Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: **TUESDAY, 5 SEPTEMBER 2017**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Committee

Councillor Newcombe (Chair)
Councillor Cleaver (Vice-Chair)

Councillors Aldred, Chaplin, Dr Chowdhury, Dempster and Thalukdar

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

JHarget

For Monitoring Officer

Officer contacts:

Julie Harget (Democratic Support Officer),
Tel: 0116 454 6357, e-mail: julie.harget@leicester.gov.uk
Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings & Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc..

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact: **Julie Harget, Democratic Support Officer on 0116 454 6357**. Alternatively, email julie.harget@leicester.gov.uk, or call in at City Hall.

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

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

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. CHAIR'S ANNOUNCEMENTS

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Commission held on 29 June 2017 have been circulated and the Commission is asked to confirm them as a correct record.

5. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING - END OF LIFE CARE TASK GROUP **Appendix A**

The Commission will be asked to note an update on progress on actions agreed at the previous meeting. This will include an update on the Task Group Review into End of Life Care; a briefing note is attached for information.

6. PETITIONS

The Monitoring Officer to report on any petitions received.

7. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

8. BETTER CARE FUND UPDATE2017/19 **Appendix B**

The Director of Adult Social Care and Safeguarding submits a report that sets out the new requirements of the Better Care Fund (BCF) for 2017-2019.

The Commission is asked the note the update and comment as it sees fit.

9. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2016/17 - QUARTER 4 / PROVISIONAL YEAR END **Appendix C**

The Strategic Director, Adult Social Care submits a report that brings together information on various dimensions of Adult Social Care (ASC) performance in the final quarter of 2016/17. The report may be treated as a provisional year-end report; a final year-end report will be produced late Autumn 2017. The Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in the report.

10. ADULT SOCIAL CARE PEER CHALLENGES - PROGRESS REPORT **Appendix D**

The Strategic Director, Adult Social Care and Health submits a report that provides the Scrutiny Commission with a high-level summary of actions / improvements initiated as either a direct result of, or informed by, recommendations from the three Peer Challenges that the department has engaged with over the last two years. The Commission is requested to note the report and comment on the value of the Peer Challenge process for Adult Social Care

11. ADULT SOCIAL CARE PROCUREMENT PLAN 2017/18 **Appendix E**

The Strategic Director, Adult Social Care and Health submits a report that provides the Adult Social Care Scrutiny Commission with an overview of the forthcoming Adult Social Care (ASC) procurement activities that need to be in place for 2018 as detailed in Appendix 1 of the report.

12. DOMICILIARY CARE PROCUREMENT

The Commission will receive a verbal update on progress relating to Domiciliary Care Procurement. The Commission is asked to note the update and comment as it sees fit.

13. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME **Appendix F**

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

14. ANY OTHER URGENT BUSINESS

Appendix A

Adult Social Care Scrutiny Commission

End of life task group review – Briefing note

1. Purpose of Briefing Note

To advise commission members of progress on the End of Life task group review.

1.1 The end of life task group review met on 9th August 2017, chaired by Cllr Cleaver and with Steven Forbes in attendance. The task group had convened in January 2017 but a lack of key personnel led to its delay until recently. Notes from the January meeting were circulated for information.

1.2 Support papers for the August meeting included:

(a) Leicester JSNA on End of Life Care

(b) Leicester JSNA on adult Social Care

(c) Hospice UK report on end of Life Support

(d) Hospice UK Parliamentary debate briefing

(e) Macmillan partnership with Coventry City Council to improve the quality of support for people affected by cancer

It was **agreed** that Jerry would summarise the main points and integrate them into the final report for consideration by members.

1.3 Future requirements of the task group would concentrate on the adult social care elements of end of life care as opposed to the clinical and NHS aspects. Other elements for future work would include:

- an understanding of what social care services contribute to people at the end of their life;
- Consideration of how well social care services perform against the 'checklist for employers, leaders, commissioners and funders' from the 'Role of social workers in palliative, end of life and bereavement care report'
- Understanding how social care services link with health providers to support people to die at home or the place of their choice.
- Consideration of the training given to social care and care home staff to deal with end of life care
- Evaluating how well we communicate, as part of a multi-agency, multi-disciplinary team with families to have end of life conversations.

1.4 A meeting of the task group to take evidence from ASC officers and outside agencies is to be scheduled for early September.

2. Members are invited to note the report.

Jerry Connolly

Scrutiny policy officer

0116 454 6343

Jerry.connolly@leicester.gov.uk

23rd August 2017

Appendix B

Adult Social Care Scrutiny Commission

Better Care Fund Update

2017/19

Date:5th September 2017

Lead Director: Ruth Lake

NHS
Leicester City
Clinical Commissioning Group

Leicester
City Council

1. Leicester City Better Care Fund 2017 – 2019

1.1 This update report sets out the new requirements of the Better Care Fund (BCF) for 2017 – 2019. The principles and use of the fund are essentially the same as the two previous years; however there are some new elements to the fund, notably the Improved Better Care Fund (iBCF) aspect, and with this some additional expectations. The plan is now required to cover a two year period, to 2019.

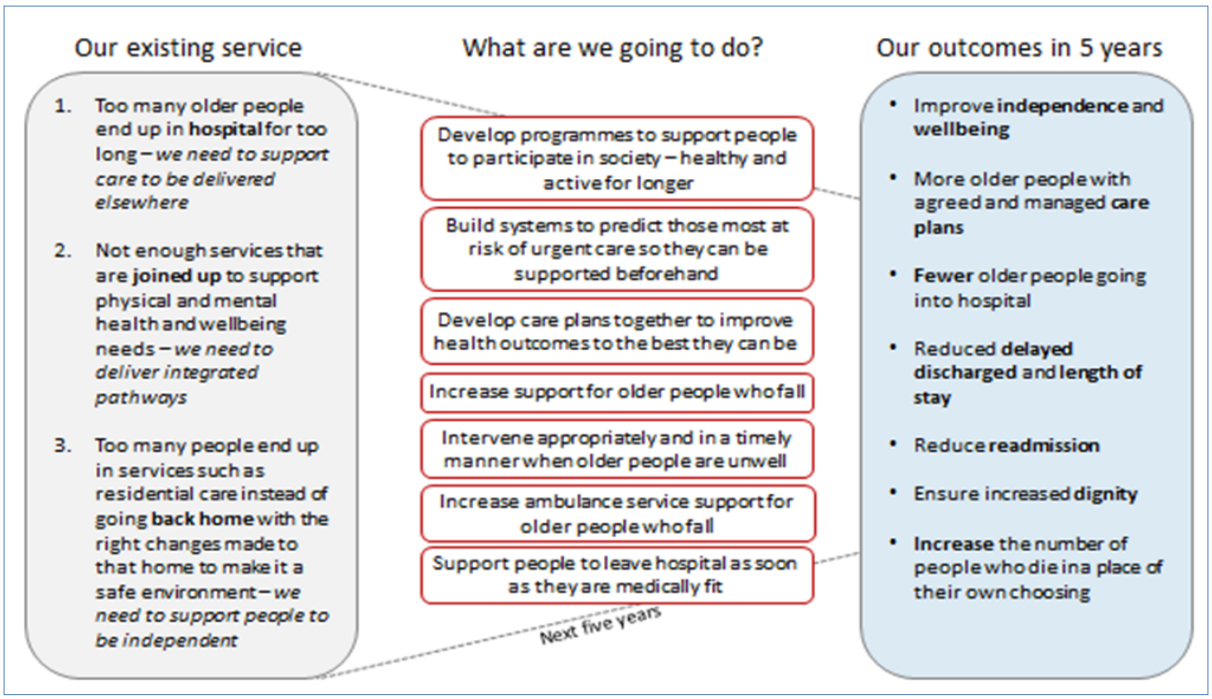
1.2 The planning guidance for the BCF was delayed at a national level; the plan is due for submission by 11th September 2017. A short submission was required in July 2017, setting out the trajectory towards meeting the national Delayed Transfer of Care (DTOC) target together with a grant return to Department for Communities and Local Government (DCLG), explaining the Council's use of the iBCF.

2. The BCF Plan – What we aim to achieve

2.1 The main report that was presented to Adult Social Care Scrutiny Commission in December 2016, with an update on Q2 of 2016 / 17 is attached for background reference (appendix 1).

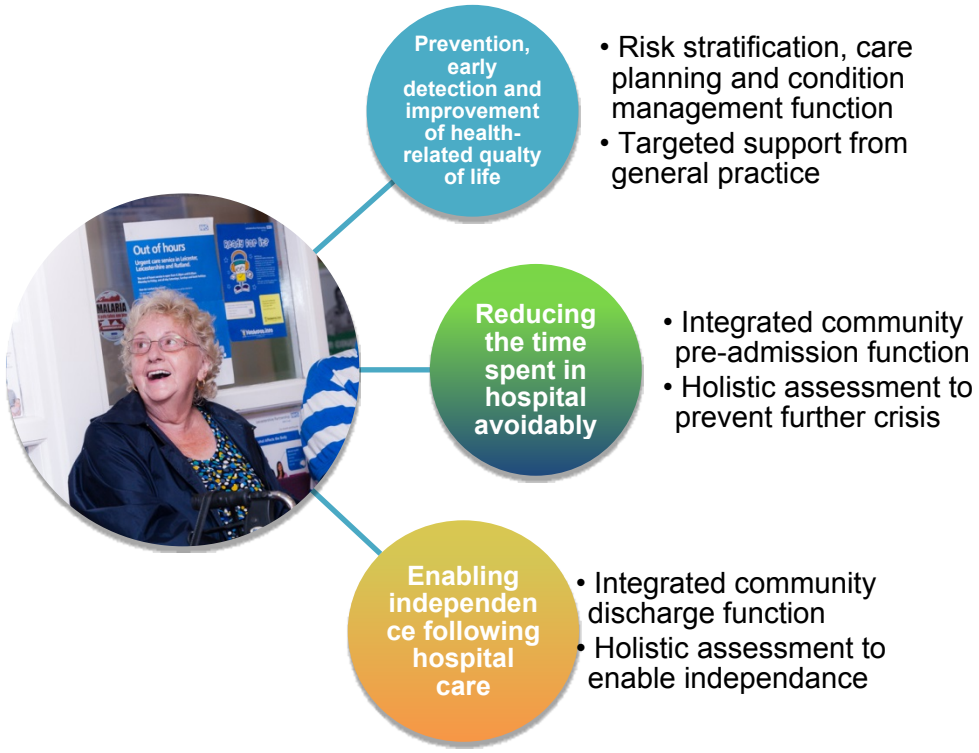
2.2 Within Leicester City we have agreed jointly to use the opportunities presented by the Better Care Fund to drive a clinically-led, patient-centred transformative change programme. This harnesses the collective views, innovations and ideas of many experienced health and social care professionals as well as the views of our patients and carers.

2.3 The programme is purposefully aligned with longer-term strategic planned change in our acute sector, including the plans of Leicester, Leicestershire and Rutland *Better Care Together* programme. The figure below depicts our plans at a strategic level:



3. The BCF Plan 2017-19

For this population, we propose to continue to invest in specific services in the following areas:



The Leicester City pre- and post-hospital pathway

3.1 Given the improved outcomes noted in both pre- and post-hospital systems of care since inception of the BCF, the 2017-19 BCF plan simply increases capacity in the services that require growth.

3.2 A summary of these is outlined below; schemes highlighted in yellow are delivered wholly or in partnership with staff in Adult Social Care (ASC).

3.3 Priority 1: Prevention, early detection and improvement of health-related quality of life

We will achieve this by implementing:

Services for complex patients:

- Increasing the number of people identified as 'at risk' and ensuring they are better able to manage their conditions, including out of hours, thereby reducing demand on statutory social care and health services. This will include both physical and mental health
- The Leicester City Lifestyle hub (enhanced self-care): Commissioned by Public Health
- Delivering 'great' experience and improving the quality of life of patients with long term conditions by expanding our use of available technology, patient education programmes and GP-led care planning, reducing avoidable hospital stays.

3.4 Priority 2: Reducing the avoidable time spent in hospital

We will achieve this by implementing:

The Clinical Response team (integrated into a 24/7 home visiting service):

- Providing an Emergency Care Practitioner-led 2 hour response to patients at risk of hospital admission from GP's, care homes, 999 and 111.
- Providing a proactive care home service to ensure our care home population receive high quality care in their usual place of residence

Our joint Integrated Locality Teams:

- Four integrated physical and mental health teams, ranging from health and social care to housing and financial services, which respond in a coordinated way to ensure care is delivered in the community and around the individual, geographically aligning services from our ASC, GP practices and Community services for the first time.

Interoperable IT systems & governance:

- Enabling the use of the NHS number as a primary identifier for all patients, linked to high-quality care plans for our frail elderly patients or those with complex health needs.

Our Intensive Community Support Service:

- Increasing community nursing capacity to look after people in their own homes rather than in a hospital bed.

3.5 Priority 3: Enabling independence following hospital care

We will achieve this by implementing:

Our nationally commended Integrated Crisis Response Service (ICRS):

- Ensuring timely hospital discharge via the provision of in-reach (pull) teams to swiftly repatriate people to community-based services and maintain independence across physical and mental health services. This service also has an admission avoidance function through partnership working with our GP's. Access to assistive technologies is also provided through ICRS.

Our Hospital based Health Transfers Team:

- Ensuring optimal discharge pathways for our patients requiring Adult social care – this team is based on-site at the acute trust preventing delays to discharge. The BCF is newly investing in staffing capacity and extended hours of service in 2017/18.

Our holistic enablement & reablement services:

- Increasing the number of patients able to live independently following a hospital stay by helping them back to independence

Our Joint community mental health teams:

- Mobilising community-based capacity specifically targeting the discharge of patients in mental health care settings.

3.6 A funding schedule for schemes is attached at appendix 2. It should be noted that a significant proportion of the overall BCF is attached to protecting mainstream ASC service and supporting previous funding streams that were in place prior to, but then incorporated in to the BCF pooled budget (for example, funding for carers' services).

3.7 The services supported by the BCF are very practical and well regarded by citizens and professionals alike. Case studies are collected to illustrate the benefit to people who may otherwise have needed to go into hospital, and highlight the holistic, coordinated nature of services.

Mrs P

94 years old, Mrs P calls the ambulance after a fall at home on Sunday evening. The Clinical Response Service attends rather than an ambulance and establishes that Mrs P is shaken and requires some practical support at home if she is not to go into hospital. ICRS visit within an hour and establish a care plan for 72 hours. During this time Mrs P has a full assessment; it is noted that she has not been eating well as she finds shopping difficult. Equipment is put in place to reduce the risks of further falls and a friend of Mrs P's is engaged to help her with shopping once a week. Mrs P requires no further statutory care. In other circumstances Mrs P would have been taken to hospital due to the time of the incident and her age. She is very likely to have been admitted. Once physically stable she is likely to have been sent home.

The underlying issues at home would have been unaddressed and there is every likelihood that Mrs P would quickly be in the same situation again.

3.8 The drafted plan meets all national conditions & metrics required except achievement of a DTOC rate of 3.5% of all occupied beds by September 2017. A realistic assessment of issues has led the LLR health and social care economy to present a trajectory which allows the target to be met by March 2018. This has been agreed at the LLR A&E Delivery Board.

3.9 The delivery of the plan will be monitored by the City Joint Integrated Commissioning Board, with quarterly updates received by the Health and Wellbeing Board.

3.10 The 2017-19 Better Care Fund approval process requires each area to submit a 2 part plan on September 11th 2017 – the first requirement is a planning template detailing activity, finance & metrics and the second is a narrative plan providing a detailed description of plans for 2017-19.

3.11 Plan assurance will include moderation at NHS regional level, led by Better Care Fund leads for each region, with appropriate representation from regional NHS and local governance. The regional lead for the East Midlands has seen the Leicester City draft and has complimented it as one of the better plans across the region.

4. New Elements to the BCF

4.1 Additional funding was announced by the Chancellor in March 2017, called the Improved Better Care Fund (iBCF). This extra money, £8.954m in 2017/18, is specifically for ASC and comes to the Council via DCLG. The funding must be used to support adult social care, help councils to support local health systems and to stabilise the social care market.

4.2 The BCF planning guidance linked the delivery of DTOC targets to the iBCF funding; this was not supported by the Local Government Association (LGA) or Association of Directors of Adult Social Services (ADASS). However, this does now form an element of the planning requirements. As noted above, the overall delivery of DTOC targets will be challenging; however adult social care delays are well below the 3.5%.

4.3 A return to DCLG was submitted on 21st July explaining how Leicester will use this funding and is attached at appendix 3.

4.4 Due to the delayed planning guidance, and therefore later submission date, a final plan and performance schedule will be available after 11th September, against which delivery can then be monitored.

Report Authors

Ruth Lake, Director, Adult Social Care and Safeguarding, Leicester City Council
Rachna Vyas, Deputy Director of Strategy, Leicester City Clinical Commissioning Group

Appendix B1

Adult Social Care Scrutiny Commission

Better Care Fund Progress Update

Q2 2016/17

Date:12th December 2016

Lead Director: Ruth Lake

Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version: 1

1. Summary

1.1 This update report notes the position of the Better Care Fund (BCF) activity and performance at Q2 of 2016/17.

2. Recommendations

2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and make any comments.

3. Report

3.1 The BCF programme is in its second formal year of delivery. The programme aims to achieve reductions in unplanned admissions to hospital, reduced admissions to long term care and reduced delayed transfers of care (DTOC)

3.2 The detail of the 16/17 plan was presented to scrutiny in March 2016 and is attached for reference at appendix 1. This report provides a position statement against that plan, as at Q2.

3.3 The 16/17 BCF plan lists the following interventions:

Scheme Name	2016/17 Expenditure (£)	New or Existing Scheme	Agreed at BCF joint confirm and challenge?	Status	Performance
Risk Stratification	£64,000	Existing	Yes	LIVE	
Lifestyle Hub	£100,000	Existing	Yes	LIVE	
IT	£4,000	Existing	Yes	LIVE	
Clinical Response Team	£1,380,015	Existing	Yes	LIVE	
Assistive Technology	£213,321	Existing	Yes	LIVE	
LPT Unscheduled care team	£469,216	Existing	Yes	LIVE	
ICRS	£835,000	Existing	Yes	LIVE	
Night Nursing team	£90,990	Existing	Yes	LIVE	
Services for complex patients	£1,220,277	Existing	Yes	LIVE	
Mental Health Planned Care Team	£232,025	Existing	Yes	LIVE	
MH Housing team	£40,440	New	Yes	LIVE	
MH Discharge team	£42,462	Existing	Yes	LIVE	
ICS (+)	£883,614	Existing	Yes	LIVE	

Reablement - LPT	**£1,137,375**	**Existing**	**Yes**	**N/A**
Existing ASC Transfer	**£5,901,968**	**Existing**	**Yes**	**N/A**
Carers Funding	**£650,000**	**Existing**	**Yes**	**N/A**
Reablement funds - LA	**£825,000**	**Existing**	**Yes**	**N/A**
2016/17 ASC Increased Transfer	**£5,650,000**	**Existing**	**Yes**	**N/A**
Performance Fund	**£1,926,540**	**Existing**	**Yes**	**N/A**
Uncommitted	**£194,757**	**New**	**Yes**	**N/A**
DFG	**£1,854,000**	**Existing**	**Yes**	**N/A**

3.4 Each scheme is live, with overall rating for each intervention rated green; this is based on an assessment of both capacity, usage and delivery of any key actions required at the Integrated Systems of Care Programme Group, which oversees the operational delivery of the BCF. Some funding is allocated against service delivery that was funded via CCG budgets prior to the BCF, is now funded within the BCF pool but is not subject to performance monitoring (marked N/A).

3.5 Performance against BCF national metrics

Overall, performance is positive in the context of a significantly challenged health and care system

3.5.1 Emergency admissions

Analysis of the emergency admission profile at Period 6 shows the following trend:

LLR Commissioners vs 16/17 contract plan

M6 16/17	Emergency Admissions	Main ED attends

Commissioner	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %
LLR	37229	38688	1459	3.90%	64125	70379	6254	9.80%
City	16295	16475	180	1.10%	32865	36284	3419	10%
ELR	10141	11008	867	8.50%	16187	17989	1802	11%
West	10793	11202	412	3.80%	15073	16106	1033	6.90%

Data source: UHL SLAM short stays report M6 31.10.16

The City is 1.1% over plan for emergency admissions (+180 admissions) and 10% over plan for Emergency Department (ED) attends (+3419 attendances). The emergency attendances figure includes duplicate patients (i.e. those patients who are seen in the Urgent Care Centre and then again in the ED are counted twice). De-duplicated data is being worked on by AGEM for LLR as part of the planning process for 17/18.

Year on year analysis is still positive, with 'deep' hour admissions (6 hours+) showing at -3.2% compared to the same time last year:

	Year on year variance						
				16/17 vs 15/16			16/17 vs 15/16
M6 16/17				City	East	West	LLR
Main ED attends FOT				4.46%	8.39%	-3.46%	9.34%
All Emergency admissions FOT				-1.50%	2.63%	1.75%	0.58%
0-6 hour emergency admissions				11.44%	8.07%	13.30%	11.45%
Deep admissions (6 hour +)				-3.18%	2.76%	0.53%	-1.12%

Source: Acute contracts, CCG, M6 SLAM report, 31st Oct 2016

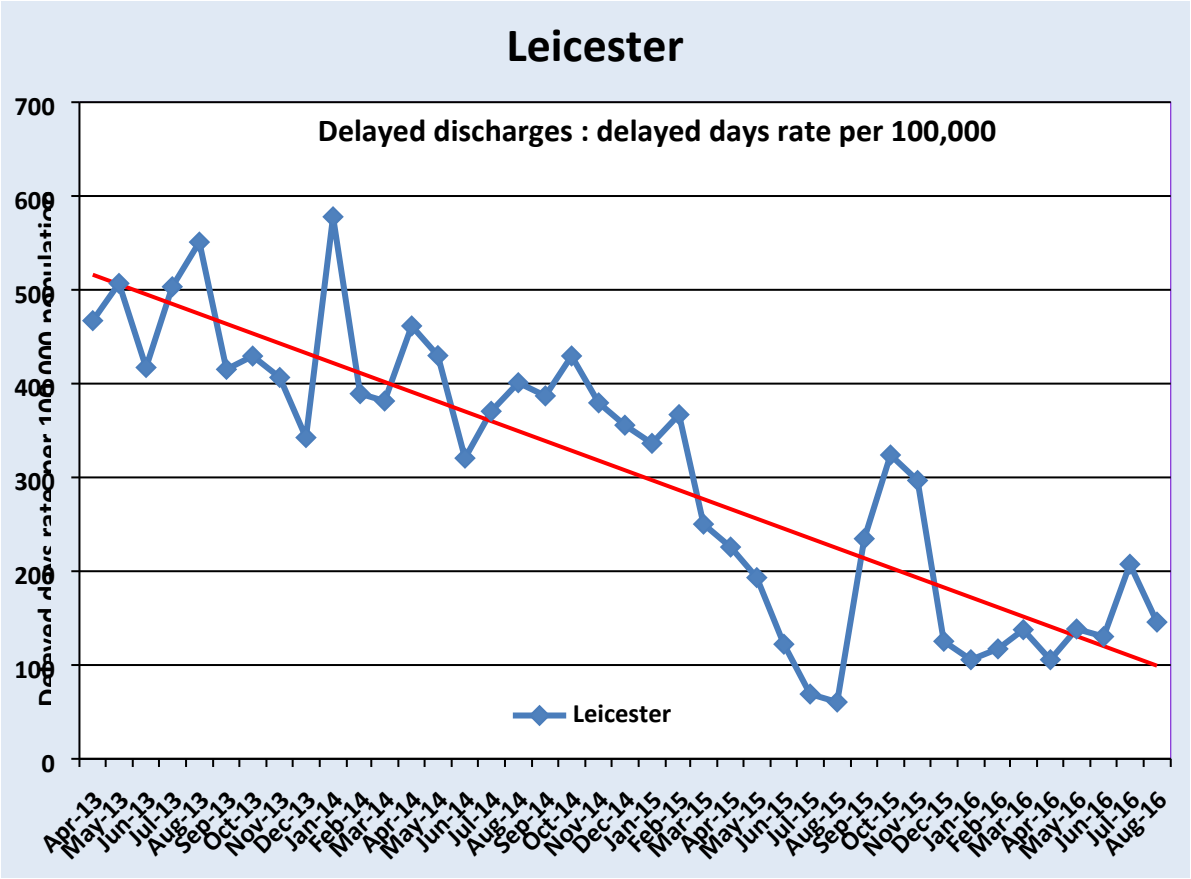
Finally, performance against the Q2 BCF target shows a variance of only +38 non-elective admissions against plan. It should be noted that this is despite the stretch target set for reduced non-elective admissions – in previous years, the variance has been much greater.

3.5.2 Delayed Transfer of Care (DTOC)

For 2015/16 Leicester City was the top performing Health and Wellbeing Board nationally against its BCF plan for DTOC:

	Plan rate per 100,000 population	Annual 15/16 Performance Against Plan	**Performance Against Plan %**
East Midlands Average	3,749.2	+757.8	+16.8%
Leicester City	4,694.7	-2,705.1	-136.0%

The DTOC rate for all delays as at Oct 20th 2016 stood at 12.4 delays per 100,000 population against a target of 8.0 delays per 100,000 population. The City noted a spike in DTOC's during the summer months and this trend has continued:



It should be noted that the DTOC rate for ASC specifically (those delays that we are accountable for) was just 0.5 delays per 100,000 population, against a target of 1.5.

UHL delays have stayed below the target (2.04 delays vs a target of 2.39 delays). The main issues relate to are Leicestershire Partnership Trust (LPT) community hospital beds, where small movements in numbers creating large percentage increases. For example, during July and August 2016, there were between 3-5 patients delayed in the 25-27 City LPT inpatients beds against an average of 1 patient during Q1 2016/17. The impact on the rate of delay is therefore significant. Additional support has been put into LPT discharge

process to mitigate against these delays in future.

Analysis of the reasons for LPT Mental Health delays points largely to patients awaiting completion of health assessments – a formal recovery action plan is being enacted and monitored monthly via the LPT contracting group. As yet, no improvement has been seen.

The key issue that has been raised with CCG Commissioners is the lack of capacity within the Continuing Health Care system to complete assessments in a timely manner. The lack of trained staff available has been escalated to Arden & GEM CSU, who deliver this service but as yet, no mitigation has been agreed upon. This is a direct risk to the delivery of this target and to patient flow during winter months.

3.5.3 65+ Permanent Admissions in residential / nursing homes

At the end of Q2, there were 119 permanent admissions (290.4 per 100,000) made into residential care for those aged 65 and over. Forecasting this to year-end, based on current activity, would be around 240 admissions (585.6 per 100,000). The year-end target is to have no more than 260 admissions in the year (633.4 per 100,000). Therefore the Council is on target to achieve this.

3.5.4 Proportion of those aged 65+ at home 91 days later following hospital discharge

The local measure for Q2 reporting indicates that 93.3% of older people are still at home 91 days after hospital discharge into reablement / rehab services, against a target of 90%. The local measure counts hospital discharges from Jan - Jun 16 with follow-ups from Apr - Sep 16. Therefore the Council is on target to achieve this.

3.6 Planning requirements for 17/18

3.6.1 The NHS planning guidance confirms the continuation of the BCF, and the ongoing requirements for integration policy implementation by 2020. Specific guidance about preparation of BCF plans for 2017/18 is pending later in the autumn. At this stage, no fixed date has been issued for this publication. It is anticipated that BCF plans will need to be submitted by March 2017 but this requires confirmation within the guidance in due course.

3.6.2 It is recognised that for Local Authorities, planning timescales for 2017/18 and beyond are linked to the autumn statement (late November) and publication of LA allocations (January), so the planning process and timescales for NHS partners and LAs are not in alignment.

3.6.3 In order to prepare for the BCF refresh, work has already begun within the Integrated Systems of Care (ISOC) Programme team. It is proposed to use the same evaluation tool as last year, which was adapted from the national self-assessment toolkit and provides an opportunity for a high-level evaluation of the impact of the components of the BCF plan.

3.6.4 Strategically the introduction of the Sustainability and Transformation Plan (STP),

essentially reframes LLR priorities. Within the STP the implementation of integrated locality teams is a key feature and an area of work that will need factoring into BCF assumptions for 2016/17. A number of existing investment lines will form part of the new arrangements, and other development monies may be needed from within the BCF to support this development within the city.

3.6.5 The assurance process for BCF is expected to involve regional level assurance as before, followed by national moderation – details will follow when guidance published. A lessons learned session for the national assurance process is being held on 28th September which will inform the assurance process for 2017/18 plans.

4. Financial, legal and other implications

4.1 Financial implications

Total BCF allocation in 2016/17 was £23,715.0k of this £194.8k is currently uncommitted to any specific schemes. £13,027.0k of the £16,291.8k is being used to support Adult Social Care.

Table below shows the funding allocated between City Council, Leicestershire Partnership Trust (LPT) and the City Clinical Commissioning Group (CCG).

Schemes/Investment Title	**Subject to Performance Monitoring Y/N**	**Funding Allocated £'000**
City Council		
Strengthening ICRS	Y	835.0
Lifestyle Hub	Y	100.0
Assistive Technologies	Y	213.3
Services for Complex Patients – Care Navigators	Y	220.0
MH Discharge Team	Y	42.5
Reablement	N	825.0
Existing ASC Transfer (Protecting ASC Services)	N	5,902.0
2016/17 Increased ASC Transfer (Protecting ASC Services)	N	5,650.0
Carers	N	650.0
Capital – Disabled Facilities Grant (DFG)	N	1,854.0

Sub-Total		**16,291.8**
Leicestershire Partnership Trust		
Enhanced Night Nursing	Y	91.0
Intensive Community Support Beds	Y	883.6
Unscheduled Care Team	Y	469.2
MH Planned Care Team	Y	232.0
Reablement	N	1137.4
Sub-Total		**2,813.2**
City Clinical Commissioning Group		
MH Housing Team	Y	40.4
Risk Stratification	Y	64.0
IT System Integration	Y	4.0
Clinical Response Team	Y	1,380.0
Services for Complex Patients	Y	1,000.3
Performance Fund	N	1,926.5
Uncommitted	N	194.8
Sub-Total		**4,610.0**
TOTAL BCF		**23,715.0**

Additional BCF funds should be coming directly to the local authority from 2017/18, although not yet confirmed. This is additional funding that the government have alluded to in recent press announcements, in response to questions about the pressures on social care.

The additional funding is not significant in 2017/18 but rises significantly by the end of the parliament.

Martin Judson, Head of Finance

4.2 Legal implications

There are no direct implications arising from this report

Pretty Patel, Head of Law ext 1457

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report

4.4 Equalities Implications

The Better Care Fund update covers the protected characteristics of age, disability and gender, as defined by the Equality Act 2010.
Issues arising from any of the protected characteristics will need to be monitored and addressed as part of the ongoing work underway on the BCF and any proposals for the 2017/18 plans.

Irene Kszyk, Corporate Equalities Lead, ext 374147

4.5 Other Implications

None noted

5. Background information and other papers:

N/A

6. Summary of appendices:

Appendix 1: Leicester City Better Care Fund 2016/17 Update for ASC Scrutiny Commission 8th March 2016

Appendix 2 BCF Section 75 Pool Budget **21/06/2017**

2016/17 and 2017/18 Allocations to Schemes

Scheme/Investment Title	2016/17 Allocation £'000	2017/18 Allocation £'000	2017/18 £
CCG Lead Provider:			
MH Housing Team	40.4	41.2	41,164
Performance Fund	1,926.5	1,961.0	1,961,024
Risk stratification	64.0	65.1	65,146
IT system integration	4.0	4.0	4,000
Clinical Response Team / Urgent care	1,380.0	1,365.0	1,365,000
Services for Complex Patients	1,000.3	1,018.2	1,018,181
Sub-Total (CCG)	**4,415.3**	**4,454.5**	4,454,515
LA Lead Provider:			
Strengthening ICRS - LA	835.0	985.0	985,000
Existing ASC Transfer	5,902.0	5,902.0	5,901,968
Carers Funding	650.0	650.0	650,000
2016/17 ASC Increased Transfer	5,650.0	5,650.0	5,650,000
Lifestyle Hub	100.0	100.0	100,000
Assistive technologies	213.3	259.1	259,139
Services for Complex Patients - Care Navigators	220.0	223.9	223,938
Reablement funds - LA	825.0	825.0	825,000
HTT (Health Transfer Team) **(new BCF scheme)**	-	326.6	326,621
MH Discharge Team	42.5	43.2	43,222
Sub-Total (LA)	**14,437.8**	**14,964.9**	14,964,888
LPT Lead Provider:			
Reablement - LPT	1,137.4	1,137.4	1,137,375
Enhanced night nursing - LPT	91.0	92.6	92,619
Intensive Community Support Beds - LPT	883.6	889.1	889,126
LPT - Unscheduled Care Team	469.2	477.6	477,615
MH Planned Care Team	232.0	236.2	236,178
Sub-Total (LPT)	**2,813.2**	**2,832.9**	2,832,913
Uncommitted	**194.8**	**-**	-
TOTAL REVENUE	**21,861.0**	**22,252.3**	**22,252,316**
DFG (Housing)	1,001.0	1,182.3	
ASC Capital Grant	853.0	853.0	
TOTAL REVENUE & CAPITAL	**23,715.0**	**24,287.6**	

QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: Please DO NOT alter the format of this spreadsheet by inserting, deleting or merging any cells, rows or columns. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

Instructions:

1. Select your local authority from the drop-down menu in Cell C10.
2. Complete Sections A to D below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
3. Save the completed form in MS Excel format. Do not convert this spreadsheet to another file format.
4. Once completed and saved, please e-mail this MS Excel file by 21 July 2017 to: CareandReform2@communities.gsi.gov.uk

Local authority:	**Leicester City UA**
E-code	**E2401**
Period	**Quarter 1 (April 2017 – June 2017)**

Section A

A1. Provide a scene-setting narrative for Quarter 1 in relation to the additional funding for adult social care announced at Spring Budget 2017.

As part of the Council's 2016/17 budget strategy significant additional funding was provided from Council reserves to address unavoidable adult social care cost pressures from increasing demand and the effects of the national living wage on provider costs. This has been done at a time of significant cuts in other services (apart from children's social care) with the Adult Social Care department contibuting to substantial savings.
The Council is using its reserves to manage the transition to a lower level of overall Council spend as the significant service reductions required across the Council take time to implement.

The use of reserves to fund adult social care pressures has meant that the scale of the reductions in the Council's expenditure elsewhere has increased significantly whilst the timescale in which to make those reductions has decreased significantly. The additional iBCF money of £8.954m in 2017/18 will relieve some of the immediate pressure on the Adult Care service and partially replace the use of Council reserves.

A2. Explain how has this additional money has affected decisions on budget savings that may otherwise have been required.

The additional money will underpin the initiatives 1-4 outlined below and make a contribution the Council's ongoing commitment to ensure market stability and in particular to ensure that provider fees are adequate to cover the additional costs of the national living wage (initiative 5). The commitment to increasing our fee levels is shown below in the unit price data.

The information provided below on the number of home care packages and care home placements is the equivalent number of packages which the additional funding under initiative 5 underpins. These are not additonal packages as a direct result of the additional funding, as these would have been funded by Council reserves. The packages themselves are as a result of eligible service user needs in accordance with the Care Act.

A3: What are the main initiatives/projects that this money will be used to support? You do not need to complete every column in the table below, but please name as many initiatives/projects as you consider relevant. You can provide further information to the right of the table if you want to describe more than 5 projects.

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
A3a. Please provide an individual name for each initiative/project (this is so that they can be identified in later quarterly returns).	Investment in Professional Staffing	Home First - Community Reablement	Enablement	Investment in prevention / crisis intervention	Market stability

A3b. Please briefly describe (in general no more than 2 to 3 lines) the objectives/expected outcomes for each initiative/project. You will be expected to comment on progress in later quarters.	Retaining a staffing establishment above comparators in order to manage effective discharge, new contacts and invest in integrated locality teams. Expected outcomes are maintenance of DTOC performance over relevant categories (e.g. awaiting assessment), particpation in health initiatives (e.g. Red 2 Green) and managing rising community demand.	Enhanced capacity wihthin community reablement services. Reduction in people using short term bed solutions. Reductions in admissions to long term care as an outcome of reablement	Investment in internal Enablement service for people with MH / LD / physical needs who require support to maintain independence. Reduction in people receiving long term support (freeing up capacity within the market)	Delivery largely through VCS contracts, to avoid deteriorations in independence and enable ready access to community and mainstream services. Non-statutory activity that would otherwise be at risk of funding cuts.	We are ensuring that fees paid to independent sector providers are sufficient to fully compensate them for the increased costs from the national living wage and other increases. The market is fragile and would collapse without these fee uplifts.

A4a. Have you engaged with your care providers in light of the new funding? Please choose yes or no from the drop-down menu.	No
A4b. If you have answered 'Yes' to question A4a, please describe what action you have taken. If you have answered 'No' to question A4a, you should outline your plans for engaging with your care providers.	Engagement on issues relating to a sustainable market (including fees) have already taken place (and are ongoing) and so a specific engagement following the announcement of new funding was unnecessary. Regular forums with providers continue as usual

	2016/17	2017/18
A5a. Please provide your average unit costs for home care for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per contact hour)	£13.54 per hour	£14.30 per hour
A5b. Please provide your average unit costs for care home provision for clients aged 65+ for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per client per week, excluding full cost payers, 3rd party top ups and NHS-funded nursing care)	£491 per week	£510 per week

Section B

B1. In comparison with plans made before this additional funding was announced, what impact do you anticipate on the:

Number of home care packages provided in 2017/18:	Hours of home care provided in 2017/18:	Number of care home placements in 2017/18:

B1A. Please provide figures to illustrate the impact.

The equivalent of 300 care packages for the year	132,600 hours for the year	The equivalent of 46 long term placements in the year

Section C

C1. Please provide any further information you wish us to be aware of, and use whatever further specific metrics you consider appropriate for your area; for example this might include reablement, timeliness of assessments, carers, staff capacity etc. You will be expected to update these each quarter.

Metric are; DTOC - meeting the agreed target; outcomes from reablement - meeting our BCF target; the number of long term care placements - meeting our BCF target; provider exits from market - nil exits for reasons of financial sustainability;

Section D

D1. The grant determination requires you to work with the relevant CCG(s) and providers to meet National Condition 4 (NC4) of the Integration and Better Care Fund. NC4 states that all areas should implement the High Impact Change Model for managing transfers of care to support system-wide improvements in transfers of care. Please set out, from the local authority's perspective, what progress is being made to implement the High Impact Change Model with health partners and the intended impact on the performance metrics, including Delayed Transfers of Care.

The Council is an active partner in the LLR arrangements to oversee improvement in transfers of care. The Council with partners, has completed a self-assessment against the High Impact Change Model, identifying areas of strength and areas for further improvement. Work to deliver improvements is overseen by the LLR Discharge Steering Group. The Council attended the recent High Impact Change event delivered by LGA / ADASS, to share and learn from best practice in the change domains. Work is underway to set a DTOC trajectory; this work has the support of the Urgent and Emergency Care team, all 3 CCGs, all 3 local authorities, our 2 main providers locally, University Hospitals of Leicester and Leicestershire Partnership Trust, and the Sustainability and Transformation Plan Senior Leadership Team. The trajectories are supported by a comprehensive plan of action which includes the development of Integrated Discharge Teams, improvements to the Continuing Health Care process, improvements in pathways to community hospitals, new trusted assessment models, and plans to bring down levels of delays due to patient choice. As an integrated plan with the support of all partners locally, we believe that this local plan, agreed with NHS Improvement, is achievable.

Appendix C

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2016/17 - Quarter 4 / provisional year-end

Date: 5th September 2017

Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

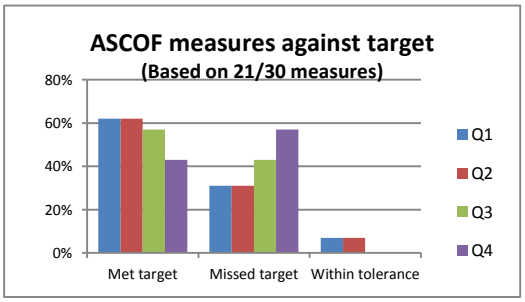
1. Summary

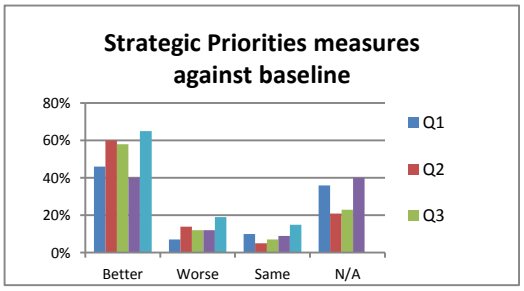
1.1 This report brings together information on various dimensions of adult social care (ASC) performance in the final quarter of 2016/17 and can be treated as a provisional year-end report. A final year-end report will be produced in late autumn when ASCOF data, including benchmarking information, is published.

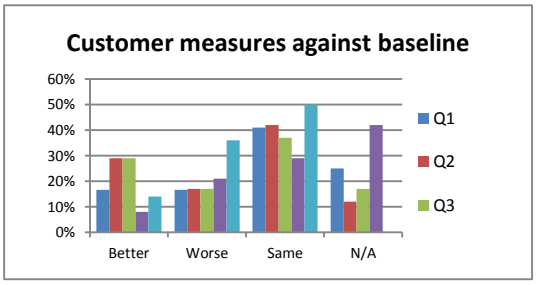
1.2 The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business. The report contains information on:

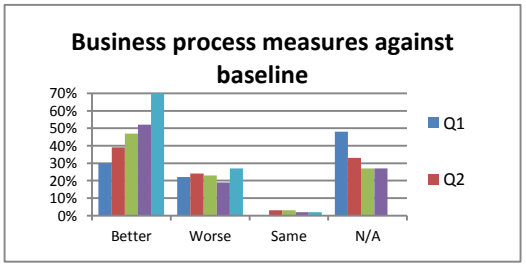
- our inputs (e.g. Finance and Workforce)
- the efficiency and effectiveness of our business processes
- the volume and quality of our outputs
- the outcomes we deliver for our service users and the wider community of Leicester

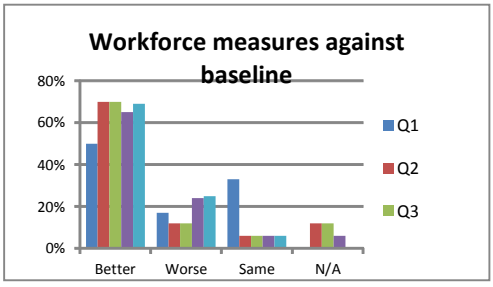
1.3 A summary of data based performance over 2016/17 is presented below:

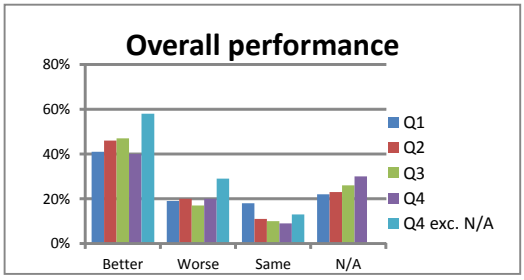












2. Recommendations

2.1 The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in this report.

3. Report

3.1 **Delivering ASC Strategic Priorities for 2016/17**

3.1.1 Our six strategic Priorities for 2016/17 have been agreed and were reported to Scrutiny on 3rd May 2016. We have also set out what we need to do to deliver on these priorities and developed Key Performance Indicators to measure whether we have been effective in doing so. Our priorities for the year are:

SP1. Improve the experience for our customers of both our own interventions and the services we commission to support them
SP2. Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'
SP3. Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs
SP4. Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care
SP5. Improve the work with children's social care, education (SEN) and health partner to continue to improve our support for young people with care and support needs and their families in transition into adulthood
SP6. Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate

3.1.2 Summary:
Overall performance against those KPIs aligned to the department's strategic priorities suggest that significant progress on our priorities has been made, and that having a small number of clear and visible priorities (as advocated through our peer challenges) has been effective. Overall, 17 of our measures have shown improvement from our 2015/16 baseline, with just 5 showing deterioration. Performance is consistently strong across all priorities except priority five (see below). The inclusion of aggregated data from other sets of KPIs to reflect performance against priorities one and six also provides evidence of strong overall performance across ASC this year.

3.1.3 Achievements:
User satisfaction levels derived from our local survey (at assessment) and questions asked in the supported self-assessment (at re-assessment) have been consistently high throughout the year. Critically here, 97.7% of service users said that their quality of life had improved as a consequence of our support and services, with 67% saying it had improved very much or completely. Generally, there has been encouraging progress made in taking forward our preventative and enablement model of support. Notwithstanding poor Q4 performance for admissions to residential and nursing care, overall performance in promoting independence for both working-age adults and people over 65 has been positive.

3.1.4 Concerns:

Measures are still to be developed in support of our priority to improve young peoples' transition to adulthood (priority five).

3.2 Keeping People Safe

3.2.1 The Care Act 2014 put adult safeguarding on a statutory footing for the first time. The Act set out our statutory duties and responsibilities including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2 During 2016/17 609 individuals were involved in a safeguarding enquiry started in the year. Of these 262 were aged 18 to 64, with 347 aged 65 years or over. 362 of those involved were female and 239 were male. 423 were 'White', 106 'Asian' and 28 'Black.'

3.2.3 310 individuals who were involved in an enquiry have a recorded Primary Support Reason. 38% of these individuals have 'physical support' as their Primary Support Reason, with 'mental health' and 'learning disabilities' the next most common reasons.

3.2.4 Using figures for all completed enquiries, the most commonly recorded category of abuse for concluded enquiries was "physical abuse" (308), followed by "neglect" (304), and then "psychological/emotional abuse" (203). The most common location of risk was the individuals own home (243), followed by care homes 238, of which 161 were residential homes and 77 nursing homes.

3.2.5 Year end performance:

Measure	Year end 2016/17
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	53% of enquiries begun within 24 hours of threshold decision being made
Number of alerts progressing to a Safeguarding enquiry	Alerts received in the year = 2672 Threshold met – progressed to an enquiry = 690
Completion of safeguarding enquiries – within 28 days target	51.6% of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	88.8% of individual who were asked for and gave desired safeguarding outcomes had these outcome fully or partially met in, fully met 52.4% and partially met 36.4%

3.3 Managing our Resources: Budget

3.3.1 The department spent £100.8m, £1.6m less than the budget of £102.4m.

3.3.2 The underspend is one off in nature and arises as a result of staffing savings where vacant posts have not been filled pending staffing reviews (in Care Management) or post review (in Enablement, Contracts and Commissioning) where recruitment to the new structure has not been completed.

3.3.3 Of the £102.4m budget the most significant item is the £94.9m expenditure on independent sector service user care package costs. The level of net growth in long term service users in the year was 1.2% (62 service users from a base of 5,300). This compares to 2.6% (137) in 2015/16. The level of growth in older service users and those with Learning Disabilities were both less than 1%. However growth in those service users with mental health conditions increased by 5.2% (although still only 34 service users).

3.3.4 The most significant area of cost increase was from net increases in package costs of our existing service users. This occurs when the condition of the user deteriorates, for example through increasing frailty and additional support is required on a short- or longer-term basis. The level of increase this year is higher than last. Increases in individual service user costs continue to be tracked by social work teams to be clear of the reasons why and the appropriateness of the new package being provided.

3.3.5 The overall impact of the growth in service users and changes in package costs results in an overall growth of 3.7% or £3.4m for the year, compared with 2.9% (£2.4m) in 15/16.

3.3.6 Reviews of service users are ongoing to ensure that the most appropriate care packages are in place. These reviews have yielded cost savings of £1.3m this year.

3.3.7 We are awaiting the outcome of the consultation on the funding which will be made available for local authorities to pay for the accommodation costs in excess of the local housing allowance for tenants of sheltered and supported housing schemes, including Extra Care Housing schemes. These provide self-contained flats with onsite support to enable vulnerable adults to live independently in the community rather than using traditional residential care. Not only is this better for the service user but it is also more cost effective for the Council. The details of the grant allocations will not be known until the autumn of 2017. There is a risk that the fixed grant will be insufficient, and therefore continue to jeopardise the financial viability of both existing and new schemes. From a financial viewpoint this could frustrate one of our means of reducing care package costs and delivering a key policy agenda in providing independent living opportunities.

3.3.8 There is significant demand for this kind of accommodation across the city and two new schemes which could provide 157 flats have been put on hold by the development consortium and the Council. There has also been interest from existing residential providers to convert their properties to provide supported living instead.

3.3.9 Approval is requested for the transfer of £1.5m to an ear marked reserve which will be used to provide a grant pot which can be used by the voluntary sector for preventative non statutory support in the community of £250k per annum for a three year period, with an option to extend for a further three years.

3.4 Managing Our Resources: Our Workforce

3.4.1 Adult Social Care consists of two divisions: Social Care and Safeguarding and Social Care and Commissioning. The department has undergone significant change over the last 2 years including an organisational review and restructuring of the department leading to the creation of a new Learning Disability service and a new Enablement service, clear focus on hospital discharge and a re-focused Contact and Response function (our "front door"), as well as delivering the final phase of closure of in-house residential care homes (EPHs). See **appendix 2** for a snapshot of workforce performance.

3.4.2 <u>Summary:</u>
Overall, performance is generally positive, with 11 out of 17 measures showing improvement and just four deteriorating.

3.4.3 Achievements:
The number of cases and days lost to long-term sickness (over 30 days) is lower than in Q1. Significant reductions in spend on overtime, agency and casual staff continue to be made, contributing to a reduction in the total staff cost of £2.95m since the year-end position for 2015/16.

3.4.4 Concerns:
Although there are some areas of improvement as noted above, sickness levels continue to be the single greatest area of concern, impacting significantly on the department's resource capacity. Both divisions recorded over 17 days per FTE against a target of 11 days.

3.5 National Comparators - ASCOF

3.5.1 The national performance framework for ASC focusses on user and carer outcomes (sometimes using proxy measures). Submission of data for the ASCOF is mandatory and allows for both benchmarking and local trend analysis. ASCOF compliments the national NHS and Public Health outcome frameworks. The following analysis excludes ASCOF measures derived from the carers and user survey as full results are not yet available. See **appendix 3** for ASCOF performance.

3.5.2 Summary:
Overall performance on the ASCOF measures for 2016/17 is somewhat disappointing. Having said that, this needs to be seen in the context of a particularly strong baseline due to very positive performance in 2015/16 (best on record), and the level of ambition in the targets set for 2016/17 (in part informed by the strong performance in 2015/16). It should also be noted that a performance on number of measures had been strong in the early part of the year and were forecast to meet target at the end of Q3. Further analysis as to the reasons for the dip in Q4 performance, particularly around residential and nursing care admissions and delayed transfers of care will be undertaken.

3.5.3 Achievements:
The number of older people still at home 91 days after completing reablement following a hospital discharge (2Bi) maintained last year's strong performance and met target (one of the BCF national indicators). Performance against measures in the first ASCOF domain; "Enhancing quality of life for people with care and support needs" remains strong.

3.5.4 Concerns:
As referred to in the summary there are a number of areas for concern. Our positive performance in meeting all three BCF measures last year has not been sustained. However, for delayed discharges from care (2Cii) this is at least in part due to delays being incorrectly attributed to ASC. 50% of delays from acute hospitals in December have been re-coded as NHS delays. The incorrect data will continue to be published it has not been possible to incorporate the changes on the NHS's Unify system.

The measures for both mental health and learning disability service users in employment (1E and 1F) failed to meet their target and showed a dip in performance from last year. The percentage of mental health service users living independently (1H) has improved through the year, but remains off-target and below the 2015/16 baseline. The outcomes following reablement (2D) have also improved, with performance better than the 2015/16 baseline, but still failing to meet our target.

3.6 Activity and Business Processes

3.6.1 We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. For many of these indicators we don't have historic data so we can't make a judgement as to whether performance has improved. In other cases the indicators are still under development. See **appendix 4** for a snapshot of business process performance, with commentary provided by Heads of Service.

3.6.2 Summary:
Overall performance is very encouraging, with more than 70% of measures showing improvement, more than twice as many as showing deterioration.

3.6.3 Achievements:
There is increasing evidence emerging that we are getting better at managing demand. While the total number of contacts has increased, more are being deflected or provided with low level or short-term support. Fewer people were assessed as being eligible for services and fewer entered long-term support compared to last year. We have also made progress in addressing areas of previous poor performance such as the completion of re-assessments.

3.6.4 Concerns:
Despite a larger number of leavers in Q4, the number of people leaving residential and nursing care was lower than in 2015/16. The number of 'working-age' leavers fell from 52 in 2015/16 to 38 in 2016/17. Although the number of re-assessments outstanding for more than two years has reduced by 64% since the end of March 2016, the number outstanding for between one and two years has only reduced slightly. The number of cases allocated to a worker for over 100 and 250 days has not changed significantly since these measures were first reported in Q2.

3.7 Customer Service

3.7.1 We have identified 25 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services. See **appendix 5** for a snapshot of customer performance.

3.7.2 Summary:
Performance on two of our customer measures is showing improvement from our 2015/16 baseline, with five showing a decline. Seven measures are showing no significant change from the baseline. This overall position is somewhat misleading however as explained below.

3.7.3 Achievements:
The seven measures showing no significant change are from our local survey of service users' experience of the assessment process, with satisfaction levels stable at between 97 and 99%. There is clearly little scope for improvement here. The number of staff commendations has increased almost 60% compared to 2015/16.

The new assessment form, introduced in November 2016, includes two questions to be asked during all reviews / re-assessments. These enable us to measure whether services have met the needs identified in the initial assessment and whether the service user's quality of life has improved as a result of their care package. Early results are extremely

positive with 97.7% of service users saying that there needs were at least partially met and 97% said that their quality of life had improved as a consequence.

3.7.4 Concerns:
Although the overall number of complaints received is the same as last year, the number of complaints relating to practice decisions, delays to services and staff attitudes / behaviour increased.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered specifically in section 3.3 of the report.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

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

Mark Jeffcote, Environment Team (x372251)

4.4 Equalities Implications

From an equalities perspective, the most important information is that related to the outcomes delivered for service users and the wider community. This is in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and also socio-economic inequalities that many adults in the city experience. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into inequalities (as set out in the adults JSNA).

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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

5. Background information and other papers: None

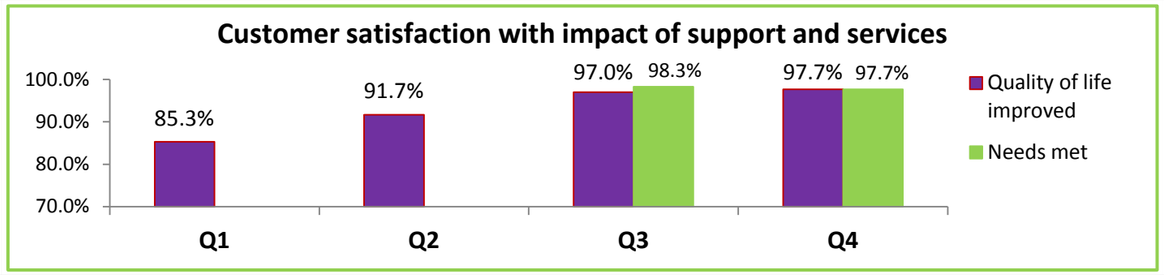
6. Summary of appendices:

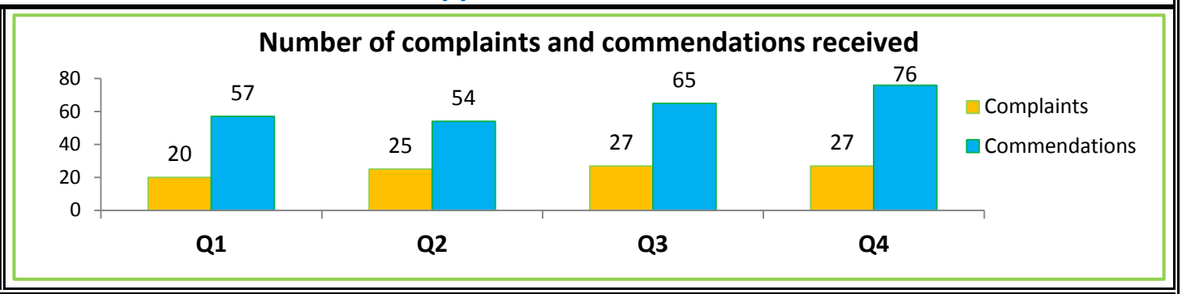
Appendix 1: Strategic Priorities
Appendix 2: Workforce
Appendix 3: ASCOF
Appendix 4: Business Processes
Appendix 5: Customer Service

ASC Strategic Priorities - Highlight Dashboard 2016/17 Quarter 4

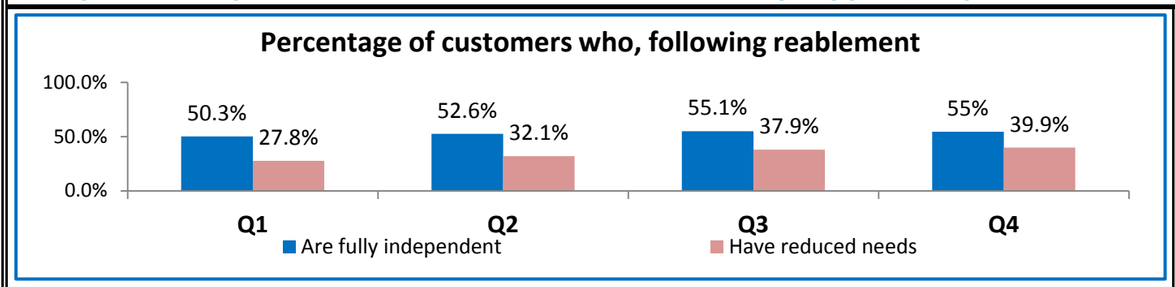
Appendix 1

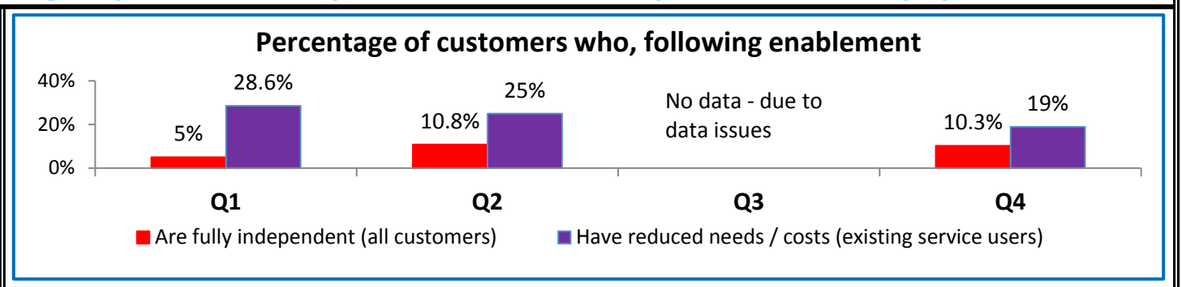
1) Improve the experience for our customers of both our own interventions and the services we commission to support them



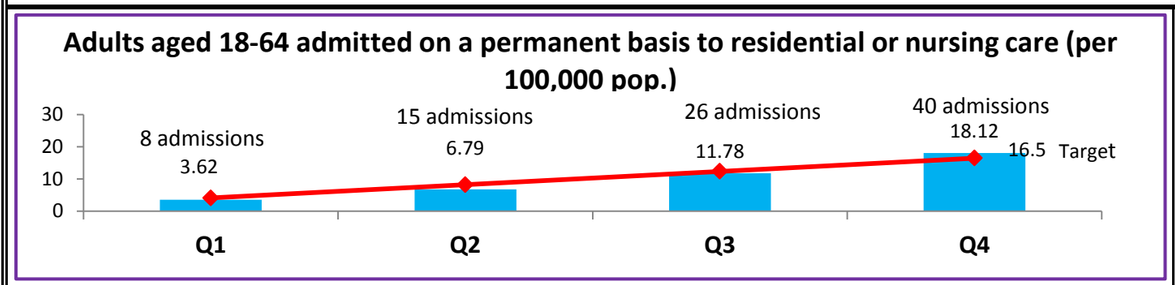


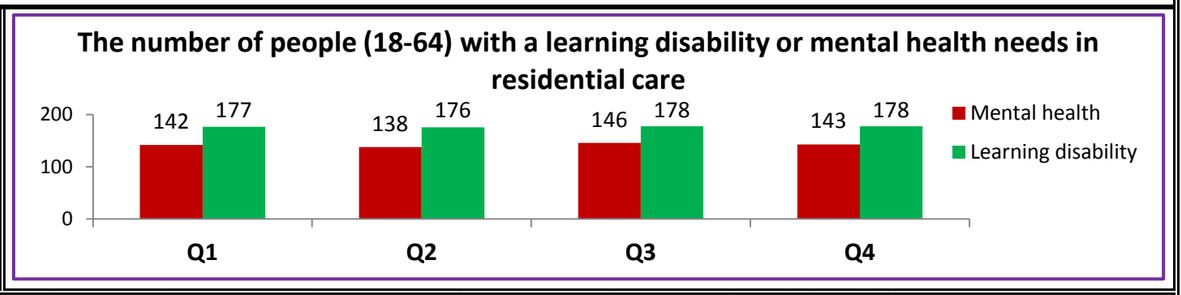
2) Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'



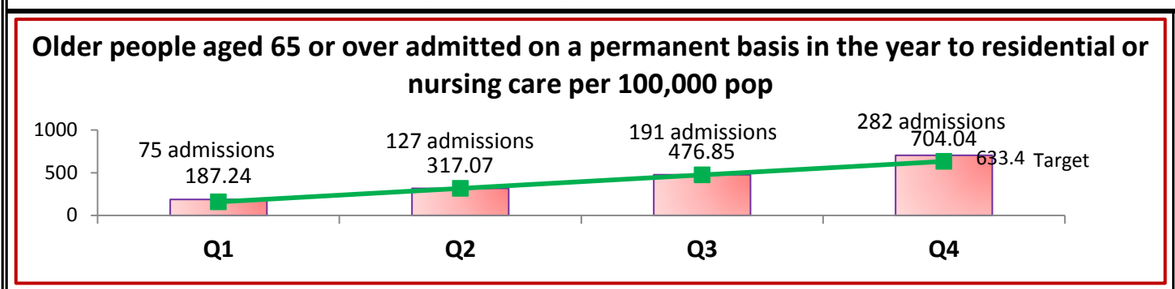


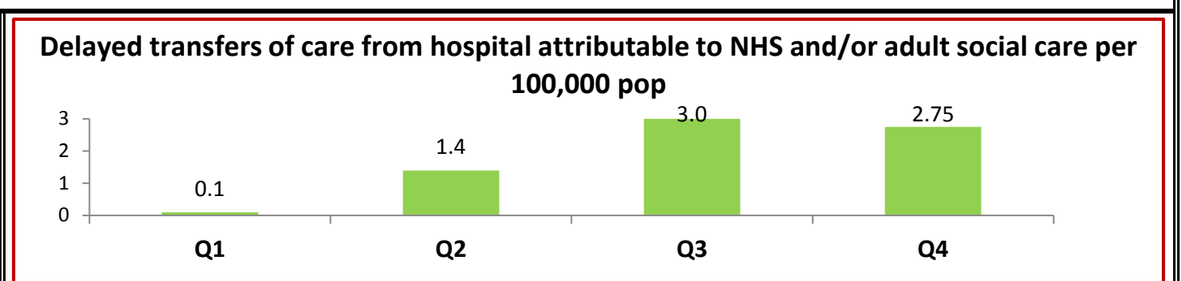
3) Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs





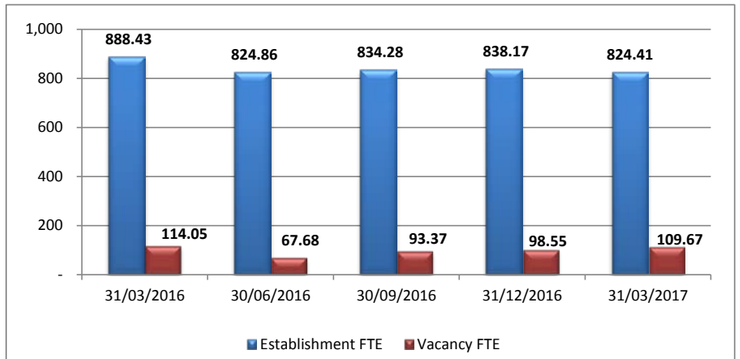
4) Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care

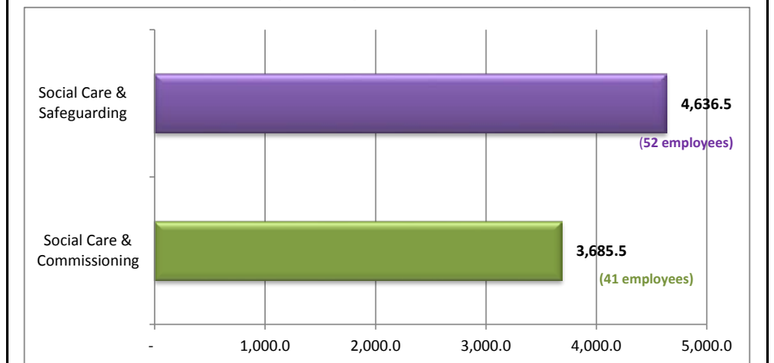


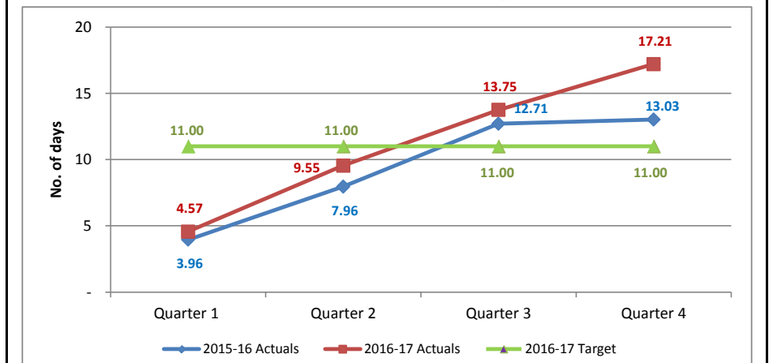


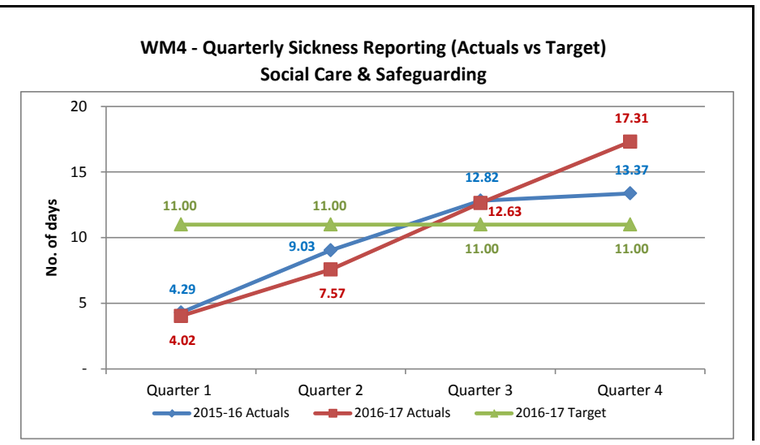
ASC Workforce Measures 2016/17 Quarter 4

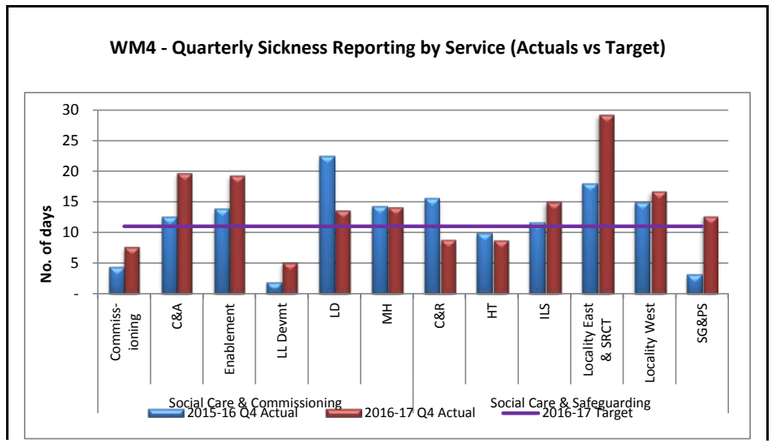
Appendix 2

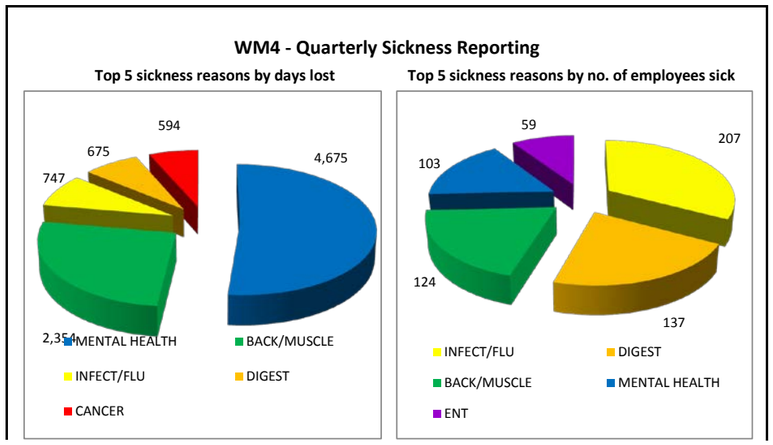


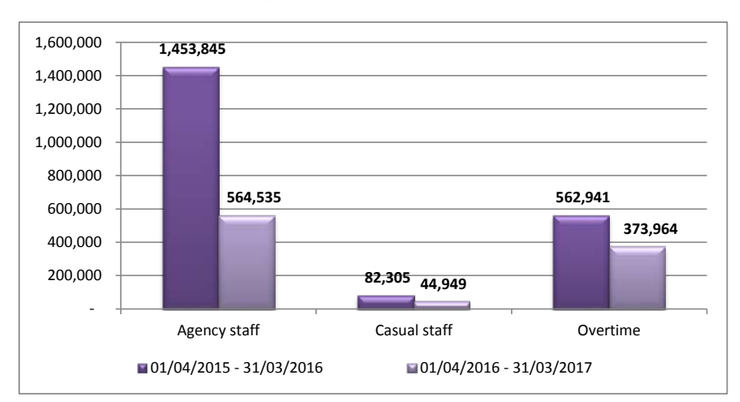


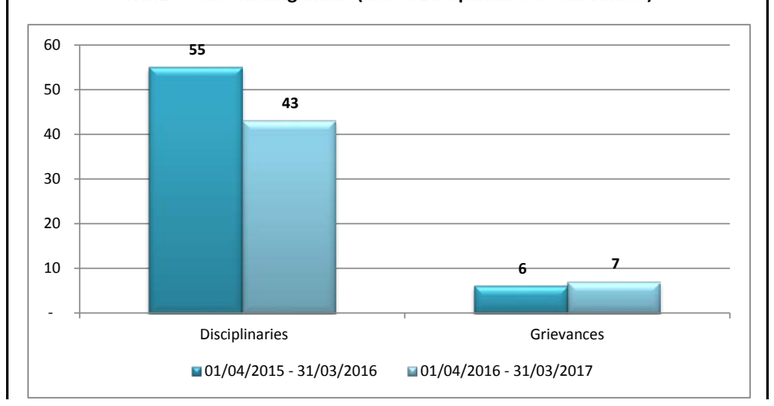


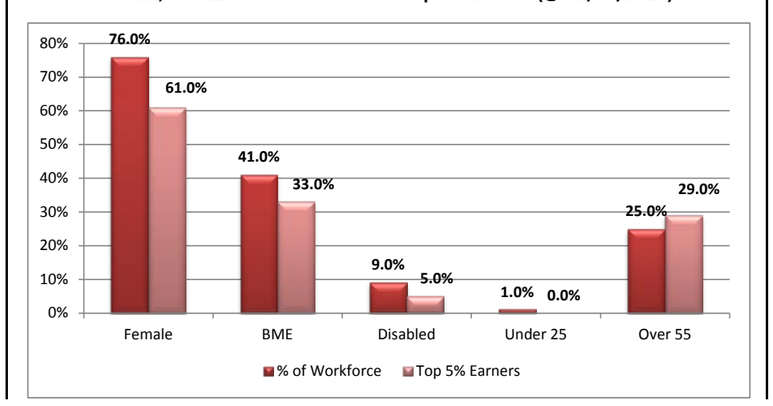












Adult Social Care Performance: 2016/17 – Quarter 4 Appendix 3

Adult Social Care Outcome Framework

Indicator	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Target	Rating (RAG = target, arrow = DoT)	Comments
			England Average	England Ranking	England Rank DoT							
1A: Social care-related quality of life.	17.9	18.1	19.1	147/150	↑	N/A	**N/A**	N/A	**N/A**	18.4		**16/17 user's survey results available Autumn '17**
1B: Proportion of people who use services who have control over their daily life.	67.1%	70.5%	76.5%	138/150	↑	N/A	**N/A**	N/A	**N/A**	72.5%		**16/17 user's survey results available Autumn '17**
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	96.2%	98.7% (3763/3812)	86.9%	31/152	↑	99.1% (3,862/3,859)	99.6% (3,828/3,844)	99.6% (3,789/3,805)	**99.8% (3,689/3698)**	98.9%	↑	New definition in 2014/15
1Cib: Carers receiving self-directed support in the year.	100%	100% (147/147)	77.7%	=1/152	↔	100% (114/114)	100% (131/131)	100% (153/153)	**100%**	100%	↔	New definition in 2014/15.
1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date.	41.3%	44.4% (1693/3812)	28.1%	8/152	↑	44.2% (1,707/3,859)	45.1% (1,735/3,844)	45.3% (1,724/3,805)	**46.9% (1,733/3,698)**	45.3%	↑	New definition in 2014/15
1Ciib: Carers receiving direct payments for support direct to carer.	100%	100% (147/147)	67.4%	=1/152	↔	100% (114/114)	100% (131/131)	100% (153/153)	**100%**	100%	↔	New definition in 2014/15.

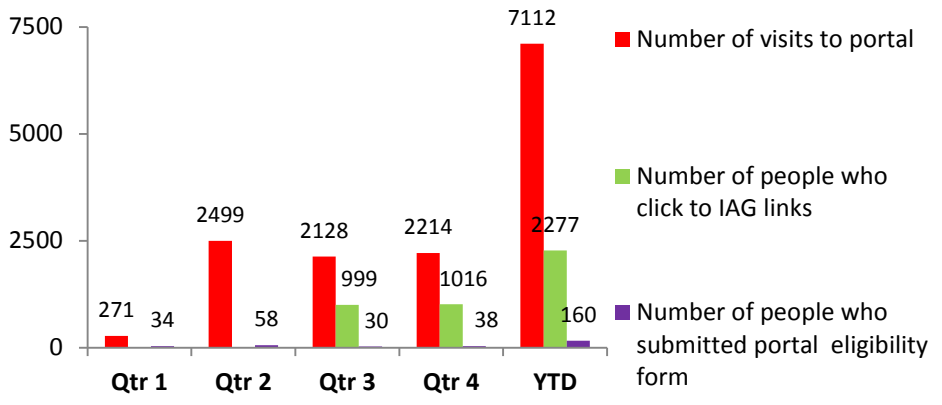
Indicator		2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4 (or year-end)	Target	Rating (RAG = target, arrow = DoT)	Comments
				England Average	England Ranking	England Rank DoT							
1D: Carer reported quality of life.		7.2	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	7.7		**16/17 carer's survey results available Autumn '17**
1E: Proportion of adults with a learning disability in paid employment.		6.9%	5.2% (41/793)	5.8%	85/152	↓	5.6% (41/736)	4.8% (37/764)	4.8% (37/769)	**4.7% (37/785)**	6.0%	↓	**New definition in 2014/15**
1F: Proportion of adults in contact with secondary mental health services in paid employment.		1.8%	2.9%	6.7%	141/148	↑	1.5% (13/883)	2.6% (23/878)	2.6% (20/775)	**2.4%** (19.5/820)	4.0%	↓	**Year end (average across year)**
1G: Proportion of adults with a learning disability who live in their own home or with their family.		69.8%	71.8% (569/793)	75.4%	98/152	↓	72.4% (533/736)	72.6% (555/764)	73.6% (566/769)	**74.4% (584/785)**	72.8%	↑	**New definition in 2014/15**
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.		35.8%	62.3%	58.6%	90/152	↑	21.7% (192/883)	38.9% (342/878)	42.3% (328/775)	**36.6%** (300/820)	65%	↓	**Year end (average across year)**
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	**Users**	35.6%	37.2%	45.4%	142/150	↑	N/A	**N/A**	N/A	**N/A**	39.8%		**16/17 user's survey results available Autumn '17**
	Carers	31.9%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	35.5%		**16/17 carer's survey results available Autmn '17**
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.		Category C (0.398)	Category C (0.396)	0.416	121/150	↓	N/A	N/A	N/A	**N/A**	N/A		**New measure for 2016/17 (with retrospective scores). Derived from user survey.** User survey data not yet available

Indicator		2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Target	Rating (RAG = target, arrow = DoT)	Comments
				England Average	England Ranking	England Rank DoT							
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)		13.5 29 admissions	16.3 36 admissions	13.3	111/152	↓	3.62 8 admissions	6.79 15 admissions	11.78 26 admissions	**18.12** **40 admissions**	16.5	↓	**Cumulative measure:** **Previous qtrs. figures refreshed due to late entries on LL**
2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good).		734.1 287 admissions	644.1 258 admissions	628.2	82/152	↑	187.24 75 admissions	317.07 127 admissions	476.85 191 admissions	**704.04** **282 admissions**	633.4	↓	**Cumulative measure:** **Previous qtrs. figures refreshed due to update on LL**
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	**Statutory**	84.3	91.5%	82.7%	19/152	↑	N/A	**N/A**	N/A	**91.3%**	90.0%	↑	**Statutory measure counts Oct – Dec discharges**
	Local	*89.7%*	*88.2%*	*N/A*	*N/A*	*N/A*	*94.5%*	*93.0%*	*93.0%*	***92.3%***	*90.0%*		**Local measure counts full year**
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	**Statutory**	3.7% (235 in reablement)	3.1% (200 in reablement)	2.9%	72/152	↓	N/A	**N/A**	N/A	**2.5%**	3.3%	↓	**Statutory counts Oct – Dec discharges**
	Local	*4.2%*	*3.0%* *(939 in reablement)*	*N/A*	*N/A*	*N/A*	*2.8%*	*2.7%*	*2.8%*	***2.7%***	*3.6%*		**Local measure counts full year. Baseline adjusted**
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)		13.0	6.0	12.3	34/152	↑	4.5 (35 delays)	5.9 (92 delays)	8.0 (167 delays)	**9.0** **(282 delays)**	Target in BCF plan	Based on previous year ↓	

Indicator		2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Target	Rating (RAG = target, arrow = DoT)	Comments
				England Average	England Ranking	England Rank DoT							
2Cii: Delayed transfers of care from hospital attributable to NHS and/or ASC per 100,000. (Low is good)		4.3	1.7	4.8	37/152	↑	0.1 (1 delay)	1.4 (22 delays)	Published data: 3.0 (70 delays) Local data: 2.55 (60 delays)	**Published data: 2.9 (92 delays) Local data: 2.6 (82 delays)**	1.5	Data quality issues ↓	**Checks have revealed that a number of delays have wrongly been attributed to ASC. To date 10/70 delays have been re-coded,**
2D: The outcomes of short-term services (reablement) – sequel to service		63.0%	60.5%	75.8%	129/152	↓	51.3%	56.9%	60.9%	61.9%	63.5%	↑	**New measure for 2014/15.**
3A: Overall satisfaction of people who use services with their care and support.		56.9%	61.7%	64.4%	104/150	↑	N/A	N/A	N/A	**N/A**	62.5%		**16/17 user's survey results available Autumn '17**
3B: Overall satisfaction of carers with social services.		37.7%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	39.2%		**16/17 carer's survey results available Autumn '17**
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.		68.5%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	70.5%		**16/17 carer's survey results available Autumn '17**
3D: The proportion of service users and carers who find it easy to find information about services.	**Users**	62.0%	61.7%	73.5%	150/150	↔	N/A	N/A	N/A	**N/A**	65.0%		**16/17 user's survey results available Autumn '17**
	Carers	55.5%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	61.0%		**16/17 carer's survey results available Autumn '17**
4A: The proportion of service users who feel safe.		58.3%	60.8%	69.0%	144/150	↑	N/A	N/A	N/A	**N/A**	63.0%		**16/17 user's survey results available Autumn '17**
4B: The proportion of people who use services who say that those services have made them feel safe and secure.		75.4%	80.7%	85.5%	117/150	↑	N/A	N/A	N/A	**N/A**	82.5%		**16/17 user's survey results available Autumn '17**

Appendix 3

APB1a - ASC Portal (JM)

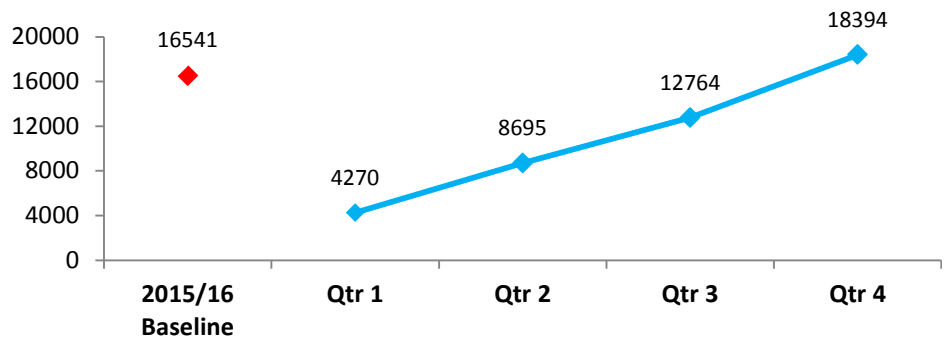


DATA - Visitors to the portal remains steady at around 700-800 per month, with submissions for assessment remaining very low. However, even those that submitted a form for an assessment were only eligible for service in around half the cases, highlighting a need for further improvements to functionality.

REVIEW - It was anticipated that the portal usage would increase over time, but this has so far not proven to be the case, with numbers remaining relatively static. Following discussion with C&R staff and Health watch it was evident that there needs to be improvements in the overall accessibility of the portal and also improvements to the overall format and wording (to improve the customer experience). In light of the asset based approach that is being instilled across ASC, further amendments to the portal (to enhance and encourage customers [who can] to meet their own needs) was highlighted as required.

ACTION - Work is in place to improve accessibility of the portal by a variety of means to maximise visits. Functionality is being streamlined and only those that evidence a potential for eligibility to ASC service will receive an option to submit a form for assessment (currently anyone can). IAG pages are being improved and links to support services [e.g. ASKSara and My Choice] enhanced so that customers can meet their own needs without social care intervention. Work is also in place for additional assessments (assistive technology self assessment / carers assessment) to be on the portal which should also divert customers from the front door to self-service on the portal. Although designed for customers, the portal is being developed to enable referrals from professionals - once this is in place it should significantly increase usage of the portal and complement channel shift.

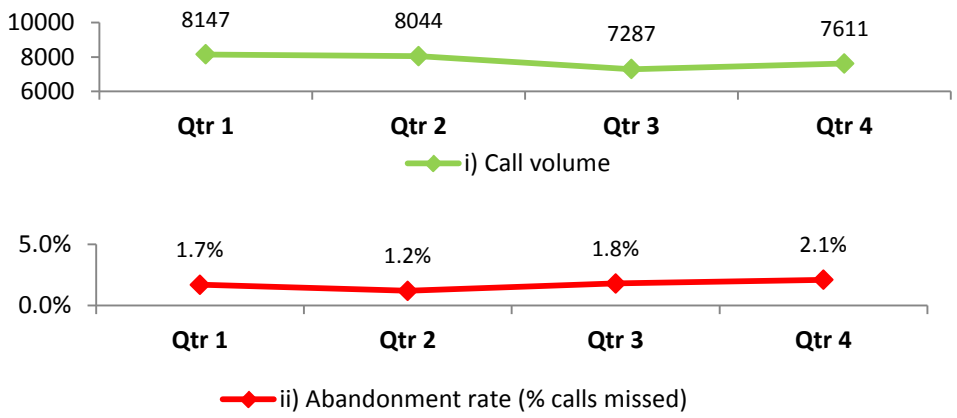
APB1b - Total number of ASC contacts received (HM)



DATA - Shows increase in vol compared to 15/16. On exploration this appears to be a mixture of genuine increase and different recording methods. EG Ashraf Osman notes that there have been more discharges completed this year than previously so this is likely to be a genuine increase in contacts. The Response pathway has required the use of contacts to create a "case" in LL to transfer activity without transferring case responsibility - this will account for most of the increase in contacts form In depth providers as these would formally have been recorded in case records. Decrease in vol of self referrals but increase in referrals from family and communities. Last year the number of self and family referrals accounted for 8435 of the total 16541 (51%). This year the number is 8291 of 18934 (44%) indicating a shift in the profile of referrers.

ACTION - the biggest change in profile relates to a change in reason for contact - "other". In 2016/16 this figure was 268. In 16/17 this increased to 2618. No obvious reason for this - e.g. process or practice change so need to explore this dataset to understand who this refers to and whether better categories/options are needed in this picklist to get better data

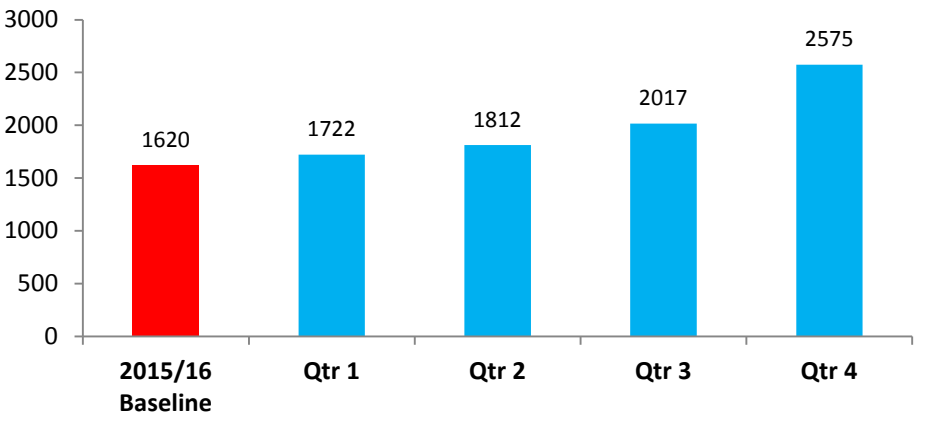
ABP1c - Effectiveness of call handling: (HM)



DATA - final quarter reveals impact of reducing call handler volume in C&R by 1 FTE. - slightly longer call waits and higher call abandonment rate in Q4. Action has been taken to avoid these impacts in the high priority queues for reporting safeguarding and requesting MHA assessment. Pressure on call handling remains within 11.30 - 3pm timeframe - mirrors the pressures in Customer Contact Centre. Impacts are still within tolerable levels and no formal complaints about this. Duty staff advise that they feel under pressure to respond to calls waiting data (which they can see in real-time on system) by finishing calls asap to take waiting calls. This is not promoted by Team Leaders and formal guidance is being drawn up to support staff after dealing with a difficult/challenging call.

ACTION - Use business analysis data to assess impact on ASC call handling metrics on migration of 1. Triage activity, 2. Tier 1 activity

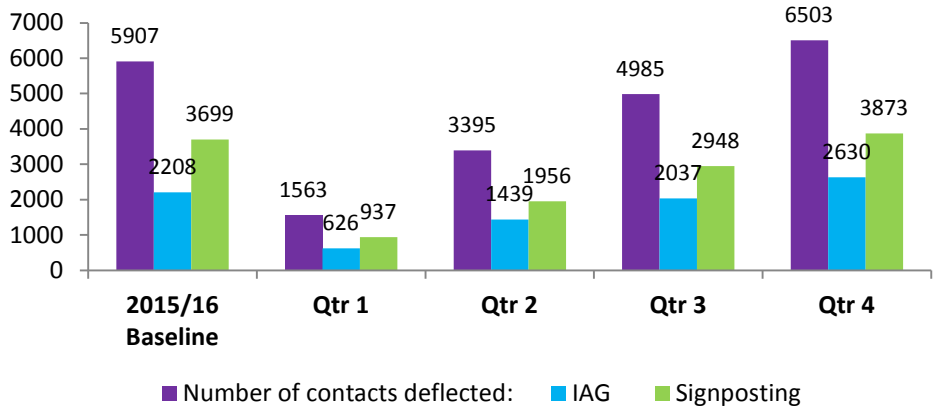
ABP1d - Number of repeat contacts within 12 months with same contact reason for the repeat contact (HM)



DATA - Exploration of a sample of data suggests that there is a range of reasons for this increase. There are a number of circumstances where a duty worker will create a contact and close it (e.g. third party referrer not gaining consent prior to referral) only to start a new contact when either the referrer calls in again or when the individual themselves call in. some sampling of returners in relation to equipment shows a similar theme e.g. contact by palliative nurse re moving and handling, declined by subject of referral and then referred again by family. From looking at data cannot assume that information and advice given is failing to prevent reduce or delay need

ACTION - more in-depth analysis of data and data needs to cross match same reason for contact AND same outcome to be able to identify any gaps in deflecting sustainably. Consideration to be given to whether contacts could be paused rather than concluded where consent is an issue. Guidance re consent being sought from Info Governance

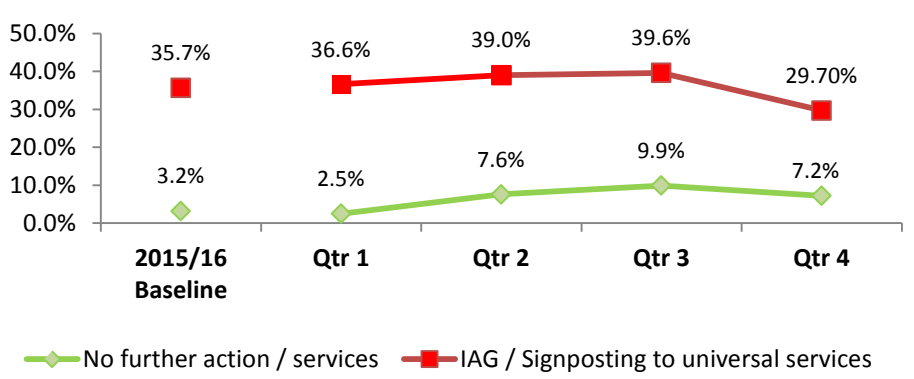
ABP1e - Action taken as a result of contact: (HM)



DATA - Indicates similar rate of deflection from last year albeit with higher contact vol (35.7% in 15/16 and 35.4% in 16/17) . See comments re representations data - needs to cross match sma reason for contact and same outcome.

ACTION - Recently revisited SALT guidance and definitions in light of changes to contact recording and need to refresh and represent guidance for staff. Metrics from strengths based pilot will need to be easily identifiable in this area. The rate for deflection can be predicted to rise as an impact of the withdrawal of the contact assessment as deflection will move from a two stage activity to a single line of activity.

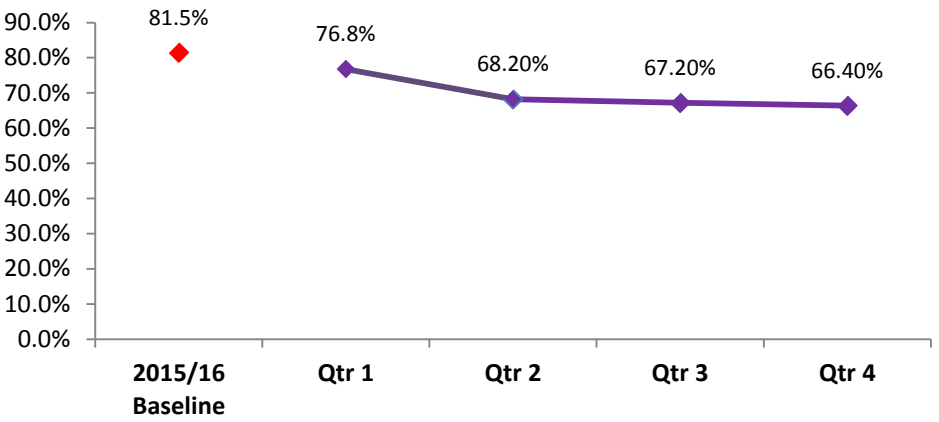
ABP1f - Percentage of contacts leading to: (HM)



DATA - Full year data shows the positive direction in first 3 quarters not wiped out by Q4 data which shows reduction in both IAG and signposting. Full year data shows an increase in both outcomes in comparison to 15/16. Revisiting SALT definitions will support better understanding of this activity.

ACTION - assess impact of change in practice and process in relation to referrals for equipment and adaptations on this dataset

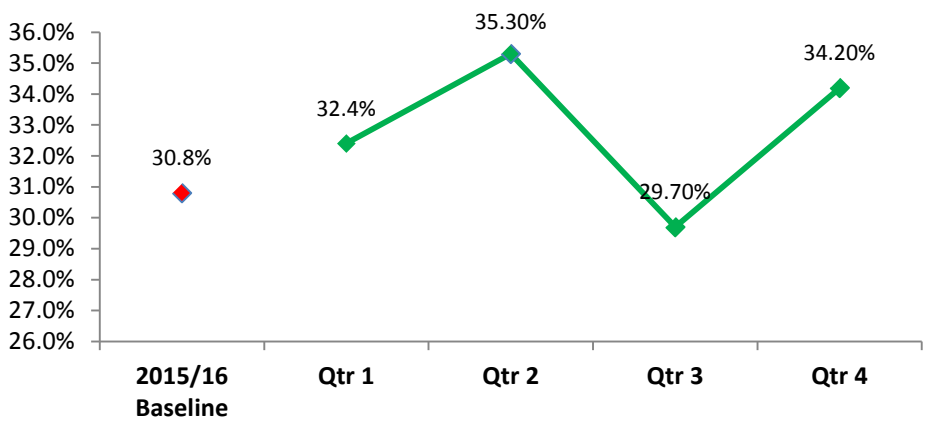
ABP1g - Percentage of contacts acted upon with 24 hours (HM)



DATA - Fewer contacts being resolved within 24 hours of start. May need a better indicator which demonstrates end - end timescale for start and close of contact. Not able to understand from case checking why some cases needed more than 24 hours to resolve and decisions and actions taken at the point of contact but referral not closed down in timescale. If guidance is developed around "pausing " a contact then this data will be more meaningful.

ACTION - Prepare business rules for use by Customer Contact Centre in relation to resolving referrals at the point of presentation and also in relation to starting, pausing and reassigning Tier 2 referrals

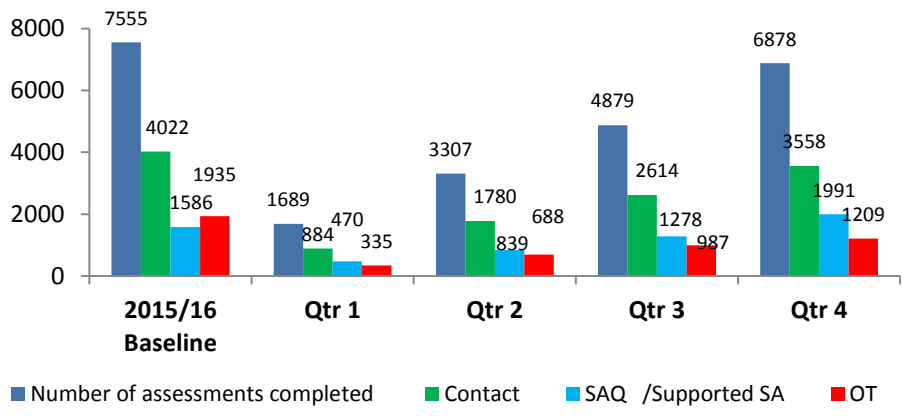
APB2a - Percentage of new contacts who go on for a further assessment (HM)



DATA - Fluctuations in performance reflecting pathway changes rather than more cases being transferred between C&R and long term/specialist teams. The withdrawal of the contact assessment and the migration of ASC activity to the Customer Contact Centre will impact on this indicator during 2017/18.
The new Initial contact will not be recorded as an assessment and a case transfers between C&R and other teams will be for first assessment (OT or SSA). As the demand management project and the ILT projects start to redesign the front door pathways there will need to be a cross divisional ownership of a new indicator. Indicator to be reshaped to measure movement between receiving team and assessing team.

ACTION - Indicator to be reshaped to measure movement and reason why between receiving team and assessing team (and intra team if appropriate)

APB2b - Number of assessments completed by type (HM) / (AO)



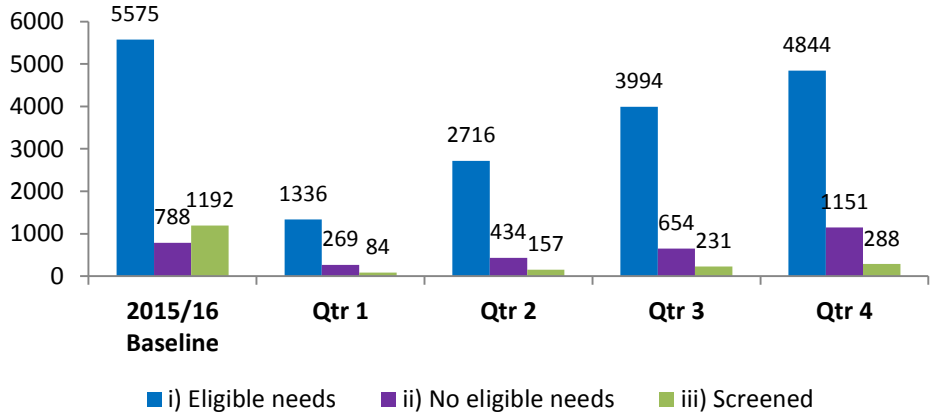
DATA - Total assessments includes those screened at contact assessment for a full assessment by another team (i.e. SU counted twice / having 2 assessments)

Forecast for total number of assessments to completed in 2016/17 = 7078 based on current levels of activity

REVIEW - Projected data indicates a slight decrease of assessments completed. With the cession of contact assessments at the front door, this will decrease further.

ACTION - Maintain performance and monitor the impact of the change of process at the front door.

ABP2c - Outcomes following assessment - numbers found to be: (HM) / (AO)

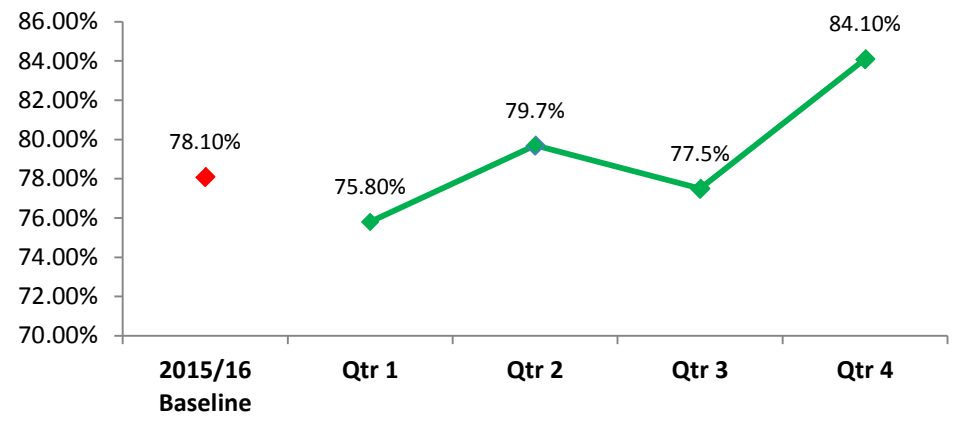


DATA -Data indicates a reduction of 731 in people found to be ineligible during the past year. Data does not show any significant variations to cause concern. The change of process at the front dot might mean that more people are diverted at the front door.

REVIEW - The baseline would need to change to reflect the 16/17 out turn

ACTION - Maintain performance and closely monitor the impact of the change of process on the front door when they stop making eligibility decisions.

ABP2d - Percentage of assessments completed with 28 days / agreed timescales. (AO)

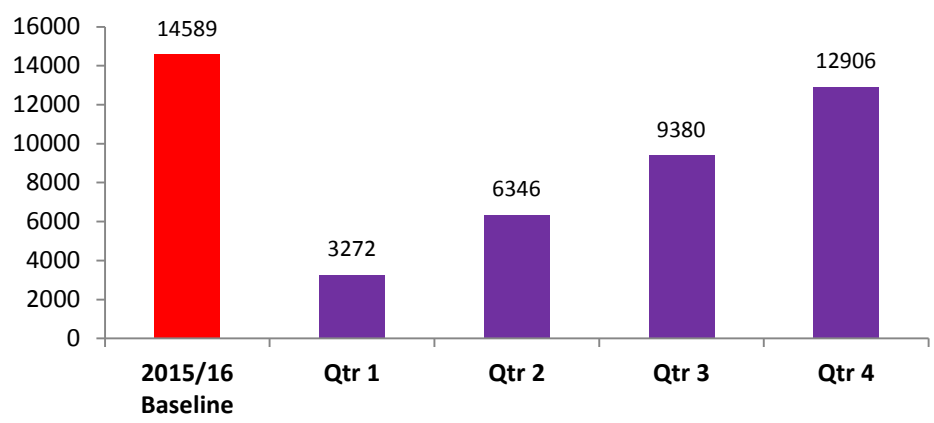


DATA - Data shows an upwards trajectory in the last quarter exceeding our baseline and reversing the previous quarter trend.

REVIEW - There is still a long way to go with this indicator. It will be interesting to see the impact on this given that C&R will no longer be completing contact assessments at the front door.

ACTION - Need to maintain performance levels and keep an eye on the impact of the cessation of contact assessments

ABP2f - Number of requests for new clients broken by route of access (RoA) and Outcome to that request for support (AO)

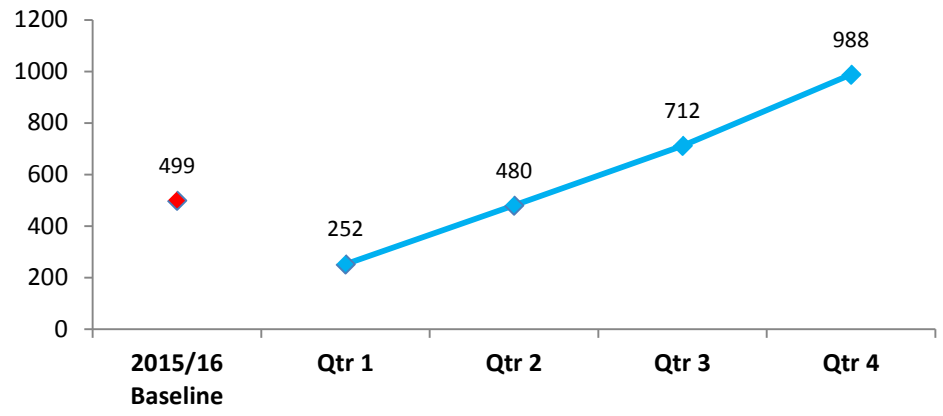


DATA - Please note Blue Badge renewals have now been excluded and further checks of data has been made. This has been done in preparation of the 16/17 SALT return.
2,109 Blue Badge referrals were identified and removed.
Total no of contacts where a sequel to support was determined in the year equates to 12,906. Last year's figures would have included Blue Badge renewals hence is higher than this year (14,589) Renewals recording has only been picked up this year.

REVIEW - Given the data analysis above, we need to be more accurate in counting new service users. The baseline for 17/18 will change to reflect the outturn of 16/17

ACTION - Maintain performance ensuring accurate data and reliable baseline.

ABP2g - Number of people entering ASC to receive a long term-support (LTS) package of care – new starters (AO)

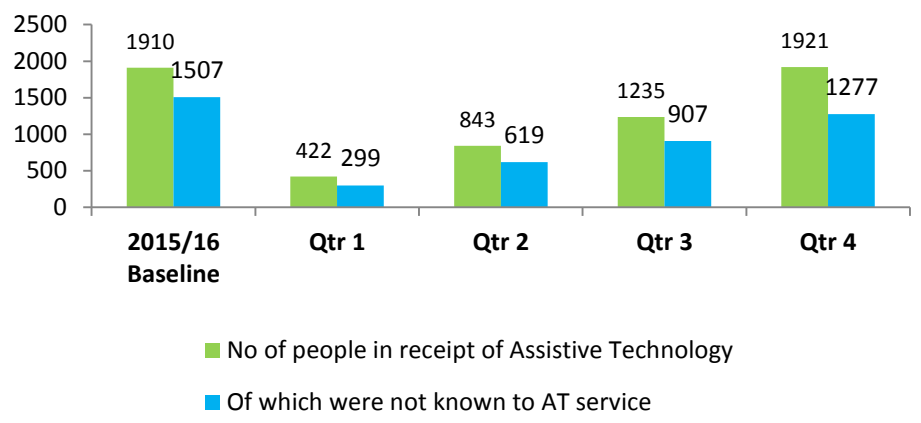


DATA - Please note a new amended criteria report has been used to recalculate the LTS packages information. The previous report was incorrectly working due to the way information is recorded in Liquid Logic. For Residential and Nursing Admissions the permanent Admissions report has been used to report this information.
Total no of new LTS packages: 988
Of which:
Community: 835
Residential: 103
Nursing: 50

REVIEW - If taken at face value data would have indicated a significant deterioration in our performance. However, the performance unit have found a glitch in the report meaning that we would have to revise our baseline for 17/18 along the lines of the 16/17 outturn

ACTION - revise the baseline for 16/17 as above.

ABP2h - Number of people in receipt of Assistive Technology (JS-B)

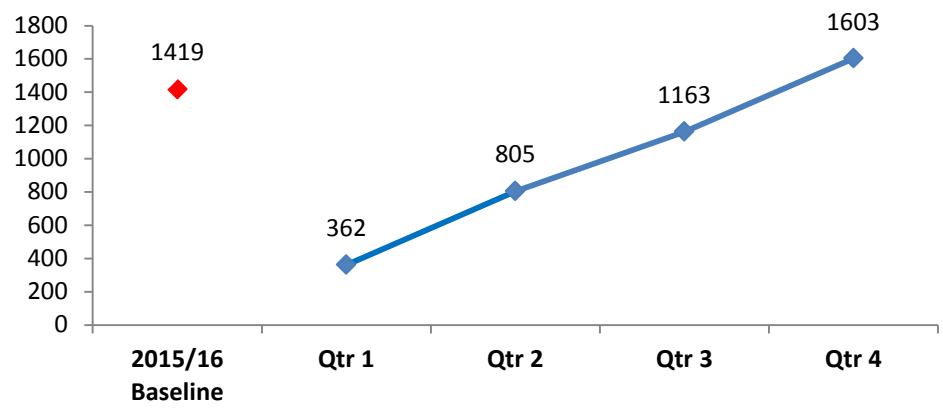


DATA -This year there has been a greater emphasis of service users acquiring low level and inexpensive AT items for themselves compared to previous years. This has steadily developed during the year and may have an impact on the number of standalone AT referrals in subsequent years.

REVIEW - The outturn in numbers of service users in receipt of AT has not significantly increased nor decreased compared to the previous year.

ACTION - Continue to progress the OR for the AT Service and work commenced with Commissioning about the branding and awareness of AT.

APB3a Number of contacts that go on to receive reablement (short term support to maximise independence) - SALT (JS-B)



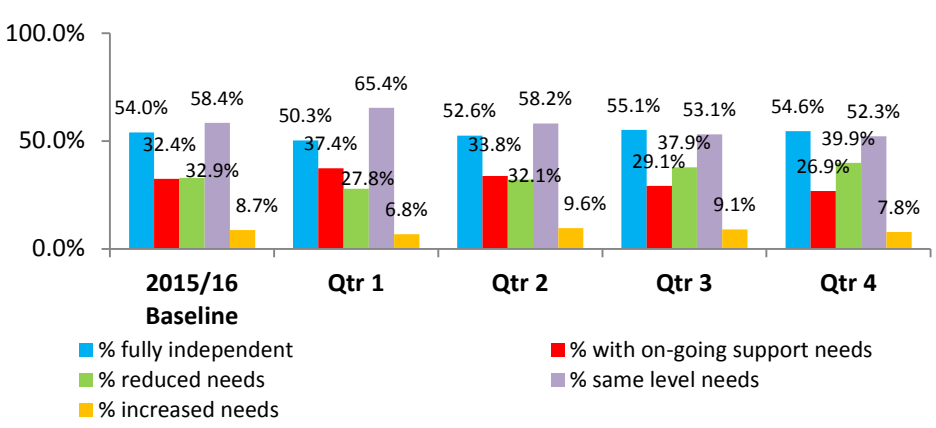
DATA - 16/17 figures are inclusive of both Rehabilitation and Enablement services whereas 15/16 only included the former.

Please note the percentage in Jan 17 has dipped due to the inclusion in the denominator of Blue Badge renewals.

REVIEW - Increase in the number of referrals from last years baseline. Increase of nearly 13% number of referrals. Heading in the right direction.

ACTION - With its third OR in 3 years coming to an end taking the total number of Reablement staffing cuts to 1.5million its imperative that capacity is fully maximised to ensure that every appropriate referral is taken. Equally critical is ensuring flow is not compromised by any of our key partners.

APB3b - Reablement - Outcomes post reablement: (JS-B)

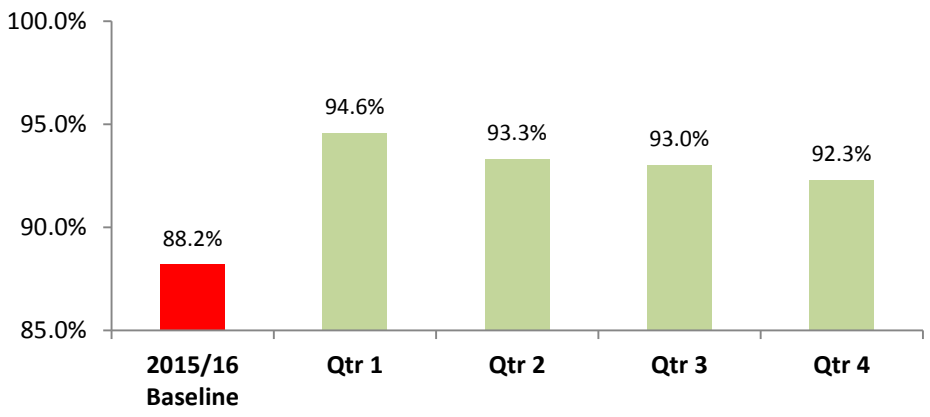


DATA - Moving in the right direction for those fully independent. A slight decline in Jan 17 and Feb 17 seen.
Ongoing needs declining month on month with an increase in March 17

REVIEW - Outcomes remain relatively stable even with an increase in referrals. Increased need has gone down slightly from 8.7% to 7.8% when compared to the base line.

ACTION - The Reablement Service is taking part in the National Intermediate Care Audit and we await the outcome. However, it will also be useful to continue to compare itself with other similar authorities in terms of its outcomes.

ABP3c - Proportion of people (65+) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services (JS-B)



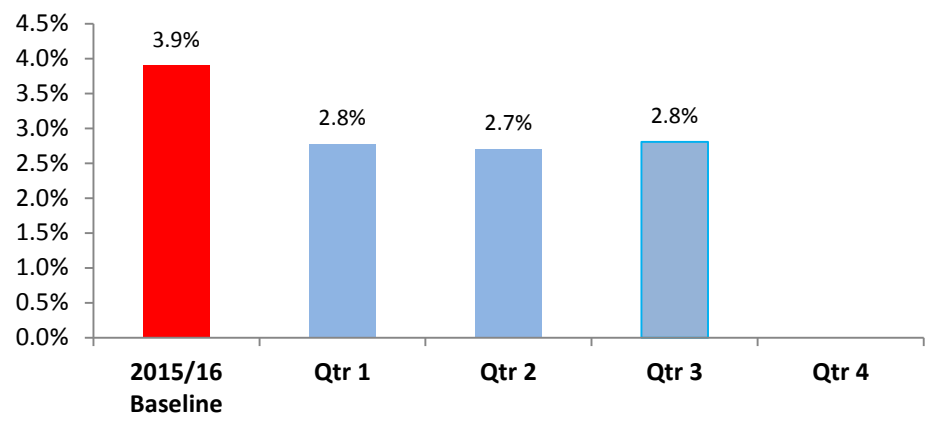
DATA -
• In the period 1/4/16 to 31/3/17 follow-ups, out of 878 people aged 65+, who entered rehab following hospital discharge (Jan to Dec 16), 810 (92.3%) are at home 91 days later. Please note data from Oct 16 has been updated following some discrepancies in the data which have now been corrected.
• 7.2% (63) people who received Rehab are deceased within three months later. 3 are admitted to residential care and 2 are in hospital unlikely to come home.

STATUTORY REPORTING
In the period 1/1/17 to 31/3/17 follow-ups, out of 206 people aged 65+, who entered rehab following hospital discharge (Oct to Dec 16), 188 (91.3%) are at home 91 days later.
• 7.8% (16) people who received Rehab are deceased within three months later. 1 are admitted to residential care and 1 are in hospital unlikely to come home.

REVIEW - Slight decrease in percentage of persons remaining home after 91 days this quarter. This could be due to uptake of more complex cases with comorbidities. However still an increase on baseline of previous year.

ACTION - To better understand the profile of service users coming into the service and what impact this may have on the 91 day check.

ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)

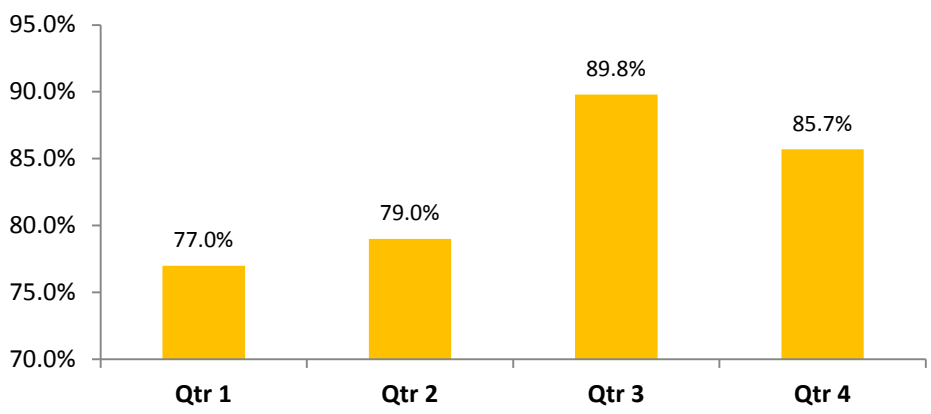


DATA - Overall data shows a similar pattern to Q1 and Q2 with only a slight movement in the right direction. Although the percentage does not meet set targets the numbers coming into the service have increased. As we have an ageing population the numbers entering hospitals have increased and so to maintain these targets may not be feasible.

REVIEW - We must also not lose sight of the positive work undertaken by Reablements Holding Team which helped facilitate 260 hospital discharges and also the impact of ICRS in supporting people out of hospital.

ACTION - Take note of other services attached to Reablement that compliment the home first agenda and help facilitate timely hospital discharges.

ABP3e - Percentage of new enablement cases allocated with 48 hrs (MM)

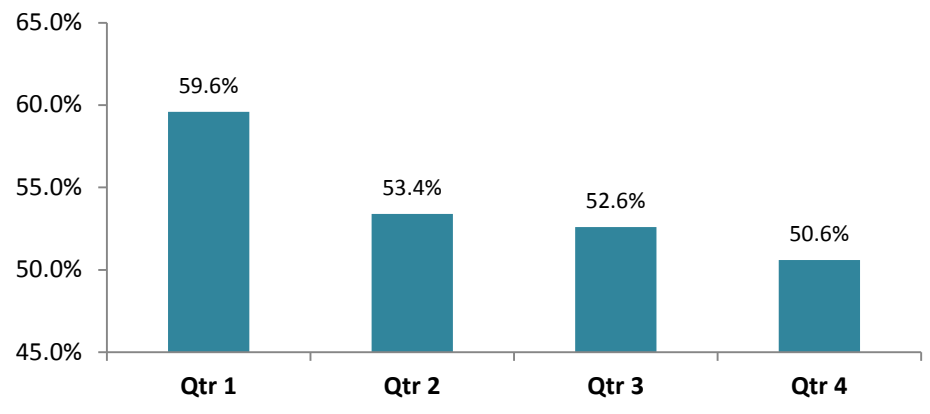


DATA -Taking the year end performance with the base line of 77%, achieved a 12.8% increase in Q3 with a small 4.1% decrease in the allocation of cases from the Enablement referral Team (ERT) decision process in accepting cases onto enablement.

REVIEW - Scrutiny of this measure has proven that, providing the service achieves over the baseline, it is delivering a good service due to it not being a critical response.

ACTION - For 17/18, the base line will increase by 8% to 85%

ABP3f - The percentage of those service users effectively enabled (QoL factors improved) (MM)

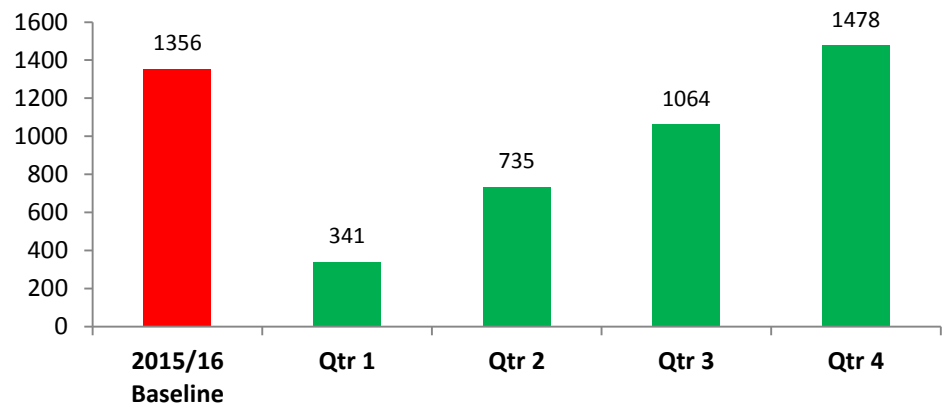


DATA -Taking the year end performance with the base line of 59%, there has been a downward trend, by 9% cumulatively over the 3 quarters. The data is taken from cases that have been referred, however there have been over 50% of cases not completed for a variety of reasons and these cases are not recorded via the QoL at the end.

REVIEW - For those that have completed enablement, there is a marked difference in the QoL, which indicates a more robust application is required.

ACTION - For 17/18, enablement will be completing the SAQ for NFA cases and the QoL will be more meaningful at this stage of the process.

ABP3g - Reablement / intermediate care outcomes; result from intervention: Sequel to ST Max as per SALT (JS-B / MM)

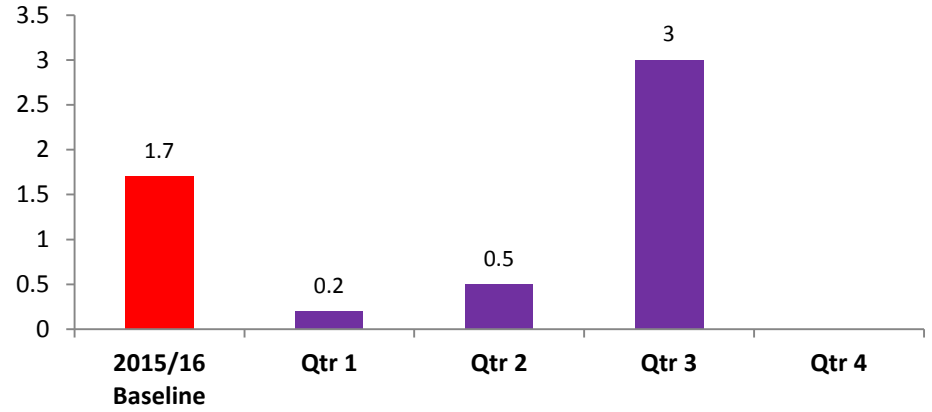


DATA - Year-end forecast 1,420. More people completing reablement as compared to last year

REVIEW - Going in the right direction as forecast is up on previous year.

ACTION - To help better understand this KPI it will be beneficial to separate Reablement from Enablement. Having looked at our internal data set we had 1,382 Reablement cases go through, indicating a slight increase. from the baseline.

ABP4a - Delayed transfers of care (attributable to ASC) per 100,000 pop. (AO)

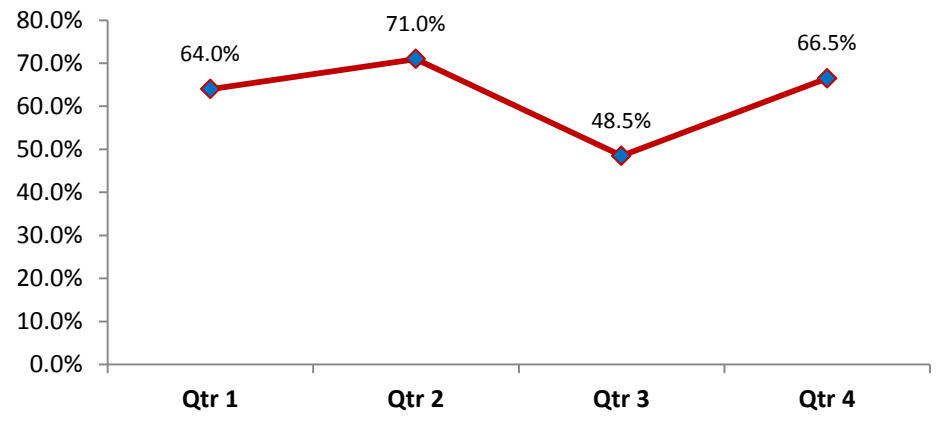


DATA - Data relates to April 16 to Feb 17.
According to published results from Unify there have been 79 delays to date (19 from Acute Sector and 60 from Non Acute Sector).
Please note work to crosscheck the UHL data has been undertaken with the transfers team for those patients delays for Sept to Dec 16. From the 19 patients published for the Acute sector, 10 patients have been identified as NHS only delays. These delays are to be excluded from this part ii measure. This information has been passed back to Arden and GEM to amend Unify. Acute sector data will be verifying each month by the transfer team. Having taken these 10 patients from the measure this revises the no of delays to 69 patients (2.4 per 100,000 population)
There is no evidence to support the Non Acute delays.
From now on for AMH 18-65 delays Sharif Haider will be signing off the delays. For LD delays, Ranjan Ravat is investigating the current process. A process to sign off these will need to be put into place.

REVIEW - Having spoken to the EM leads on DToC, it appears that everyone had a spike in qtr 3 about the same time as Leicester City. We have discussed this with UHL and they have agreed to rectify the data on UNIFY. however, this is dependant on UNIFY agreeing to amend the data.

ACTION - We have put a n umber of action in place to ensure that delays are correctly attributed. This includes scrutinising site reps, early discussions regarding delays via the red and green days initiative and monthly meetings between UHL discharge leads and HT management.

ABP4b - Percentage of discharges completed without a discharge notice. (AO)

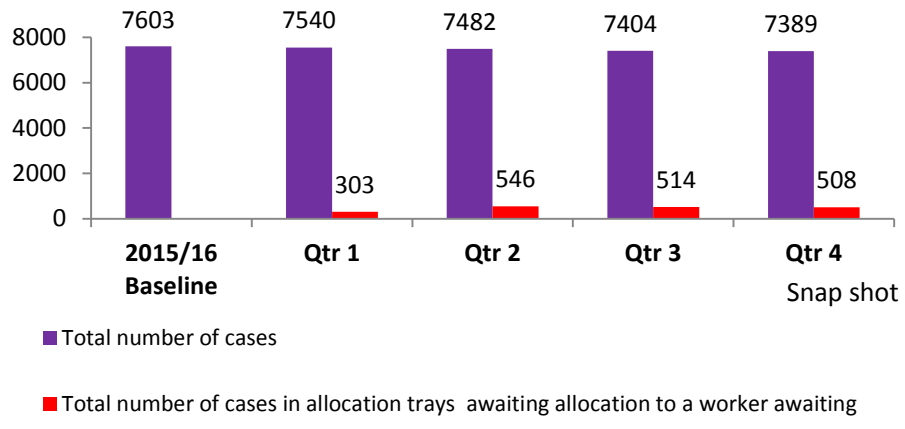


DATA - Data indicates a pick up following a dip in the last quarter due to UHL being under particular pressures where hospitals started sending discharge notifications

REVIEW - The creation of theLLR integrated discharge team will have an impact on this. There are a number of pathways which will be reviewed as a result of the IDT.

ACTION - It is crucial to see how integration would affect City discharges specifically.

APB5a - Allocations by team: (I) Number of cases allocated to each team (SD)

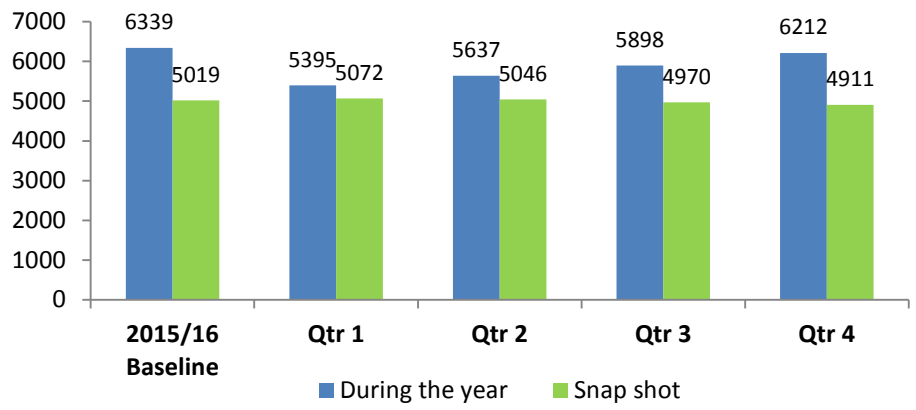


DATA - Number of cases allocated to ASC is 7389 which is 3% lower than the previous year. Total number of cases in allocation trays awaiting allocation is 508

REVIEW- Cases are prioritised in terms of
- safeguarding concerns
- need to establish capacity/Court of Protection work required
- level of risk, including health and safety risks, i.e. moving and handling
- Service user's situation with informal support network balanced with risk of carer strain
- Outstanding debt/contribution or mismanagement of DP/inappropriate use of services
- whether adequate services are in place or not,
- Whether preventative services will delay the need for statutory involvement, i.e., enablement – establishing baseline/levels of independence/strengths etc. before assessing

ACTION - Team Leaders are checking the allocation trays regularly and prioritise the cases.

ABP5d - Number of people in receipt in receipt of a long-term support (LTS) package of care by support setting and delivery mechanism (RR)



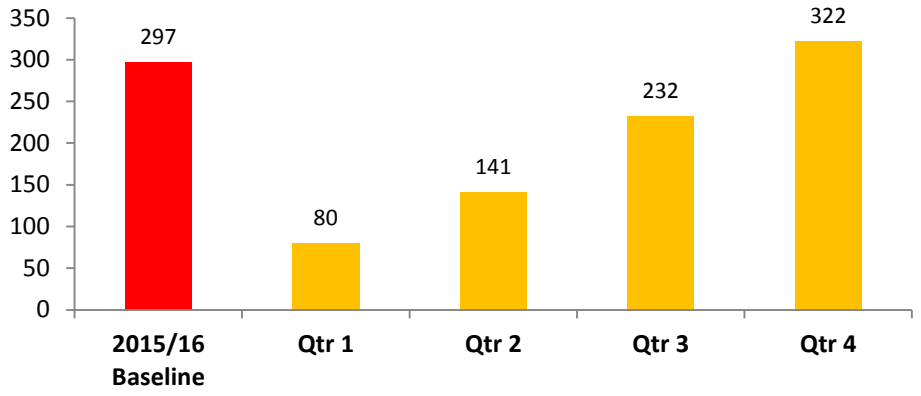
DATA - No of people in receipt of Long term support in 16/17 - 6,212
127 less people receiving a service than 15/16

As at 31/3/17 there were 4,911 people receiving long term support.
This is 108 less people than same time last year. A gradual decrease in numbers can be seen month on month.

REVIEW - The snapshot data shows 100 fewer people receiving LTS than were at the end of 2016/16. This is a positive outcome of the work undertaken to review robustly all cases. The numbers of people in residential and nursing care remain at a similar rate however.

ACTION - A working group of TLs, Supported Living and Transformation meets fortnightly to prioritise people to move out of res care and to monitor the progress. There are a number of planned moves currently. Service areas are to plan to make sure that review activity can be maintained.

ABP5e - Number of permanent admissions into Residential / Nursing Care by narrow age-band and Primary Support Reason (BP)

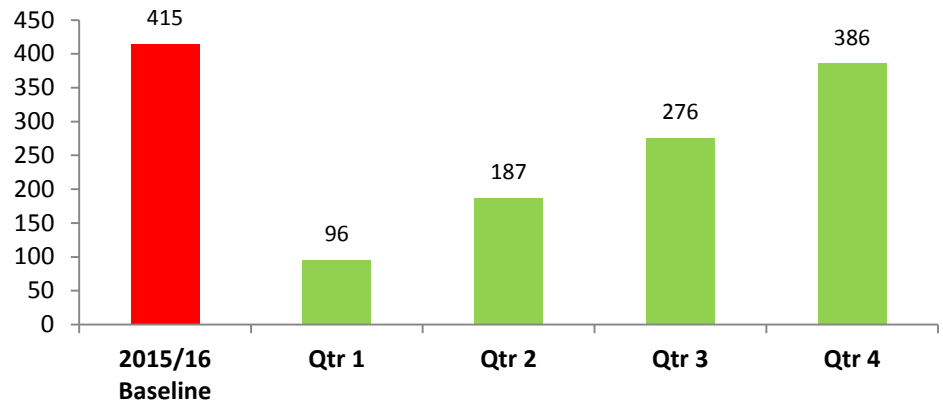


DATA - No of permanent admissions in 16/17 is 322 new permanent admissions as compared to 297 for 15/16. An increase of +25
18-64 = 40. One more than 15/16 (39) 65+ = 282. 24 more than 15/16 (258)
Age-band
18-64: 40, 65-74 : 45, 75-84 : 103, 85-94 : 114, 95+ :20
PSR
Physical Support: 203, Sensory Support:1, Mental Health: 57, Memory and Cognition: 42, Learning Disabilities: 14, Social Support: 5
More Physical Support (+10),
Memory and Cognition support (+14) and Learning Disability (+8) admissions as compared to last year
A sample of 13 records was undertaken with results below:
CHC to FNC: 2 (15%), Deceased: 3 (23%), New Service users: 3 (23%), now 100% CHC: 1 (8%), now self funding: 1 (8%), savings below: 3 (23%)

REVIEW - In 16/17 we placed 25 more than the previous year. Out of the 322 new placements we sampled 13 records and found that 23% were savings below, 23% have died in year and 15% were CHC to FNC. We are aware of the target set by CCG to reduce CHC spend and therefore will need to monitor the numbers of placements which move from CHC to FNC or joint judging.

ACTION - HoSs are monitoring and authorising any permanent placement request to ensure that all other community based options have been explored and ensuring that where applicable CHC is being considered. Cost shunting will be inevitable from NHS and all managers are examining CHC decisions.

ABP5f - Number of Leavers from residential / nursing care by narrow age-band and Primary Support Reason (BP)

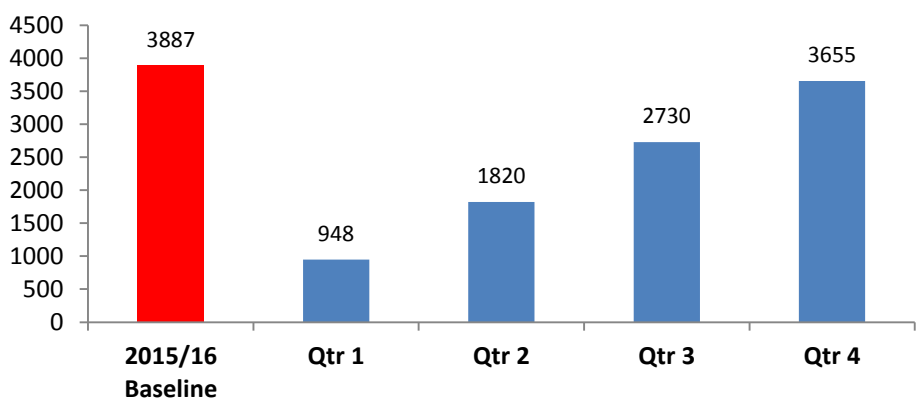


DATA - No of leavers in 16/17 from residential / nursing care = 386 as compared to 415 in 15/16
29 less than 15/16
YTD
386
YTD Age-band -18-64 : 38, 65-74 : 36, 75-84 : 85, 85-94 : 174, 95+ : 53
As compared to 15/16:
18-64: 14 less , 65-74: 7 more , 75-84: 32 less, 85-94: 7 more, 95+: 3 more
YTD
PSR - Physical Support: 195, Sensory Support: 5, Mental Health: 85, Memory and Cognition: 75, Learning Disabilities: 20, Social Support: 6

REVIEW - Less than the previous year. Less leavers predicted. People live longer but having an impact on the figures. We also did not have a harsh spell over the winter months and seasonal trends and flu virus can also impact on death rates.

ACTION - To monitor the trend.

ABP5g - Number of people who have had a review in a period by age-band and PSR (SM)



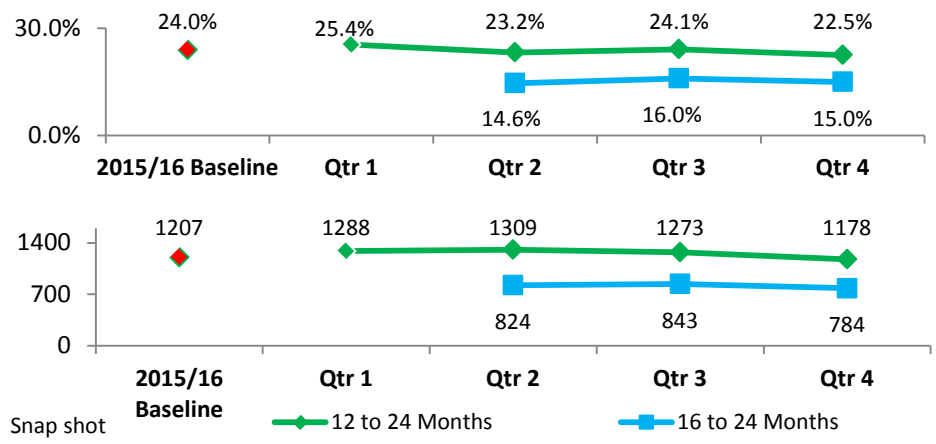
DATA - No of service users reviewed in the year = 3,655
232 less people reviewed than 15/16

Compared to last year there are:
546 less people reviewed who needed Physical Support
194 more people who were reviewed with Mental Health
86 more people reviewed with learning disability
32 more people reviewed who needed support with memory and cognition

REVIEW - Review activity has increased in some areas but not others. The progress of these reviews has been reviewed across the year. There will be risks to this indicator next year as posts are lost to VR and teams prioritise the work to move people out of residential care (which will take time)

ACTION - Service areas are to plan to maintain review activity. Risk assessments to be undertaken to consider how these could be delivered (possibility of using telephone reviews, which reviews need to be more frequent/less frequent?)

ABP5h - Number and Percentage of people in receipt of a service who has not been reviewed for: (SM)

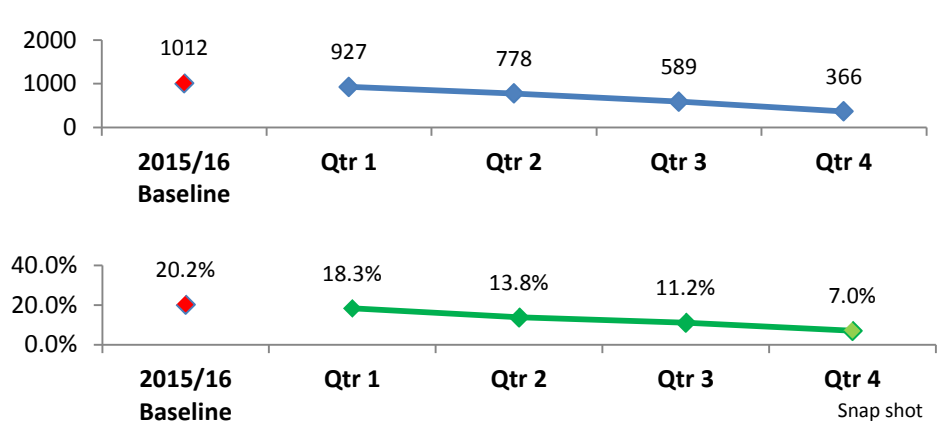


DATA - 12-24m - Numbers progressively decreasing each month. From Aug 16 has seen a decrease of -127 reviews
16-24m - 42 less people than position as at end of Aug 16

REVIEW - We continue to see a decrease in these numbers. This is due to the planned review activity.

ACTION - Service areas are to plan to maintain review activity. Risk assessments to be undertaken to consider how these could be delivered (possibility of using telephone reviews, which reviews need to be more frequent/less frequent?)

ABP5i - Number and percentage of people in receipt of a service who has not been reviewed for 24 months or more (SM)

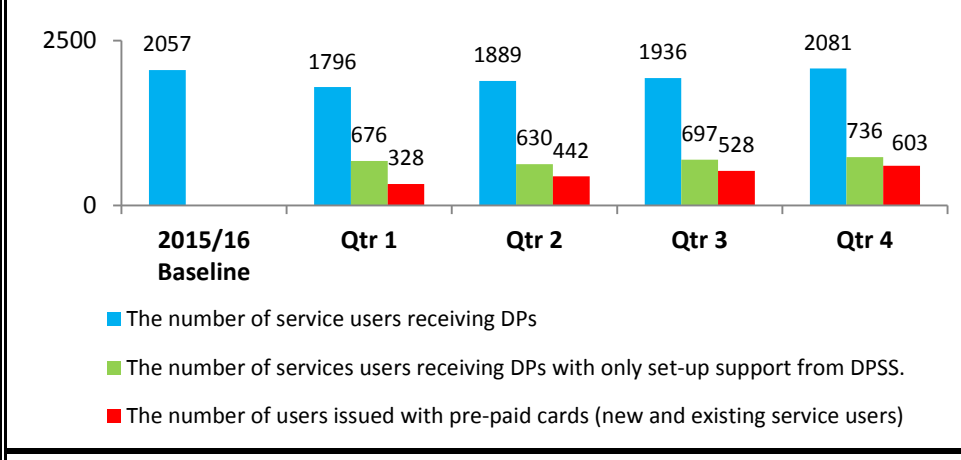


DATA - Positively, each month numbers are declining for those not reviewed for 2 yrs. or more. Compared to baseline numbers have reduced by 64% (646 people reviewed)

REVIEW - These numbers have decreased across the year as the oldest reviews have been prioritised. These now account for 7% of people rather than the 20% that was the case in April 2016. Services have plans in place to reduce the number to 0.

ACTION - Service areas are to plan to maintain review activity. This should then maintain a position where no one has not had a review within the last 24 months. Risk assessments to be undertaken to consider how these could be delivered (possibility of using telephone reviews, which reviews need to be more frequent/less frequent?)

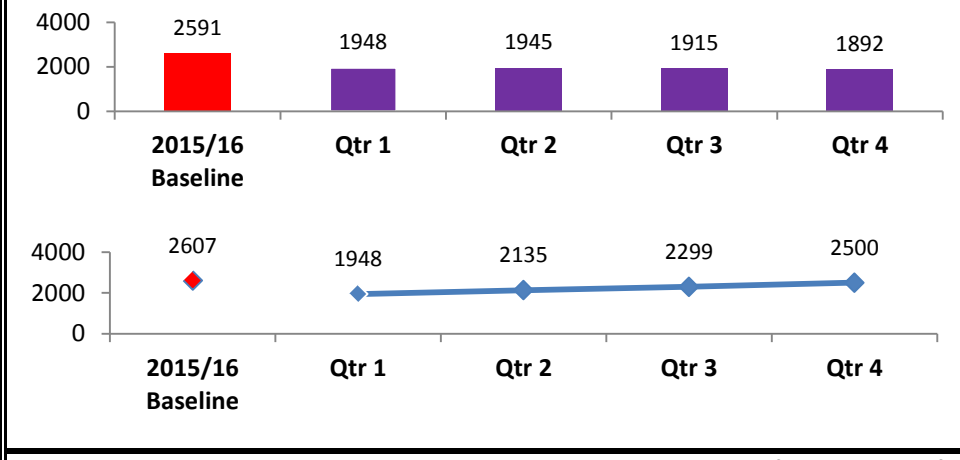
ABP5j - Direct Payments: (SD)



DATA - Ongoing monitoring and discussions with PPC Team and continuously promote DP hence the number of PPCs are increasing
I) The number of service users receiving DPs - 2081
ii) The number of services users receiving DPs with only set-up support from DPSS - 736
iii) PPC cases - 603

ACTION - Continued monitoring. A programme of audit is in progress by Internal Audit about the PPC and DP process which will further inform performance in this area. PPC CMOs secondment will end in Dec 2017 and the Care Management Teams will need to deal with activating the PPC cards

ABP5k - Number of people receiving domiciliary care (TS)



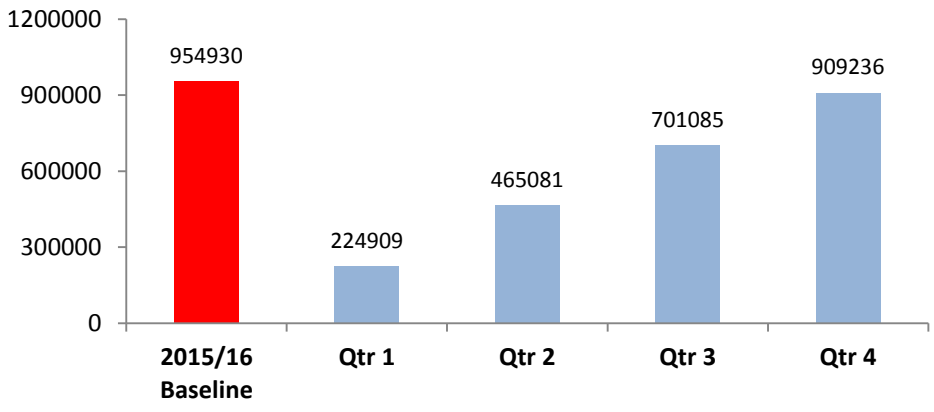
DATA -There has been a consistent decrease across 2016-17 in terms of the number of individuals in receipt of directly commissioned Dom Care, compared to previous years. Whilst this may be representative of actual activity, there are many other factors that could potentially account for this. For example, it may be that a greater number of individuals are receiving Dom Care through a Direct Payment, which would therefore mask net activity as a seeming reduction .
This needs to, and will be investigated in the next period (to be reviewed for Q4 2016-17)
Benchmarking data: 2014-15 = 2745 individuals, 2015-16 = 2591 individuals

2015-16 quarterly breakdown: Q1 15-16 = 1984 , Q2 15-16 = 1997, Q3 15-16 = 1959 , Q4 15-16 = 1955

REVIEW - Data is based on individuals with an open care package and as such many cases will span multiple periods. This data relates to directly commissioned Dom Care only, and cannot attribute Dom Care provided through a Direct Payment.

ACTION - CaAS Data and Performance team to undertake some more in-depth analysis of this in the near future. Added to forward work plan.
The team will also investigate how Dom Care commissioned through Direct Payments can be tracked also.

ABP5l - Number of domiciliary care hours delivered (TS)



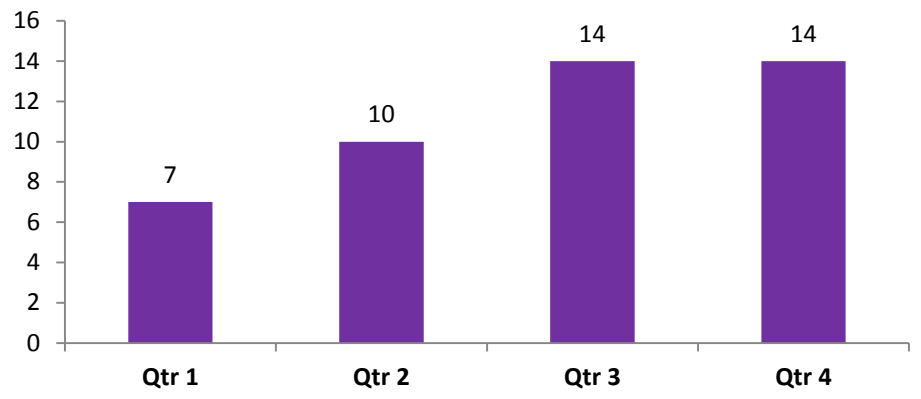
DATA - Total number of hours provided has continued a downward direction of travel in the period, echoing the decrease in CA8 (as expected). Overall in 2016-17, there has been a net decrease of 5.03% since 2015-16
Benchmarking data: 2014-15 = 931,777 hours 2015-16 = 954,930 hours 2016-17 = 909,236 hours

Again, potential issues relating to Dom Care commissioned through a Direct Payment may be (but is not necessarily) a factor, and will be investigated as above.

REVIEW - Data is based on individuals with an open care package and as such many cases will span multiple periods. This data relates to directly commissioned Dom Care only, and cannot attribute Dom Care provided through a Direct Payment.

ACTION - CaAS Data and Performance team to undertake some more in-depth analysis of this in the near future. Added to forward work plan.
The team will also investigate how Dom Care commissioned through Direct Payments can be tracked also.

ABP5m - Number of working age customers moved out of residential care into supported accommodation (RR)

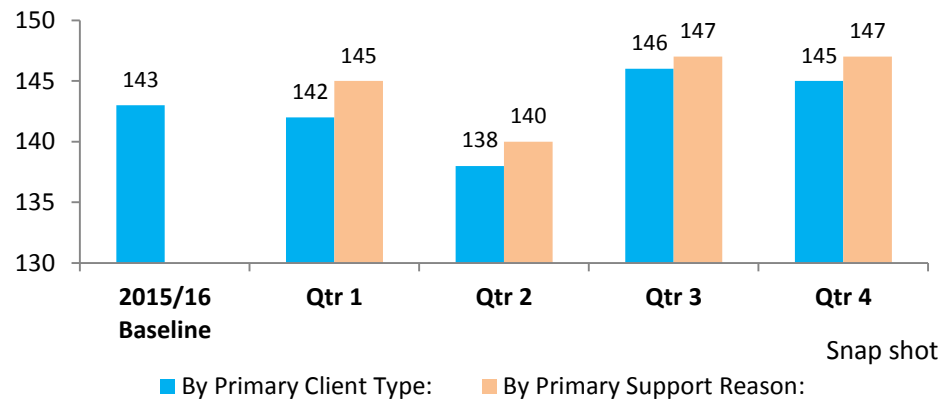


DATA - This shows that there has been little /no movement in increase in this quarter. It is important to note however (in conjunction with point below) that whilst moves have not actually taken place., preparatory activity is progressing behind the scenes.

REVIEW - There is now a Res2Sl operational group which is monitoring and tracking activity in order to maintain momentum in progressing moves. There has also been some forward motion in terms of identifying properties that service users want to move to. This is being monitored by the Res Care Board

ACTION - There is currently a list of 45 services users that are being targeted as potential for Res2Sl. TR has also met with res care providers (8th May to discuss the direction of travel to gain support of providers.

ABP5n - The number of people with mental health needs (including dementia) in residential care (SM)

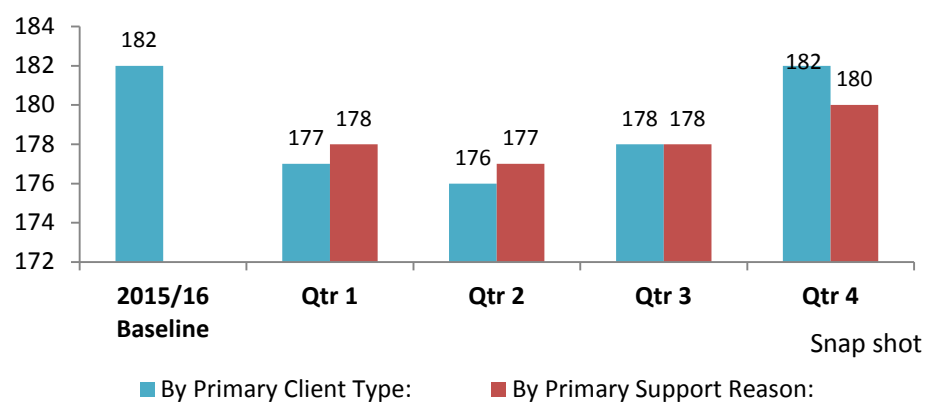


DATA - A slight increase (+2) from baseline is seen

REVIEW - It is disappointing that the numbers have not decreased. Work has been undertaken to understand why people end up in residential care and to identify what could be put in place to prevent this. Some placements have been due to Health funded individuals becoming the responsibility of ASC and a lot of the placements are made from hospital.

ACTION - All placements have to be agreed by the HoS. A working group has been established with TL, Supported Living and Transformation prioritising people who could move out of residential care and monitoring the work to do this. Colleagues challenge and support each other to consider options. Guidance has been produced for Care Management workers and a template letter written to send to those who refuse to move on when not eligible for residential care.

ABP5o - The number of people with a learning disability in residential care (RR)

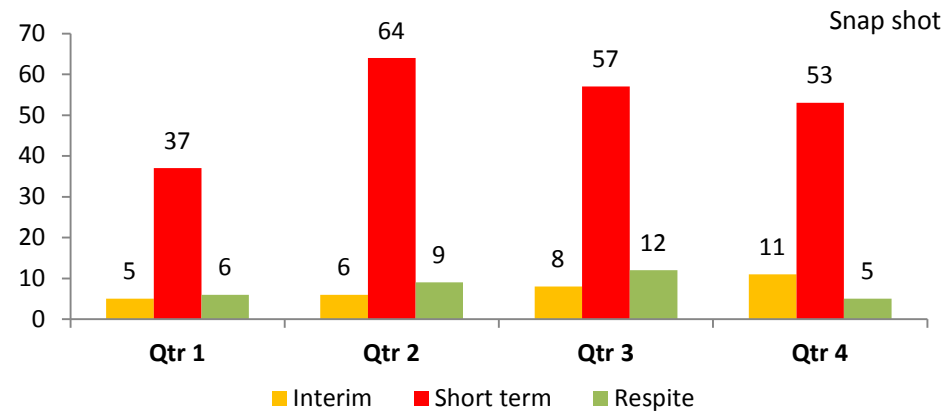


DATA - Same number (182) as baseline

REVIEW - It is disappointing that the numbers have not decreased. There are a number of moves out of residential care that are currently being planned. However, this is a lengthy process and can often involve the need for MCAs and CoP.

ACTION - All placements have to be agreed by the HoS. A working group has been established with TL, Supported Living and Transformation prioritising people who could move out of residential care and monitoring the work to do this. Colleagues challenge and support each other to consider options. Guidance has been produced for Care Management workers and a template letter written to send to those who refuse to move on when not eligible for residential care.

ABP5p - The number of people in interim residential care placements (BP)

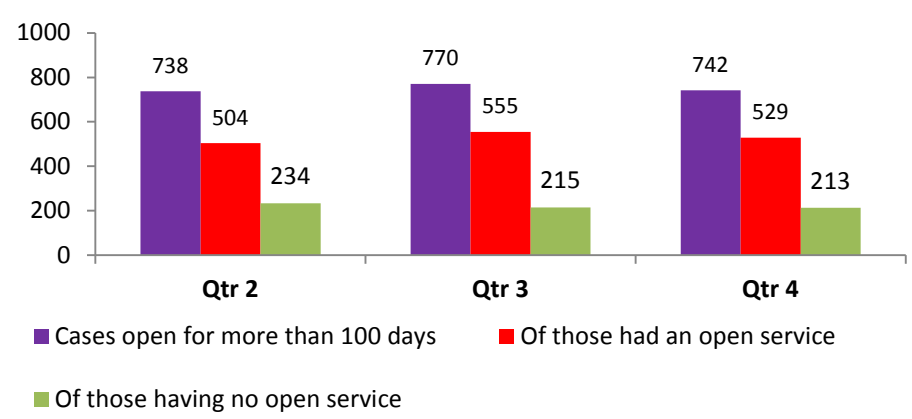


DATA - As at 31/3/17 there are 69 people in interim placements.
17 less than last year

REVIEW - There has been a reduction in numbers of interim placements. Regular reports are being sent to HOS to check and discuss with their TLs.

ACTION - To monitor trend.

ABP5q - Case management – Cases allocated to worker for more than 100 days (BP)

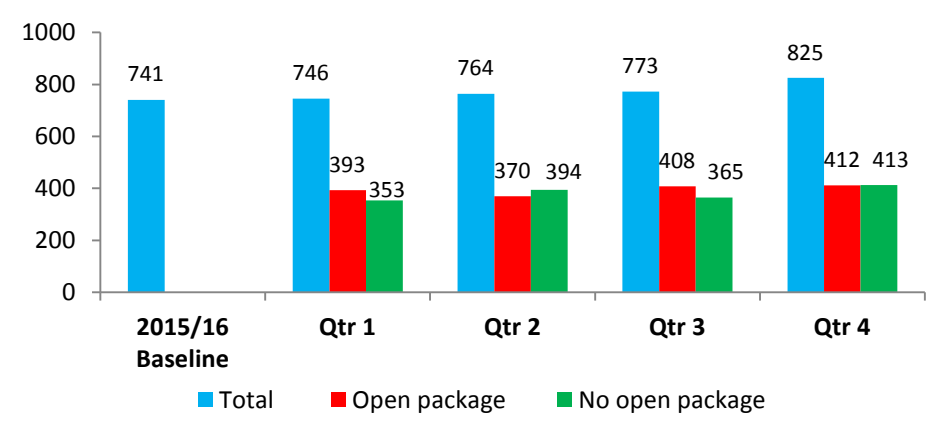


DATA - Trend over each quarter remains the same.

REVIEW - Janet is sending a list to each HOS for cases allocated over 100 days and HOS are also receiving a list from Adam for cases allocated for over 100 days and not in receipt of services, these reports will be presented to Programme Board and Leadership.

ACTION - HOS monitoring both reports with their TLs to ensure cases are not drifting.

ABP5r - Number of Section 117 cases – with and without an open care package (SM)

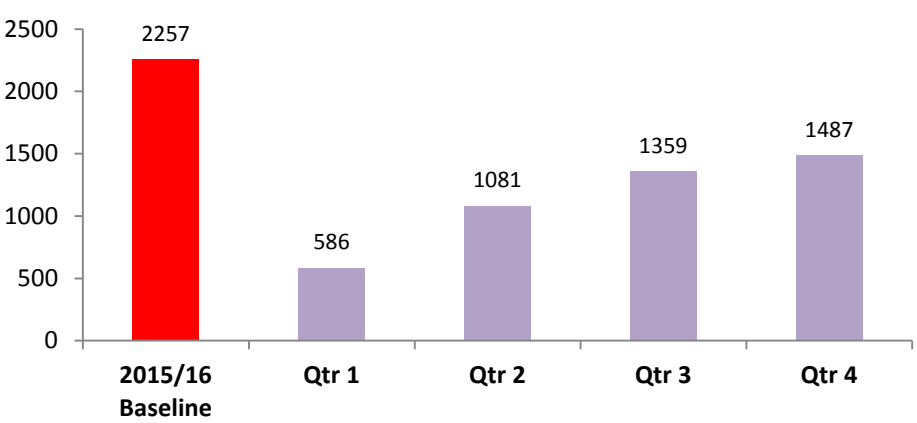


DATA - Numbers have increased since April 2016

REVIEW - The increase in numbers is believed to be due to better data recording. There are significant financial risks in this area as Health are reviewing the Health and joint funded packages and it is believed that many of these will become joint funded rather than fully Health funded.

ACTION - Work continues with TLs to understand the specifics of S117 and LAs' responsibilities (and the limit of these)

ABP6a - Number of Carers receiving needs assessment (SD)

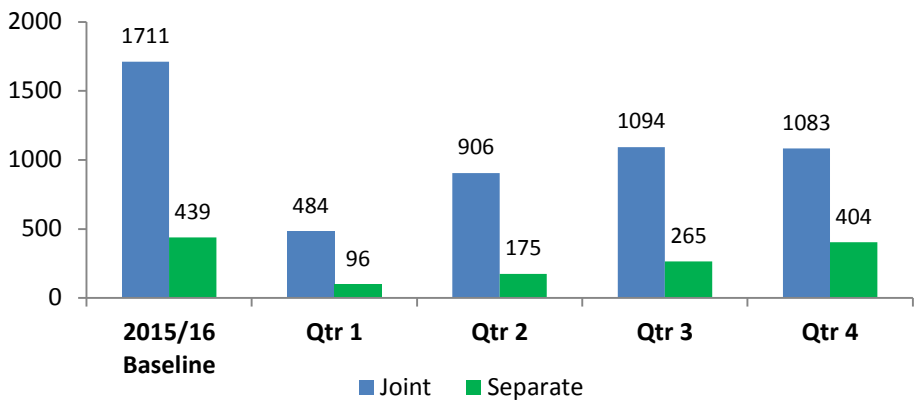


DATA - The number of carers received needs assessment decreased by 35% since 2015/2016. The services provided for carers such as sitting service and respite care or any additional domiciliary care are recorded as part of a joint assessment.

REVIEW - Team Leaders check carers data to make sure that information has been correctly entered and that reviews and support plans completed have been accurately counted.

ACTION - Further enquiry and analysis needs to be undertake in view of the services provided for carers which are not capturing the commissioning activities for carers.

ABP6b - Number of separate assessments /Joint assessments (SD)

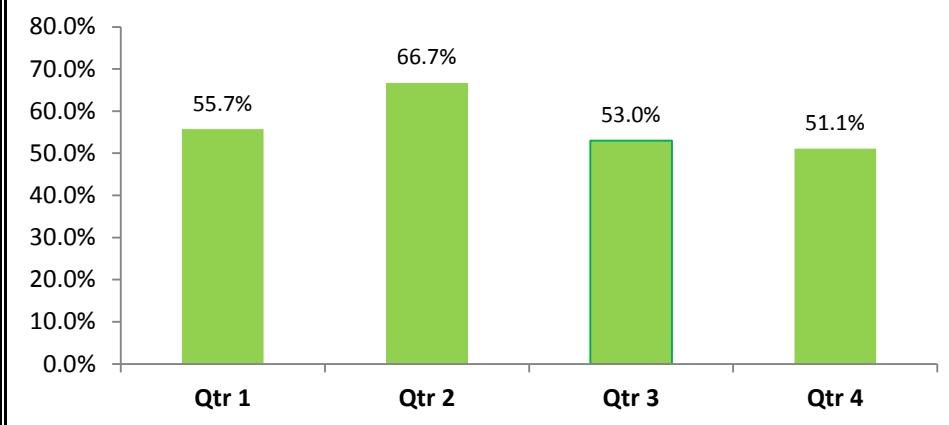


DATA - Data quality issues - BAS team are currently working on it.

REVIEW -

ACTION -

ABP7a -Timeliness: Proportion of enquiries begun within 24 hours following a decision that an enquiry is necessary. (JB)

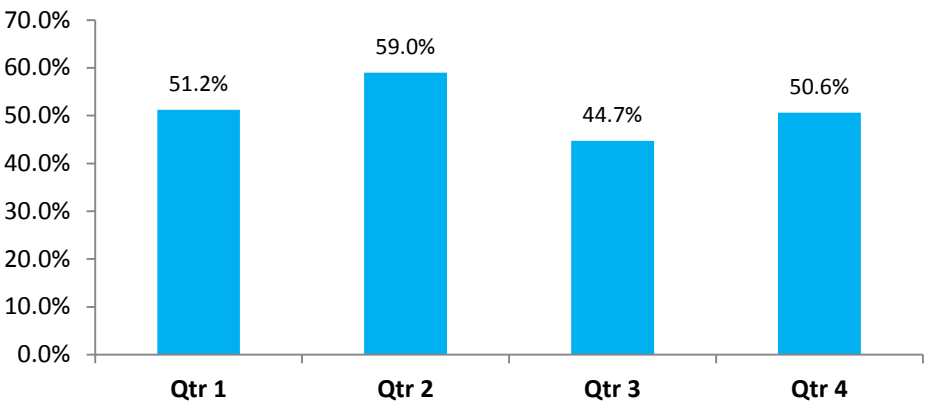


DATA - Attempts to resolve the issues with definition interpretation of this measure have not been successful and performance continues to be at mid-range. It is acknowledged that there are data quality and collection issues that are contributing to this level of performance.

REVIEW - Analysis has evidenced that changes are required to capture more meaningful and accurate data relating to safeguarding. This work is already in progress and it is anticipated that the new measures will be agreed and in place during Q1 17/18.

ACTION - A full review of the SA metrics is to be undertaken, alongside definition guidance to staff. This will be a priority for Q1.

ABP7b - Percentage of enquiries completed within 28 days (JB)

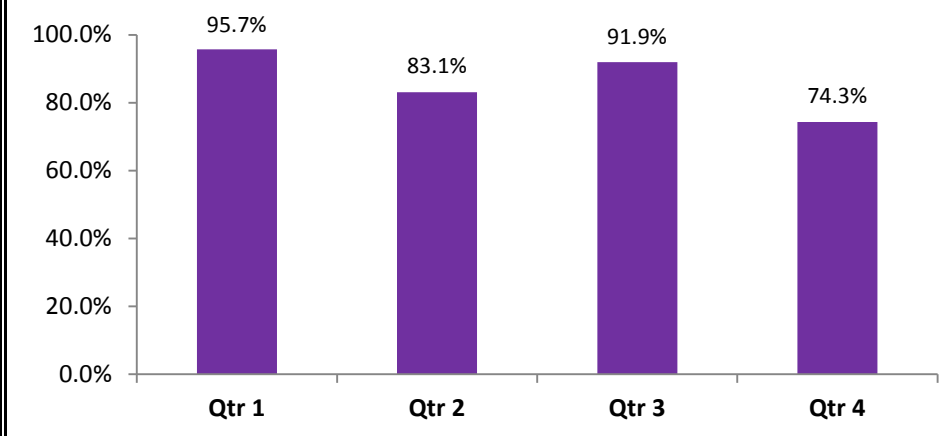


DATA - Performance against this measure remains around 50 %, which is a cause for concern. Initial investigation suggests that a significant contributory factor is awaiting police processes to be completed, although Care Management interventions and MSP are also likely to impact.

REVIEW - Analysis has evidenced that changes are required to capture more meaningful and accurate data relating to safeguarding. This work is already in progress and it is anticipated that the new measures will be agreed and in place during Q1 17/18.

ACTION -A refreshed definition of "completed" is to be suggested, which if accepted , can be introduced during Q1. This should improve performance in this area and provide increased assurance in terms of keeping people safe. This will need to sit alongside continued monitoring by operational managers in terms of timely progression of work, which will be assisted by the dashboards.

ABP7c - Percentage of people who have had their desired safeguarding outcomes met (JB)

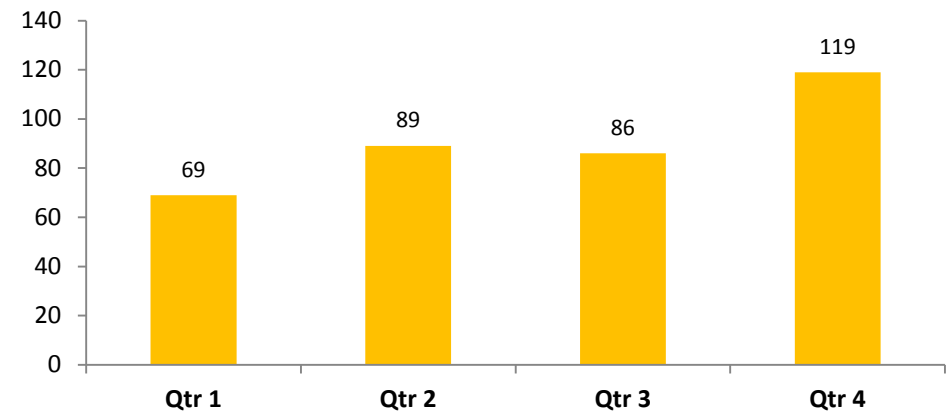


DATA - Q1 and Q2 data was obtained retrospectively and due to the data rescue issue, should not be relied upon to inform a definitive view of performance. Whilst there was a steady improvement in Q3, there has been a slight drop in Q4.The reason for this is unclear, but could be due to a number of reasons, including the setting and nature of the safeguarding and associated risks, or the adoption of the regional questions. Further analysis will be required should the dip in performance continue.

REVIEW - There have been significant data collection challenges during 16/17 regarding MSP, which are hopefully now largely resolved. There has been a concerted effort to improve on this, with MSP being a theme that will be included in all training and audit activity throughout 17/18

ACTION - Continued monitoring to see if downward trend continues in next quarter. It has been agreed that MSP will be a theme in all audits completed by the LLR multi-agency audit group, which will add further business intelligence and organisational comparison.

ABP7e - MSP – Number of people where the principles of MSP were adhered to (JB)

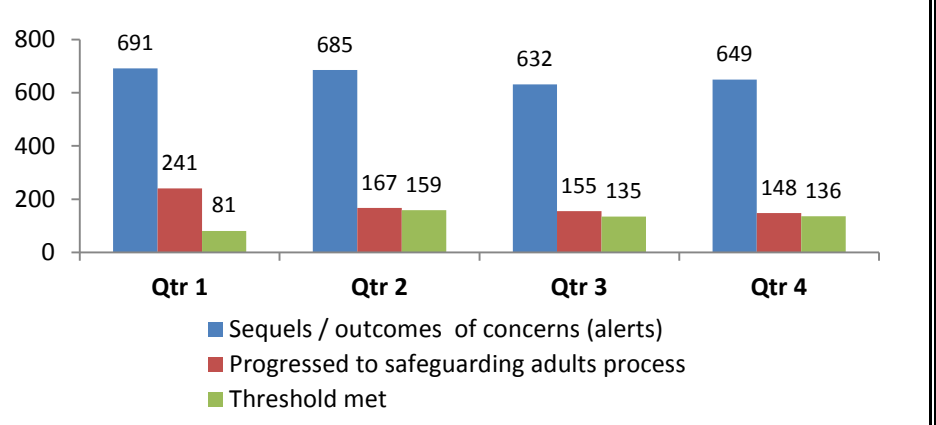


DATA - Performance is steadily improving following clear steer from MSP T&F group, completion of multi-agency audits and changes to LL reporting, which brings LCC in line with regional reporting.

REVIEW - There have been a number of data challenges for this measure in 16/17, which included a data rescue for Q1 and Q2, although at year end significant improvement can be evidenced for this measure. For 17/18 there needs to be a further embedding of MSP principles and continued monitoring to ensure that data collection systems are appropriately capturing activity.

ACTION - Continue to monitor - ensure that MSP principles are included in all SA training, make further changes to LL, undertake further audits.

ABP7f - Sequels / outcomes of concerns (alerts) (JB)

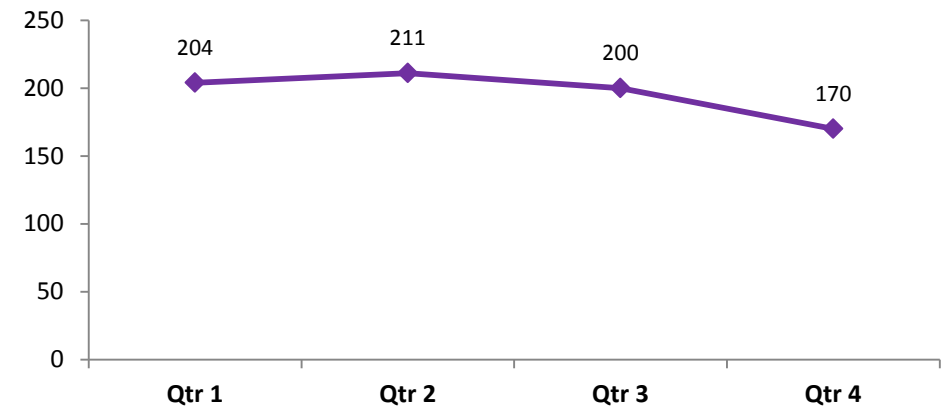


DATA -The numbers of alerts remained broadly the same in Q1 and Q2, with falls noted in Q3 and Q4. The numbers progressing to a full S42 enquiry has fallen each quarter. It has become apparent over the year that there are both data quality issues and ambiguity around the reporting measures. small adjustments have not resolved the issues.

REVIEW - Analysis has evidenced that changes are required to capture more meaningful and accurate data relating to safeguarding. This work is already in progress and it is anticipated that the new measures will be agreed and in place during Q1 17/18.

ACTION - A full review of the SA metrics is to be undertaken, alongside definition guidance to staff. This will be a priority for Q1.

ABP7g - Number of repeat enquiries within the year (JB)

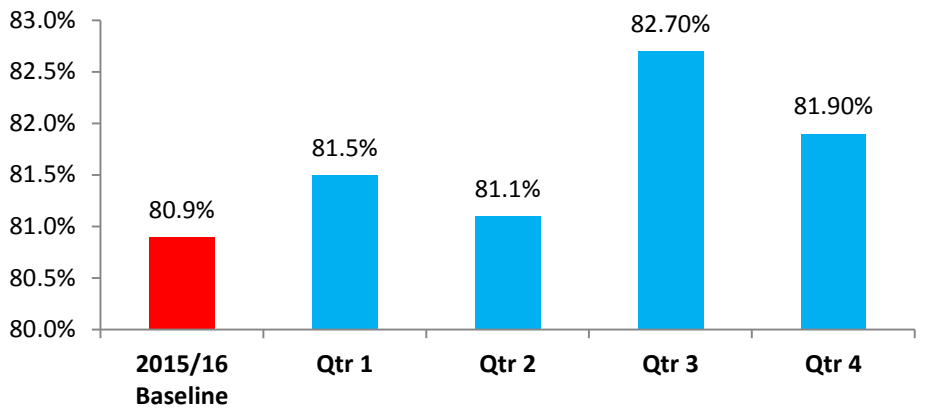


DATA - This measure looks at data over a 12 month rolling period. The number of repeat referrals has remained at broadly the same over Q1,Q2 and Q3, with a significant fall in Q4 . It is important to note that as the reporting is over a 12 month rolling period, any changes will only become apparent relatively slowly.

REVIEW - Multi - agency audits evidenced data quality, process and definition issues with this measure. A solution has been identified and if agreed, a redefined measure will be introduced during Q1 17/18

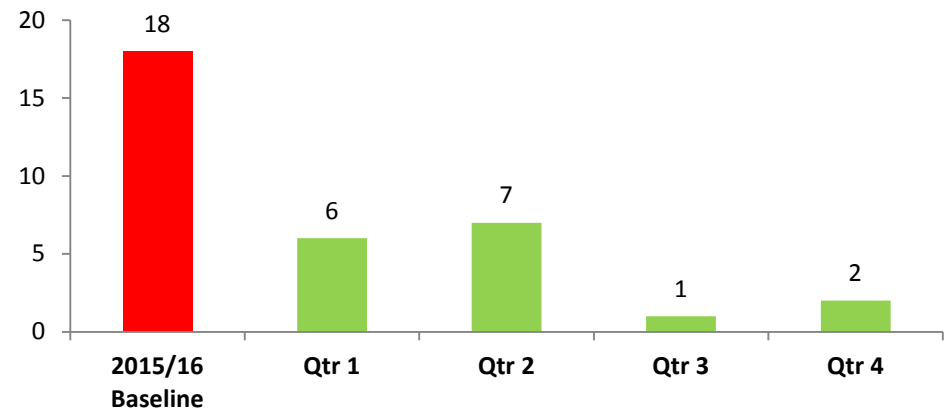
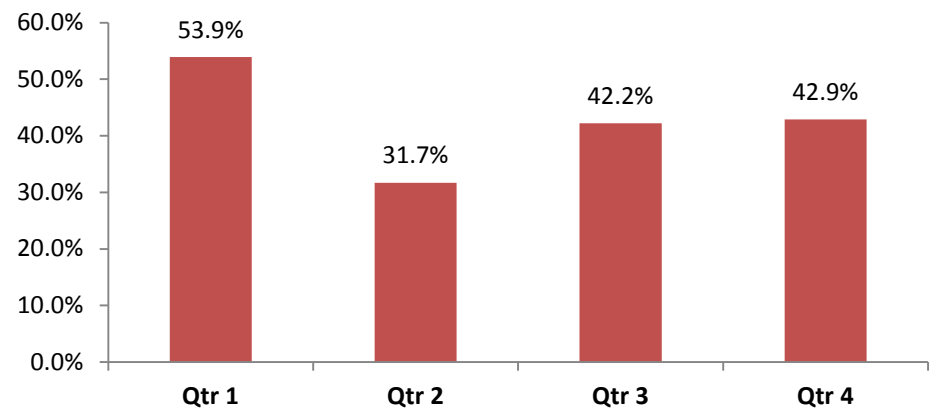
ACTION - A full review of the SA metrics is to be undertaken, alongside definition guidance to staff. This will be a priority for Q1. To consider regional comparison as additional assurance.

ABP8a - Proportion of contracted providers to be compliant at the point of assessment, of those eligible to receive a QAF assessment (TS)



DATA - In Q4 2016-17, we have seen a slight decrease in terms of the total rate of QAF eligible QAF providers to be compliant with the QAF process (80.6% compliance). However, for non-regulated providers the compliancy rate of providers has increased from 71.4% in Q3 to 81.5% in Q4.

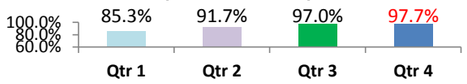
ACTION - All providers deemed to be non-compliant with the Quality Assurance Framework (QAF) will be subject to a follow up process by CaAS, which will include action planning and subsequent QAF reviews. It is expected that following this intervention by CaAS, all providers should be compliant within 12 months of their initial QAF assessment.

ABP8c - Total number of contract breaches within the period (Notice to Remedy Breach issued) (TS)	ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within 28 days (TS)
	
DATA - There has been a reduction across 2016-17 in the total number of contractual breaches imposed by the C&AS on providers **REVIEW -** Data amended: Please note that previously, it was reported that seven contract breaches were served in Q3 2016-17. However, following a data cleansing exercise, it was deemed that only one instance actually met the criteria outlined in the guidance notes. This one contract was a residential/nursing care provider **ACTION -** In Q4 2016-17, a total of two contracts were found to be in breach of contract. Both of these providers were in residential/nursing care homes	**DATA -** There has been an increase in terms of numbers of cases closed within Q4 2016-17. This is likely due to a continuation of the data clean up exercise that commenced in Q3, and also a transition to a new process. This is highlighted in the additional comments section of this return **ACTION -** CaAS have recently set up a new NOC dashboard to monitor and track NOC closure activity within the team. This will be used operationally by staff and management to monitor performance.

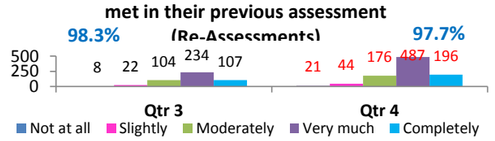
ASC Customer Measures Dashboard 2016/17 Quarter 4

Quality of Life Outcomes

The % of service users whose quality of life has improved as a result of their care package (Re-Assessments)



The % of service users who felt their needs had been met in their previous assessment (Re-Assessments)

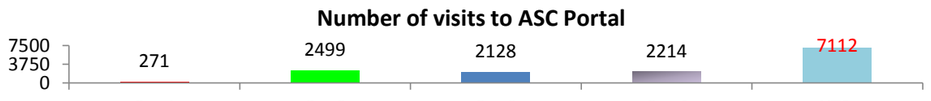


Help and support from ASC Services

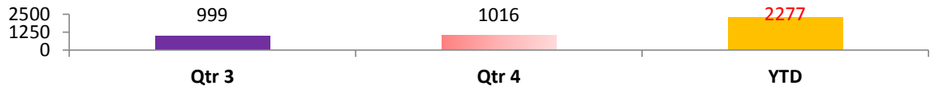
Number of complaints received by the department concerning challenging practice decisions

Number of complaints received concerning delay in receiving a service

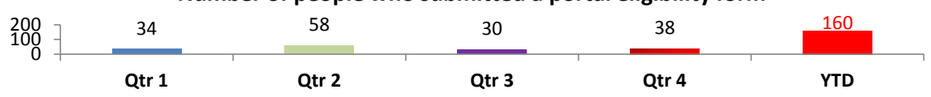
Number of visits to ASC Portal



Number of people who click on IAG links

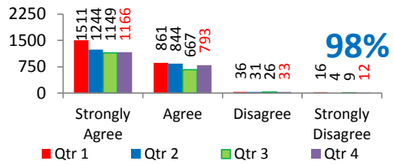


Number of people who submitted a portal eligibility form

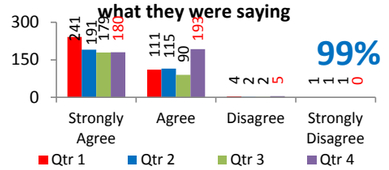


Quality of interaction with ASC Services and staff (287 Responses)

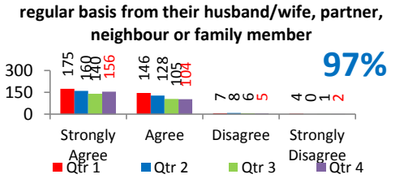
% of service users satisfied/ highly satisfied with quality of interaction with ASC staff



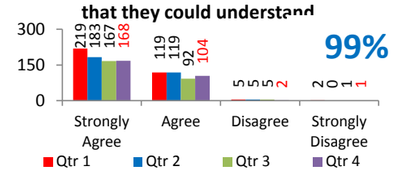
% of service users who felt that their social worker who spoke with them understood what they were saying



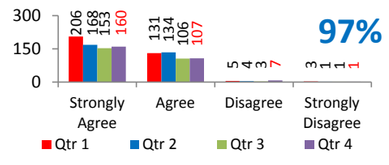
% of service users who felt that their social worker discussed any practical help they receive on a regular basis from their husband/wife, partner, neighbour or family member



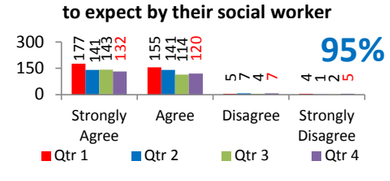
% of service users who felt that their social worker provided them with clear information that they could understand



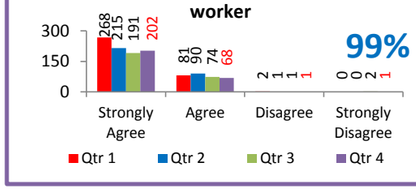
% of service users who felt their social worker explained what would happen next



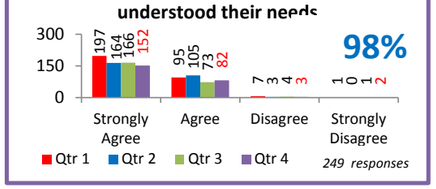
% of service users who felt their experience of the process matched what they were told to expect by their social worker



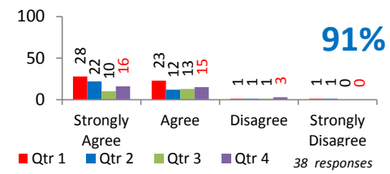
% of service users who felt they were treated with respect and dignity by their social worker



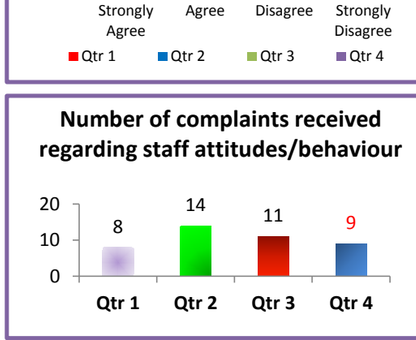
***(A) % of service users who felt that their social worker was knowledgeable and understood their needs**



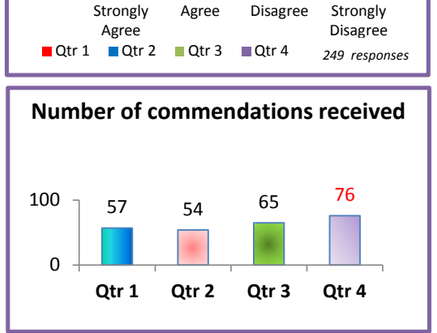
***(B) % of service users who would not have changed anything in the process**



Number of complaints received regarding staff attitudes/behaviour



Number of commendations received



*(A) User experience of ASC services
(B) User experience of ASC via contact & response team

Appendix D

Adult Social Care Scrutiny Commission

ASC Peer Challenges – Progress Report

Date: 5th September 2017

Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

1. Summary

1.1 This report is intended to provide Scrutiny with a high-level summary of actions / improvements initiated as either a direct result of, or informed by, recommendations from the three Peer Challenges we have engaged in over the last two years. Some of the positive feedback received from the Peer Challenge teams is also highlighted. The three Peer Challenges in question are:

- East Midlands ADASS Sector Led Improvement Peer Challenge (March 2016)
- LGA Commissioning for Better Outcomes Peer Challenge (November / December 2016)
- East Midlands ADASS / LGA Safeguarding Adults Board Pilot Peer Challenge (May 2017)

1.2 Peer challenges form a major part of the Sector Led Improvement programme for Local Government and are actively supported by the LGA and ADASS amongst others.

1.3 Peer Challenges are an opportunity to challenge authorities, and support improvement in local government. The challenge is a constructive and supportive process with the central aim of helping councils improve. It is not an inspection; it is delivered from the position of a 'critical friend' to promote sector led improvement.

1.4 The starting point for our Peer Challenges is preparing a 'self-assessment'. This document captures the perceived strengths and weaknesses of the department and is used to identify the scope and key lines of enquiry for the Challenge.

1.5 Having furnished the Challenge Team (predominantly senior peers from other local authorities) with relevant documentation, the Team will then spend an agreed number of days on-site meeting with a range of interested parties / stakeholders. Following these meetings the Challenge Team prepare their feedback which is presented on the last day of their visit and followed up by a full report.

1.6 The feedback from all three Peer Challenges identified significant areas of good practice, with the hard work, creativity and dedication of staff frequently highlighted. The feedback also identified 'areas for consideration', that is to say areas in which the Challenge Team felt we had scope for improvement. After each Peer Challenge we have developed an action plan to take forward the areas for consideration highlighted in the feedback. As referred to above, this report looks at how we have responded to this feedback as expressed in our action plans and whether this has had a positive impact on ASC practice and performance.

2. Recommendations

2.1 The Scrutiny Commission is requested to note this report and comment on the value of the Peer Challenge process for ASC.

3. Report

3.1 East Midlands ADASS Sector Led Improvement Peer Challenge (March 2016)

3.1.1 This was our second Peer Challenge as part of the East Midlands ADASS Sector Led Improvement Programme. The focus of this Challenge was on 'leadership' , looking particularly at how effectively ASC: provides strategic leadership, providing direction, promoting a culture of excellence and acting as role models; manages human, financial and technological resources to deliver change, performance and continual improvement; and, manages relationships, engaging with staff, customers, partners and providers for mutual benefit. The Challenge Team was led by Joy Hollister, the Strategic Director of Adult Care at Derbyshire County Council.

3.1.2 Following the on-site exercise, the Challenge Team lead provided a formal feedback letter capturing the main points and issues identified. In addition to recognising much good practice, not least the ambition for excellence both in terms of the services we provide and in the outcomes for the people of Leicester, it highlighted the following suggested priorities for our consideration:

- Consider using the leadership qualities framework
- Free up practitioners from the process
- Squaring the financial circle
- Demand management at front end and reviewing of packages
- Understand and evidence your day-to-day business so shared ownership and accountability can be achieved at every level
- Build on available support from other council departments, but be clear on roles
- Communication, communication, communication

3.1.3 Since developing the action plan to address these priorities considerable progress has been made, highlights include:

- Although the leadership qualities framework has not been formally adopted, those elements deemed to be particularly helpful have been integrated into departmental practice.
- A number of initiatives have been undertaken to streamline business process to free up practitioner time.
- The department is currently on track to meet its savings targets and is working towards a sustainable financial solution.
- There is increasing evidence that demand is being effectively managed, with fewer contacts resulting in the provision of long-term packages of care.
- The review of existing packages of care has contributed to the department savings.
- Performance management has been improved, both in terms of the quantity and quality of data reported and the extent to which performance is owned across the department.
- Collaborative working with other council departments, particularly Public Health, has improved.
- Awareness of the department's strategic priorities has increased by developing the 'golden thread' between these priorities and individual and team performance.

3.2 LGA Commissioning for Better Outcomes Peer Challenge (November / December 2016)

3.2.1 The CBO Peer Challenge is intended to help local government help itself to respond to the changing commissioning agenda in ASC. A challenge involves exploring an authority's ambitions, performance and delivery structures against the CBO Standards. These standards were commissioned by the LGA and ADASS, funded by the Department of Health and developed by a team from Birmingham University. The standards are centred on three domains: person centred and outcomes focused; well led; and promotes a sustainable and diverse market.

3.2.2 Within the context of the CBO Standards we asked the Challenge Team to focus on: joint commissioning and systems thinking; micro commissioning and outcomes; and, demand management. The CBO Challenge was managed by the LGA with the Team being led by Professor Graeme Betts, a Care and Health Improvement Advisor with the LGA, and previously a DASS with a number of local authorities.

3.2.3 The final report of the Challenge Team highlighted a number of positives, in particular the extent to which our staff are resilient and work hard to deliver positive outcomes under pressure. The increasingly positive integration with health was also highlighted, with specific reference made to our work on the Better Care Fund, which has attracted national recognition.

3.2.4 The following key areas for our consideration were also proposed:

- Create a compelling strategic vision of the future that can be clearly understood by all
- Use a narrative to communicate a few clear priorities and how these will be delivered
- Corporately own demand management across the system – this is key
- Focus on streamlining processes and delivering outcomes
- Use data that measures and drives the impact of change
- Move to an asset based approach and clarify the role of frontline staff
- Now is the time to consolidate work underway and continue to focus on the priorities and take decisive action at pace
- Use existing structures such as the Programme Board to drive change and hold the organisation to account

3.2.5 Progress has been made against all areas of the action plan, with most of them being taken forward and embedded as business as usual. Some highlights include:

  - The Annual Operating plan sets out the actions to support many of the actions in the plan
  - Our communication of the Departments strategic priorities sets out our leadership vision and direction to ensure the Department continues to be well led.
  - We have set out a programme of work to ensure that we embed a strength-based, preventative model, to promote wellbeing, self-care and independence.
  - We are reviewing our brokerage arrangements to maximise social workers capacity.
  - We continually review our governance arrangements to ensure they are fit for purpose
  - Work with housing colleagues has been strengthened.

3.3 East Midlands ADASS / LGA Safeguarding Adults Board Pilot Peer Challenge (May 2017)

3.3.1 Along with Lincolnshire Safeguarding Adults Board, Leicester Safeguarding Adults Board (LSAB) volunteered to take part in a pilot peer review, facilitated by the LGA. The subject of this challenge was the LSAB as a body in its own right. Having said that, the Challenge Team explored the Council's role as the 'accountable body', a statutory partner in its own right, and the host organisation for the Board's support team.

3.3.2 The Challenge team, led by Deborah Stuart-Angus, Independent Chair, Kent and Medway Executive Safeguarding Adults Board, praised the ambition of the LSAB and recognized many areas of good practice. They commented that over the past eighteen months there have been clear improvements in terms of the Board's direction, the amount of activity of the Board and its sub-groups and the level of challenge between members which bode well for its future prospects.

3.3.3 In addition to a number of detailed suggestions, the Challenge Team identified 3 key recommendations for the Board:

- Create a Strategic Plan that sets a performance framework
- Increase capacity for Independent Chair to fully engage all partners
- Clarify the work of the sub-groups to improve accountability and assurance

3.3.4 The final report from the LSAB Peer Challenge was only received in late August and is currently subject to Board acceptance. Having said that, based on earlier drafts of the report and the 3 key recommendations set out above which have remained unchanged, considerable work has already been undertaken:

- A Strategic Plan has been drafted and due to be presented to the LSAB for sign-off.
- The Board Office has been working with the independent chair and partners to ensure that her capacity can be optimized.
- Where appropriate the terms of reference for LSAB sub-groups have been revised and 'milestone plans' introduced.

3.4 Conclusion

3.4.1 Holding a Peer Challenge is a resource intensive exercise. However, there is a broad consensus amongst those engaged in these exercises that they are helpful, both in providing independent corroboration of what we know and acknowledgement of the positive work we do, and in bringing insight from practice elsewhere as to how we might drive improvement.

3.4.2 While we can't draw firm conclusions about the impact of the Peer Challenges on our performance, it would not be unreasonable to conclude that engaging in Peer Challenges has made some contribution to the overall improvement in ASC performance we have seen over the last two years.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications arising from this report. Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications associated with this report. Duncan Bell, Senior Environmental Consultant Ext. 37 2249

4.4 Equalities Implications

Corporate Equalities Lead, ext 374147.

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

5. Background information and other papers: None

6. Summary of appendices: None

Appendix E

Adult Social Care Scrutiny Commission

ADULT SOCIAL CARE PROCUREMENT PLAN
2017/18

Date: 5th September 2017
Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Kate Galoppi
- Author contact details: (454) 5421
  Report version: 3

1. Purpose

1.1 To provide the Adult Social Care Commission with an overview of the forthcoming Adult Social Care (ASC) procurement activities that need to be in place for 2018 as detailed at Appendix 1.

2. Summary

2.1 The majority of ASC services are purchased from the independent or voluntary and community sector. This means that we have to undertake procurement exercises to determine which organisations should be offered a contract.

2.2 Each year the Executive approves and publishes a procurement plan, which details the Councils' procurement activities for the year. It is usually refreshed during the year as new procurement activities are needed.

2.3 The information contained at Appendix 1, relates solely to the forthcoming procurement activities for ASC.

3. Recommendation

3.1 The Adult Social Care Commission are asked to note the forthcoming ASC procurement activities and to provide comment and to indicate if they would like more information about a particular activity.

4. Background

4.1 The Procurement Plan 2017/18 was approved by the Executive on 23 March 2017. The Council's Contract Procedure Rules require Executive approval of a Procurement Plan – a list of forthcoming procurement activity above EU thresholds anticipated to be advertised in the coming year. This requirement aligns with the government's requirements of local authorities under the Transparency agenda.

4.2 Inclusion of a contract in the Plan does not necessarily mean that the procurement will go ahead. As with all expenditure, anticipated contracts will be subject to ongoing challenge as to whether they are required, and whether/how they should be

procured. This review process may impact on the anticipated value and/or duration of contract.

4.3 The Procurement Plan serves two principal purposes:

a) To inform potential suppliers of major future market activity, including meeting the statutory requirement to publish planned procurement over the EU thresholds; and

b) To provide the Executive and other readers with an overview of significant procurement activity and to enable links and efficiencies to be achieved.

4.4 As required by the Contract Procedure Rules, the Plan (attached at Appendix 1 which relates solely to the forthcoming procurement activities for ASC for 2017/18) includes details of expected procurement processes for contracts valued at over the relevant EU threshold. These thresholds were updated in December 2015 for the next two years:

- Social & Other Specific Services £589,148
- All Other Goods & Services £164,176
- Works £4,104,394

4.5 The Contract Procedure Rules provide delegated authority to Divisional Directors in consultation with the Head of Procurement and City Barrister to award contracts over the EU threshold, so long as those contracts are included in the Procurement Plan – Appendix A.

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 Inclusion of contracting activity on the attached Plan is a statement of intent and is subject to the necessary funding being available. The Plan provides a basis for challenge and a more strategic approach to achieving value for money through major procurement activity.

Martin Judson, Head of Finance Ext 37 4101

5.2 Legal implications

5.2.1 There no specific legal implications. Each procurement exercise will need to follow due process in accordance with internal and legislative requirements, with advice from ASC Procurement Services and Legal Services.

Jenis Taylor, Principal Solicitor (Commercial) Ext 37 1405

5.3 Climate Change and Carbon Reduction implications

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

5.4 Equalities Implications

5.4.1 These will be considered a part of each procurement process, as appropriate.

5.5 Other Implications

5.5.1 Procurement is used to drive wider social value, i.e. to bring about improvements in economic, social and environmental well-being.

6. Background information and other papers:

6.1 None.

7. Summary of appendices

7.1 Appendix 1 – Procurement Plan 2017/18 which relates solely to the procurement activities for ASC

Procurement Plan 2017-2018 (Adult Social Care Entries)

Name of Contract	Full Contract Value	Anticipated Contract Start Date	Duration of New Contract
Acquired Brain Injuries Service	£151,000	01/04/18	3+2 Years
Advocacy Services	£1,250,000	01/04/18	3+2 Years
Assessment and Equipment Service for People who are Deaf, Deafened or Hard of Hearing	£250,000	01/04/18	3+2 Years
Carers Support Services	£1,265,000	01/04/18	3+2 Years
Community Meals	£575,000	01/10/18	4 Years
Community Opportunities (Day Care)	£6,600,000	01/04/18	4 Years
Delivery of Adult Social Care Functions in HMP Leicester	£225,000	01/04/18	3+2 Years

Appendix E1

Procurement Plan 2017-2018 (Adult Social Care Entries)

Name of Contract	Full Contract Value	Anticipated Contract Start Date	Duration of New Contract
Dementia Care Advisor Service	£3,000,000	01/10/17	2+3 Years
Direct Payments Support Services	£2,400,000	01/04/18	4 Years
Disabled Persons Support Services	£231,000	01/04/18	3+2 Years
Domiciliary Support Service (Extra Care at Danbury Gardens)	£700,000	01/10/17	7 Years
Extra Care Developments	£3,000,000	To be confirmed	To be confirmed
Healthwatch Leicester	£1,100,000	01/04/18	3+2 Years
Lifts and Hoists (for Adults with Disabilities)	To be confirmed	01/06/18	4 Years

Procurement Plan 2017-2018 (Adult Social Care Entries)

Name of Contract	Full Contract Value	Anticipated Contract Start Date	Duration of New Contract
Short Break Services	To be confirmed	To be confirmed	To be confirmed
Visual and Sensory Impairment Service	£1,485,000	01/04/18	3+2 Years

Adult Social Care Scrutiny Commission

Draft Work Programme 2017 – 2018

Meeting Date	Topic	Actions Arising	Progress
29th June 2017	1) Adult Social Care Portal – 1 year implementation update and demonstration 2) Domiciliary Care – Update following procurement 3) Update of May 2016 report on strategic priorities 4) End of Life Review 5) Adult social care prevention services delivered by the voluntary and community sector 6) Transitional care from children's to adult services	Further report on 12 month Verbal report: September 2017; Written report early 2018 Deferred Further report back on consultation results Report to come on work of a new transitions board	

Appendix F

Meeting Date	Topic	Actions Arising	Progress
5th Sep 2017	1) Performance Report – Quarter 4 2) Peer reviews: • Sector-led • Better outcomes • Safeguarding adults board 3) Procurement plan for 2017/2018 4) Domiciliary care procurement: verbal update 5) Better Care Fund update, including info on the freeing up NHS bed-spaces: and plans for the year.		
24th Oct 2017	1) Performance Report – Quarter 1 2) Autism Strategy – Refresh of the strategy 3) Transforming Care (relating to development of STP) 4) Development of integrated teams relating to • Hospital discharge • Locality; and • Points of access		
12th Dec 2017	1) Extra Care Housing Allowance 2) Enablement strategy 3) Review of residential and nursing home fees		

Meeting Date	Topic	Actions Arising	Progress
23rd Jan 2018	1) Dementia issues update 1) Performance Report – Quarter 2 2) Integrated discharge team (relating to development of STP) 3) Domiciliary care procurement: implementation report Transitional Care from children's to adult services	Report on the transition board (reference from June 2017 meeting)	
20th March 2018			

Forward Plan Items

Topic	Detail	Proposed Date
Executive's response to the Commission's Review on Community Screening – Written report to update on progress on actions taken in response to the review's recommendation		
Leicester, Leicestershire and Rutland Dementia Strategy	Draft strategy for comment by scrutiny	TBC
Adult social care prevention services: report on consultation on services delivered by the voluntary and community sector		
Continuing Healthcare Funding	Update following the meeting on 4th April 2017	TBC
Extra Care Housing	Update once the position on the Housing benefit cap becomes clear.	TBC
END OF LIFE REVIEW	Decision deferred at June 2017 meeting	
The future funding of sustainable social care	Subject to government announcement	
Adult Social Care Portal – 1 year implementation update and demonstration	Further update following progress after report to June 2017 ASC scrutiny	June 2018
Danbury Gardens – Consultation findings and proposals		TBC
Peer review: update		TBC
	Review the work of the transitions board	October 2017
Leicester Safeguarding Adults Board annual report		October/December 2017