. Despite these cost savings, the in-house service remains uncompetitive in the Leeds domiciliary care market. Calculations to determine the impact of increased staff efficiency have also

been carried out, targeting an increase in client contact time. However, even at maximum efficiency, the direct service unit cost would be £38.17 per hour (excluding Directorate and corporate support costs) based on 2015/16 costs. This in-house hourly rate is still higher than the £16.26 highest hourly rate under the new independent sector home care contract.

2.15 Option 3: Develop the directly provided LTCSS in partnership with the NHS or independent sector partners allowing for shared resources/ benefits and funding and viable business case

2.16 The NHS in Leeds has recently commissioned and awarded contracts to domiciliary care providers and have no plans to develop similar services with the Council.

2.17 Option 4: Develop the directly provided LTCSS outside the Council as a social enterprise, allowing opportunity for alternative funding streams and reduced overheads and viable business case

2.18 To date, no alternative service delivery model proposals have been brought forward for a social enterprise.

2.19 Option 5: Cease the directly provided LTCSS

2.20 If the service ceased, there would be a need to re-provide services for the current customers as they all have eligible needs and the Council has a legal requirement to meet those needs. With a drive to keep people independent in their own homes, coupled with the projected rise in older people and people with dementia there would also be a need to ensure adequate levels of service are provided to meet the emerging need. Simply ceasing the service without considering the options for staff, customers and potential customers is not a feasible option.

2.21 Option 6 – Cease the directly provided LTCSS and commission alternative support in the independent sector

2.22 The majority of the home care market in Leeds is already provided by the independent sector. 2,500 customers are supported city wide by external providers, compared to the Long Term Community Support Service which currently supports 50 customers. Leeds could commission the service, currently provided by the Community Support Service, from existing providers at a reduced cost. This would be done on a phased basis with existing customers transferring to an alternative provider, subject to an individual service agreement.

2.23 Following the review process, Adult Social Care proposed that, in the future, the Council no longer provide the in-house LTCSS. In-house customers would be supported to transfer their care package to alternative homecare providers or to a service purchased through a Direct Payment. Therefore, there will be no loss of service for customers, there will instead be a smooth transition to a new provider, with an effective handover that will minimise disruption. There would be opportunities for LTCSS staff to transfer to an enhanced SKiLs (re-ablement) service or access other redeployment opportunities within the Council.

2.24 In line with the recommendation within the Executive Board report approved in November 2014, a period of consultation took place with key stakeholders on the proposal to no longer provide the in-house LTCSS. The consultation process commenced on 1st February 2016 and was completed on 13th March 2016 – a total of 6 weeks. The key themes have been compiled into a consultation report which accompanies this document (Appendix 1).

3 Main issues

- 3.1 In contrast to the reduction in size of the in-house service, which now provides for 50 customers, there is a large independent sector market for the provision of home care in Leeds which has grown in size in recent years. This significant growth, to cater for approximately 2,500 customers, has resulted in a corresponding reduction in the share of the market provided by the Council's in-house service. Services in the independent sector are of a similar nature, of comparable quality, more flexible and at a lower cost than the in-house service.
- 3.2 The extensive review of the LTCSS and the consultation exercise found that the service was valued and provided to a high quality standard by experienced and caring staff. However, services of a similar nature were available from a range of alternative providers and these services were of comparable quality and a lower cost. The key themes have been compiled into a consultation report which accompanies this document (Appendix 1).
- 3.3 Net savings of £1.796m will be made year on year as a result of ceasing the LTCSS (excluding any severance or early retirement costs for staff) and domiciliary care for the 50 customers being re-provided within the independent sector. This takes into account the £16.26 highest hourly rate under the new independent sector home care contract from 1st June 2016 (this hourly rate is inclusive of the Leeds City Council minimum pay rate, training sessions and overheads).
- 3.4 In addition, these net savings would be offset against the costs relating to the proposal to enhance SkILs. The additional staffing cost for the posts being added to the structure is £0.656m. Therefore the annual net saving will be £1.140m. There may also be further costs in 2016/17 if some staff leave the service through the Early Leavers Initiative.
- 3.5 New arrangements for delivering home care via the independent sector in Leeds are being introduced as part of plans to improve the service used by around 2,500 people in the city. The changes reflect a two year development process involving customers and their families, providers and staff to design and implement the new options.
- 3.6 From June 1st 2016, there will be a new home care contract in place in which we are moving to a system where the city is divided into six sectors, each served by a primary provider who we commission to deliver a service in that area. Underpinning this is a supplementary framework contract which will act as a reserve in the event the primary providers are unable to take a package of care.

- 3.7 All service providers who have been awarded a new contract were vetted as part of the procurement process and no service provider who was rated as less than 'good' by the Care Quality Commission (CQC) were selected for contract award. LCC are notified by CQC and the provider themselves if this rating is not maintained.
- 3.8 The new homecare contracts have been designed to promote greater customer control of their care, whilst also improving the partnership work between LCC and provider staff. The new providers have been commissioned to provide care in a manner to support individual customers to achieve their agreed outcomes and this is supported by a Quality Standard Assessment tool within the contract to ensure high quality services are being delivered.
- 3.9 The Council has signed up to the Ethical Care Charter which is not only the right thing to do to tackle low pay and to support basic staff rights, but will also have a direct impact on quality of care – notably in reducing turnover of staff, and ensuring that staff get the training to do the job well.
- 3.10 The new contract will see improved employment benefits as defined in the Ethical Care Charter that can give customers confidence that they will receive personal care and support from a reliable, consistent workforce who are appropriately trained to meet individual customer needs.
- 3.11 Any providers who are identified as failing to meet the required standards are given an action plan and this is closely monitored. For those providers who do not improve or who continuously fail to meet the required quality standards, a suspension of service is triggered.
- 3.12 The Council also continues to investigate opportunities to realign services to better fit the needs and aspirations of older people across the city. This includes the development of an 'integrated recovery' model of services, which would offer:
- the opportunity to recover from a spell in hospital
 - the opportunity to avoid an admission to hospital
 - recovery opportunities on a day basis, e.g. chair-based exercise
 - a full 'well-being MOT' that looks at how someone might improve their health and well-being and address any issues of loneliness and isolation
 - consideration of how assistive technology and citizen driven health technology may improve their safety and well-being
 - link closely with the relevant Neighbourhood Networks and other voluntary sector partners
- 3.13 The council has taken a policy decision to focus its remaining in-house services on promoting recovery and supporting people with complex needs. Supporting recovery and rehabilitation is a requirement under the Care Act (2014) and benefits both the individual through regaining skills and confidence and the Council financially by reducing or delaying the call on long term support. This is particularly important in supporting the timely discharge of people from hospital and reducing the number of people admitted directly into long term care from an acute hospital bed. The recovery model has evolved from an identified need for specialist short-stay intermediate care services across the city and refocusing some of its resources on preventative and recovery services, many of which have been developed as

corporate partnerships or with other organisations from the NHS and Third sector. This includes the development of:

- Holt Park Active – an integrated and accessible social care, well-being and leisure service developed as a corporate initiative and offering new opportunities to over 70 older people who previously would have attended a day centre
- The South Leeds Independence Centre (SLIC) – an Intermediate Care unit developed and run in partnership with the NHS.
- The Leeds Shared Lives scheme, which offers both day support and short breaks for people to relieve some of the pressure on their family carers.
- The Peer Support Network and dementia cafes, which provide safe environments for people with dementia and their carers to meet, make new friends and share experiences.
- SKiLs (Reablement) which provides a short term intervention for up to six weeks is being enhanced to contribute to the recovery approach

- 3.14 In particular, the Skills for Independent Living Service (SKiLs) supports people in the community or those recently discharged from hospital to live independently in their own home. SKiLs support people to improve their independent living skills over a period of up to six weeks. It is proposed to increase the operational hours of the re-ablement service to seven days a week, extend the service offer to a wider cohort of people and improved customer experience and outcomes. Continued development and enhancing SKiLs will help to deliver better outcomes for customers, and reduces the size of long term care packages. This will include improvements to the hospital discharge process, a more timely response to referrals, linking people in with activities in their community as part of a reablement plan and support for people living with mild to moderate dementia who have had a period of ill-health.
- 3.15 The proposed expansion of SKiLs (re-ablement service) also creates opportunities for employment for LTCSS staff. In June 2015, the Director of Adult Social Services agreed for five additional posts to be added to the SKiLs structure from the existing budget to meet increases in demand. The same report sought permission for work to be progressed to consider the further development of the service structure and working arrangements so that both maximum productivity and improved outcomes to customers can be achieved. Since then, the Development of Reablement project has worked up proposals to add another 37 posts to the structure of varying grades and skill sets and creates career opportunities for staff.
- 3.16 Long Term Community Support Service has reduced in size over the past few years with resources being transferred to support the expansion of the SKiLs Service. This has supported the move from the Council focusing its business on long term support to a shorter term re-ablement model. This process has been managed effectively, with good communication and team work between the in-house staff and independent sector providers. This includes two week handover periods, which ensure a smooth transition for customers, their family and carers. The Council is committed to ensuring that best practice is followed and support is given to customers in identifying and moving to a new provider if any changes are made to the services they receive.

4 HR Implications

- 4.1 Staffing levels within the Long Term Community Support Service have been reduced over the past few years. In working with staff and Trade Unions, some staff have moved to SKiLs as the Directorate has focussed resources into the recovery model of provision.
- 4.2 In addition, staff have also taken up new opportunities in related activity within the Directorate and wider Council, including other Adult Social Care services, Housing Services, Civic Enterprise Leeds and the Health Service, while others have left the service through the Early Leavers Initiative.
- 4.3 There are now 70 staff (52.1 FTE) employed by the service compared to the 187 employed at the point of the Executive Board in November 2014 and this staff cohort currently provides domiciliary care for 50 customers. Further expressions of interest for ELI have been submitted and if approved this would reduce staff numbers to 47 (35.8 FTE). Further expressions of interest for ELI (voluntary severance / retirement) are being sought from staff groups with similar duties in order to create further redeployment opportunities. It is anticipated that this exercise will bring the numbers of staff remaining to 10 (8-10 FTE). Work will continue to identify further employment opportunities for these staff and natural turnover is also likely to reduce this further.
- 4.4 Continued development and enhancing SKiLs (re-ablement) will help to deliver better outcomes for customers. This will include improvements to the hospital discharge process, a more timely response to referrals, linking people in with activities in their community as part of a reablement plan and support for people living with mild to moderate dementia who have had a period of ill-health. In turn, this will create a number of roles for some of LTCSS staff.
- 4.5 In addition, there are a number of other potential employment opportunities that have been identified for staff within LCC. The proposal to no longer provide the in-house LTCSS and potential opportunities for LTCSS staff created as a result of enhancing SKiLs has been presented to both LTCSS and SKiLs staff in a series of Staff Engagement Sessions for initial views. Trade Unions have been involved throughout the staff engagement process.
- 4.6 If the proposal to cease the service is approved, a phased approach to closure would take place from July to September 2016, to allow sufficient time for any new employment opportunities to be in place and formalised with the enhanced SKiLs service.
- 4.7 Representatives from HR attended six staff meetings which took place in February and March 2016. The main queries that were raised by staff during these sessions related to the council's ELI scheme. Some questions were also asked about redundancy and alternative employment options within LCC particularly within SKiLs (re-ablement). It was confirmed that the enhancement of this service would provide some employment opportunities. It was also confirmed that staff would be supported in the process of matching them to other vacant roles within the council.

4.8 Whilst no specific training concerns were raised during these sessions by staff, HR confirmed that they would support staff with training and development throughout the process.

5 Corporate Considerations

5.1 Consultation and Engagement

5.2 Consultation was carried out with customers (including families and informal carers) and staff on proposals to cease the LTCSS over a six week period from 1st February 2016 to 13th March 2016. The consultation followed a similar process and best practice used during consultation in Phases 1, 2 and 3 of the *Better Lives* programme. A comprehensive suite of information was provide to all key stakeholders to explain the process, the purpose of consultation and the potential impact of the proposed change to the service. One to one sessions were held with staff and customers to aid the completion of a questionnaire, supplemented by group sessions and other methods of communication. The key themes have been compiled into a consultation report which accompanies this document (Appendix 1).

5.3 Communication and engagement has and is continuing to take place with the Trade Unions and staff regarding the future service model including the impact on employees. This includes formal consultation under Employment Legislation to avoid the need for redundancies.

5.4 Outcomes and key themes – customers and family / carers

5.5 The consultation questionnaire to determine what impact decommissioning the in-house service would have on stakeholders was provided to 68 customers who were using the service at the time of the consultation period, with 49 providing a response which represents a 72% return.

5.6 Of the respondents, 80% either disagreed or strongly disagreed with the proposals. The key themes emerging from the responses were:

- Keep the service open
- Leeds City Council provide a good quality service
- Staff are friendly, well trained and experienced
- Concern over losing continuity of care from familiar staff
- Concern over private sector and whether they can meet needs
- If the service ceases, would like assurance on quality of the independent sector (training, monitoring etc)

5.7 Adult Social Care has listened to the comments raised by customers, their families and carers. The steps taken to address concerns that have been raised are detailed within the consultation report (Appendix 1). Brief responses to the key themes are provided below (Items 5.8-5.12).

5.8 The Directorate notes that the proposal to no longer provide the in-house homecare service is not only down to cost, although finances are clearly a factor. Leeds City

Council faces the impact of continued budgetary pressures as a result of national Government cuts to Adult Social Care budgets. The proposals to no longer provide a directly provided LTCSS are also in response to changes to national policy and providing a better range of services in the future for people. The demand for home care services is likely to increase with more people saying they would like to remain living independently and safely in their own homes, however, the cost of Council run provision compared to that of independent providers does not deliver best value and is an expensive way of meeting that demand. Adult Social Care commissioners have been working alongside independent providers so that we can respond to these changes supporting them and monitoring them to achieve consistent high quality. High quality care is a continuing priority.

- 5.9 In addition, the *Better Lives* Programme has overseen the strategic withdrawal from long-term care and support services that can be delivered with the same quality but at a lower cost by the independent sector, and a refocussing of ASC services on short-term outcome focused initiatives. The Council remain dedicated to ensuring that a wide range of short-stay, reablement, respite and day opportunities are available in building based and community settings. The Council will strive to meet the needs of customers, carers and their families and is aware of the need for whole-day support, transport requirements and the need for carers to have a break.
- 5.10 If a decision was taken to no longer provide the in-house LTCSS, a dedicated social work team will work with customers, their families and carers to ensure that any transfer to alternative homecare providers or to a service provided through a Direct Payment will be done safely and in accordance with their choice. Independent Advocates will be made available to all customers where there are no available friends or family members available to support them during the assessment and transition process. In the case of customers with reduced mental capacity, the Council has a duty to appoint an Independent Mental Capacity Advocate.
- 5.11 The Directorate will also ensure that there will be a sufficient handover period with current staff and new carers to become familiar with customer's support needs.
- 5.12 Adult Social Care acknowledges and understands that people want good quality care from people who pay attention to their needs and treat them with dignity and respect. That is why Leeds City Council has been working with care companies to ensure our new contracts will reflect the best standards in the country for homecare. We have been rigorous in appointing providers who meet strict standards and have properly trained staff with paid travelling time, training and are paid the Leeds City Council minimum pay rate (which is higher than the national living wage introduced by Central Government). We will work with the new service providers to ensure that the quality of services is high and will ensure that action is taken swiftly to remedy any issues which may arise. Our aim is for the overall result of our changes to be excellent homecare services for all the people who need them and to ensure that the delivery of care and support is the same high quality that current LTCSS customers currently receive.

5.13 **Outcomes and key themes – staff**

- 5.14 As at 5.5, the consultation questionnaire (to determine the impact of closure) was sent to the 97 staff who were working at the service during the period of consultation, with 66 providing a response which represents a 68% return.
- 5.15 Of the respondents, 86% either disagreed or strongly disagreed with the proposals. The key themes emerging from the responses were.
- Don't agree but understand why it is happening.
 - Disappointed for current customers and worried about the impact on them
 - Worried about quality of private sector provision and those people who the private sector will not or cannot provide for.
 - Highly qualified staff may be lost
 - Formed a friendship with customers and sad to lose it
 - Interest in opportunities to work in SkILs
 - Interest in taking ELI
- 5.16 Adult Social Care acknowledges the comments and concerns raised by staff. The consultation report (Appendix 1) confirms the steps taken to address these concerns in detail. In addition to those brief responses to themes provided above (Items 5.8-5.12), a response relating to future opportunities for staff is provided below (Items 5.17-5.19).
- 5.17 Adult Social Care acknowledges that it has experienced significant challenges in reducing employee numbers over recent years; however, this has always been carefully planned with an inclusive communications and engagement process. The Directorate has a good track record for redeployment and those employees that have left the Council have done so through voluntary means. The Directorate is proposing an enhancement to the existing SkILs (reablement service) which may deliver a significant number of roles for Long Term Community Support Service staff. HR partners and Trade Union representatives are actively engaged in developing the appropriate managed process to transfer staff as required, as well as fine tuning the job descriptions of all new roles and shift patterns. Arrangements have also been put in place to allow a number of LTCSS staff to shadow reablement service staff.
- 5.18 We are also working across the Council to ensure a flexible and agile workforce that can be deployed to areas of priority. Development opportunities will be afforded to staff to retrain into complementary roles such as opportunities within Children's Services, Customer Service, Parks and Countryside and Sheltered Housing. This will provide an improved career path for these staff groups going forward.
- 5.19 In relation to any staff who are interested in leaving the council on a voluntary basis via the Early Leavers Initiative, they are aware that they can contact their local HR team for further information and to discuss their personal circumstances.

5.20 **Equality and Diversity / Cohesion and Integration**

5.21 An Equality Impact Screening was undertaken as part of the initial review of services and this concluded that the proposals would potentially give rise to equality impacts relating to older and disabled people their families and carers. Staff will also be affected, particularly women, who make up 100% of the workforce.

5.22 A full Equality Impact Assessment for customers has been undertaken as a parallel process to the consultation and details can be found in Appendix 2.

5.23 An Equality Impact Assessment will also be carried out in relation to the impact on staff. A screening document on the current proposal can be found at Appendix 3.

5.24 **Council policies and the Best Council Plan**

5.25 The review of the directly provided services for older people has been undertaken as part of the Adult Social Care's *Better Lives* Programme. This strategy focuses on the Council's capacity to help support the growing number of older people with their care and support needs. It recognises the changing expectations and aspirations of people as they grow older and the need to match these with appropriate and affordable responses.

5.26 Delivering the *Better Lives* Programme contributes to the Council's 2016/17 *Best Council Plan* outcome for all people in Leeds to "*live with dignity and stay independent for as long as possible*". The viability review also supports the Best Council Plan ambition for the council to be "*an efficient and enterprising organisation*".

5.27 **Resources and value for money**

5.28 As central government funding to local authorities decreases and demand for services increases councils are under pressure to find more efficient and cost effective ways of doing things. The review recognises the need to refocus resources on affordable and sustainable models of service delivery that offer better outcomes for older people.

5.29 Compared with the 2016/17 budget, the net projected savings from the proposal to cease the Long Term Community Support Service are £1.796m in a full year. This takes account of the costs of re-providing care in the independent sector. Of these savings, it is proposed £0.656m be used to fund the enhancement of SkILs, therefore the proposed net saving will be £1.140m. There may also be further costs in 2016/17 if some staff leave the service through the Early Leavers Initiative.

5.30 **Legal Implications, Access to Information and Call In**

5.31 The review of services has taken into consideration the Council's statutory duties and Adult Social Care's specific duties – including duties contained in the Care Act (2014) to meet the needs of those members of the community who require care services. Public consultation on the future of the Long-Term Community Support Service has been undertaken in accordance with guidance.

5.32 Risk Management

- 5.33 A risk log has been maintained throughout the review in-keeping with the *Better Lives* Programme approach to managing projects. All risks are recorded and a governance board oversees the process.

6 Conclusions

- 6.1 Following an extensive review of the LTCSS and a period of consultation with customers, their family/ carers and staff, it is clear that the service is well respected, provided to a high quality and gives customers the support they need.
- 6.2 However, the service has been decreasing in size and the number of people it supports has declined over the past five years. This reduction in service has been in part due to a managed transition towards an increased reablement/recovery service (SkILs) which has seen staff and resources move into the alternative model of provision. Further in-house services have also been developed within this period, as the Council looks to concentrate its efforts on new models of care.
- 6.3 In addition, it is felt that the new contractual arrangements in place from June 2016 for delivering long term home care provided in the independent sector will support individual customers to achieve their agreed outcomes and ensure good quality services are being delivered. It will also allow choice and control for those people needing ongoing home care support and these services can be commissioned at a more cost effective rate than the in-house provision. Customers can also be confident that they will receive personal care and support from a reliable, consistent workforce who are appropriately trained to meet individual customer needs.
- 6.4 The proposal is to commence with the cessation of the service, subject to Executive Board approval in June 2016. Customers and their families/carers will be informed of the decision to close the service. They will be supported through the closure process by familiar staff and also by an established assessment and transfer team who will support the customer in making alternative and appropriate arrangements for their care needs. In-house customers will be supported to transfer their care package to alternative homecare providers or to a service provided through a Direct Payment , which means that their needs will be continue to be met through the provision of a home care service, it will simply involve a change in provider.
- 6.5 Staff will also be supported through the process, with ongoing consultation with staff and Trade Unions including discussions to support staff in finding opportunities elsewhere in the Council, or exploring opportunities for ELI where applicable.

7 Recommendations

- 7.1 The Executive Board is asked to:

- 7.1.1 Approve to cease the directly provided Long Term Community Support Service (LTCSS) and note the plans for the transfer of customers to independent sector providers.
- 7.1.2 Agree the timescales for ceasing the directly provided Long Term Community Support Service (LTCSS) commencing in July 2016, with an aim to complete closure by September 2016.
- 7.1.3 Agree continued formal consultation under Employment Legislation with Trade Unions and staff and support for staff throughout the process including identifying any opportunities for employment within the Council.
- 7.1.4 Approve the use of £0.656m from the savings achieved to develop the in-house Skills for Independent Living Service (SkILs) and note the opportunities this development creates for staff.
- 7.1.5 Note the work that has been undertaken in carrying out the further review of the Long Term Community Support Service (LTCSS).
- 7.1.6 Note the outcome of the full consultation report (at Appendix 1) in approving a decision on the future of the service.
- 7.1.7 Note the development of alternative models of support, including those provided in the independent sector and the support available for existing customers to transfer to suitable alternative services within the independent sector.
- 7.1.8 Note that the lead officer responsible for implementation is the Director of Adult Social Services.

8 **Background documents¹**

8.1 Nil.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.