Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 24 OCTOBER 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 and Thalukdar

Two unallocated places: (one group and one 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. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 5 September 2017 have been circulated and the Commission is asked to confirm them as a correct record.

4. PROGRESS ON ACTIONS

5. PETITIONS

The Monitoring Officer to report on any petitions received.

6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

7. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2017/18 QUARTER 1 **Appendix A**

The Strategic Director, Adult Social Care submits a report that brings together information on various dimensions of adult social care (ASC) performance in the first quarter on 2017/18.

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

8. AUTISM UPDATE 2017 Appendix B

The Strategic Director, Adult Social Care submits a report that provides the Adult Social Care Scrutiny Commission with an update on the refreshed Leicester, Leicestershire and Rutland Autism Strategy Delivery Plan. Members will also receive a power point presentation in relation to this.

The Adult Social Care Scrutiny Commission is asked to note the contents of this report and presentation and to provide feedback.

9. SURVEY OF ADULT CARERS IN ENGLAND 2016 / 17 Appendix C

The Strategic Director, Adult Social Care submits a report that considers the results of the Survey of Adult Carers in England (SACE) and the City Council's performance against the Adult Social Care Outcomes Framework (ASCOF) indicators derived from the survey.

The report also gives a progress update on the delivery of the commitments made in *Building a strong future for our city'*, Labour's 2015 Manifesto for Leicester and on the work being done across Leicester, Leicestershire and Rutland to update the Carers Strategy.

The Commission is asked to note the findings from the SACE and comment on the contents of the report in relation to the future direction of work regarding the Carers agenda.

10. ADULT SOCIAL CARE PROCUREMENT PLAN 2017/18

Members will receive an update on the procurement plan following a request for their views as to which items should be brought to the Commission for further consideration.

11. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME Appendix D

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.

12. ANY OTHER URGENT BUSINESS

Appendix A

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2017/18 - Quarter 1

Date: 24th October 2017

Lead Director: Steven Forbes

Useful information

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

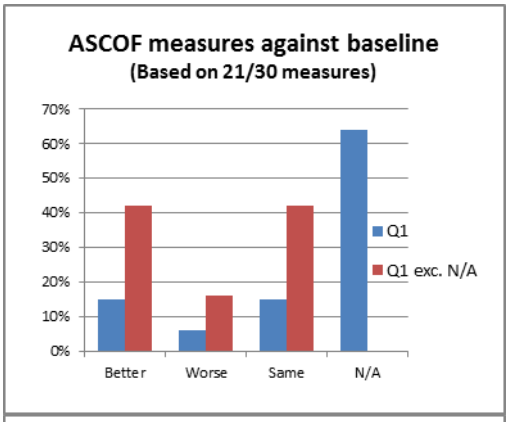
1. Summary

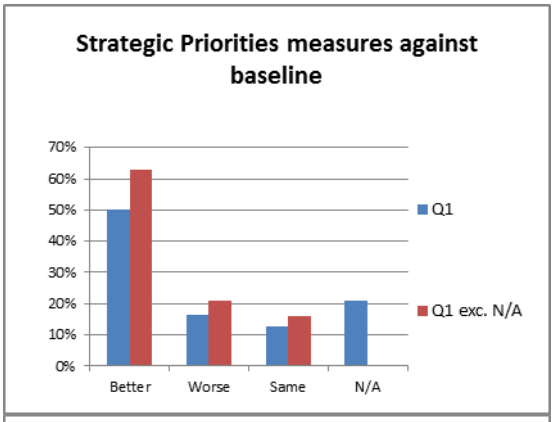
1.1 This report brings together information on various dimensions of adult social care (ASC) performance in the first quarter of 2017/18.

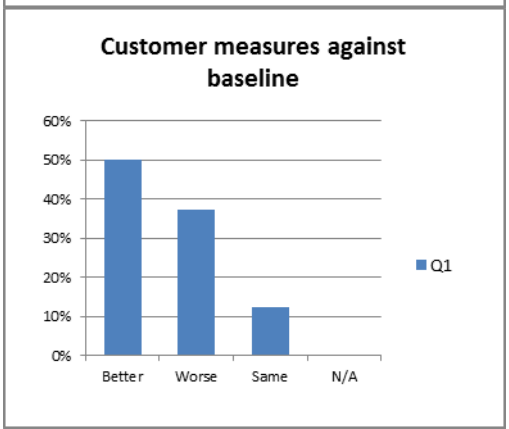
1.2 The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business. The report contains information on:

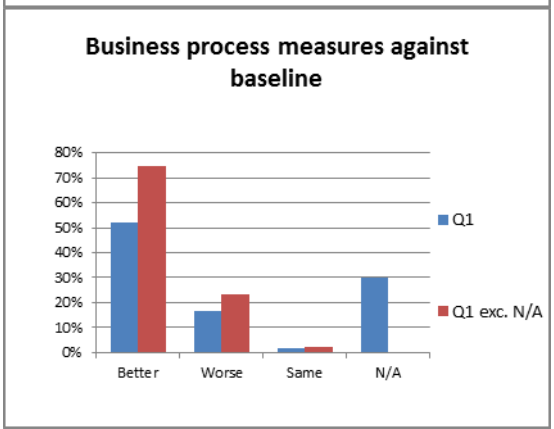
- our inputs (e.g. Finance and Workforce)
- the efficiency and effectiveness of our business processes
- the volume and quality of our outputs
- the outcomes we deliver for our service users and the wider community of Leicester

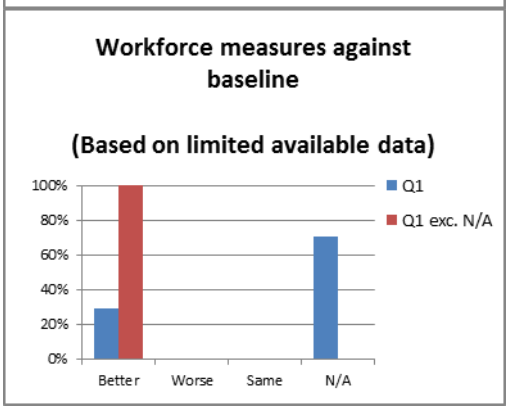
1.3 A summary of data based performance for the first quarter of 2017/18 is presented below:

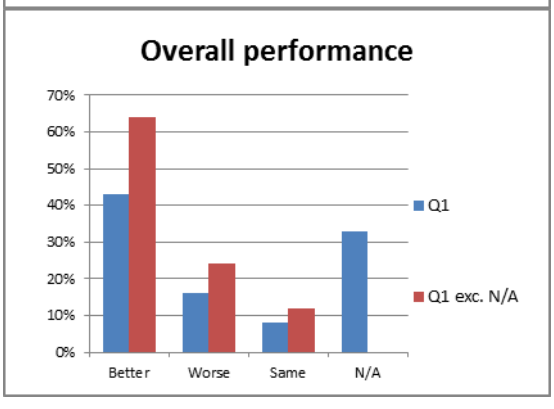












2. Recommendations

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 2017/18

3.1.1 Our six strategic Priorities for 2017/18 have been agreed and were reported to Scrutiny on 29th June 2017. These are mainly the priorities carried forward from 2016/17. A new priority has been introduced to make our commitment to keeping people safe explicit. We have also set out what we need to do to deliver on these priorities in our Annual Operating Plan and made some revisions to the KPIs designed to measure whether we have been effective in doing so. The following analysis includes ASCOF measures derived from the user survey as results were not yet available for our 2016/17 Q4 /year-end report. A condensed overview of progress is shown at **Appendix 1**.

Our priorities for the year are:

SP1. We will work with partners to protect adults who need care and support from harm and abuse.
SP2. We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence.
SP3. We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.
SP4. We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.
SP5. We will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood.
SP6. We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services.

3.1.2 <u>Summary:</u>
Overall performance against those KPIs aligned to the department's strategic priorities suggest that significant progress on our priorities continues to be made, and that having a small number of clear and visible priorities (as advocated through our peer challenges) has been effective. Overall, 24 of our measures have shown improvement from our 2016/17 baseline, with 8 showing deterioration. This is a stronger improvement position than reported at the end of 2016/17. 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 priority six also provides evidence of strong overall performance across ASC so far this year.

3.1.3 <u>Achievements:</u>
Performance against the new measures to reflect the new safeguarding priority is broadly positive.

User satisfaction levels derived from the national ASC user survey, our local survey (at assessment) and questions asked in the supported self-assessment (at re-assessment) are encouraging. Critically here, 98.6% of service users said that their quality of life had improved as a consequence of our support and services, with 67.3% saying it had improved very much or completely. 5 of the 7 ASCOF measures derived from the national ASC user survey showed improvement from the 2015/16 baseline, with overall satisfaction with ASC improving by almost ten percentage points since 2014/15. Generally, there has been encouraging progress made in taking forward our preventative and enablement model of support, particularly with regard to the outcomes of short-term support to maximise independence. Notwithstanding a higher number of working age admissions to residential and nursing care than hoped for, 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), however this has been progressed and it is planned to commence reporting in Q3.

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 Q1 2017/18, 123 individuals were involved in a safeguarding enquiry started in that period. Of these, 54 were aged 18 to 64, with 69 aged 65 years or over. 70 of those involved were female and 52 were male. 90 were 'White', 24 'Asian' and 5 were 'Black.'

3.2.3 89 individuals who were involved in an enquiry have a recorded Primary Support Reason. 38% of these individuals (34 people out of 89) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 1, the most commonly recorded category of abuse for concluded enquiries was "neglect" (48), followed by "physical abuse" (47), and then "psychological/emotional abuse" (43). The most common location of risk was in care homes, with a total of 32, of these, 23 were residential homes and 9 nursing homes. The next most common abuse location recorded was the person's own home, 29 instances.

3.2.5 Quarter 1 performance:

Measure	Q1 2017/18
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	74.2% of enquiries begun within 24 hours of threshold decision being made
Number of alerts progressing to a Safeguarding enquiry	Alerts received in the quarter = 509 Threshold met in 126 cases, of which 114 progressed to an enquiry
Completion of safeguarding enquiries – within 28 days target	51.3% of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	95.3% of individual who were asked for and gave desired safeguarding outcomes had these outcome fully or partially met in, fully met 50.6%

	and partially met 44.7%

3.3 Managing our Resources: Budget

3.3.1 Reporting on the ASC Revenue Monitoring Out-turn commences at the end of period four (end of July 2017) and as such information is not available for this report.

3.4 Managing Our Resources: Our Workforce

3.4.1 Summary:
The reporting functionality of the new HR system is not working yet. As such there is very little data available for this report. It is envisaged that these issues will be resolved within the next few weeks. Full reporting (including retrospective data for Q1) should resume with our Q2 report. Due to this lack of data the summary appendix has been omitted from this report.

3.4.2 Achievements:
Spend on agency staff and overtime is lower than the corresponding period in 2016/17.

Concerns:
3.4.3 There are no areas of concern from the limited data available.

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 includes ASCOF measures derived from the user survey as full results were not available for our 2016/17 year-end report.

3.5.2 Summary:
At the end of the Q1 there is limited data on which to make a judgement on overall performance. There is no carers survey this year and results of the 2017/18 users survey won't be available until May 2018. The measurement of Delayed Transfers of Care (2Ci and ii) has changed as a result of the NHS no longer collecting the 'snapshot' data on which the measure was calculated. We have been advised to use 'bed days' data which is a monthly average. No formal guidance on the impact this will make on the ASCOF measure has been published yet. We also have an issue with the measure for the proportion of older people provided with reablement following discharge from hospital (2Bii) as the NHS is no longer making Hospital Episodes Statistics (HES) available to local authorities. We have been advised to use 2015 data as a proxy. There is no clear position on future arrangements. There have also been problems with the measures based on the new Mental Health dataset (1F and 1H). These measures will not be included in the 2016/17 ASCOF publication, and although data will continue to be published, it is again unclear as to what the implications for 2017/18 will be.

3.5.3 Achievements:
From the limited data available there are some early signs of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains strong. There were 11 fewer permanent admissions to residential care for older people (2Aii) than in Q1

last year. The outcomes of short-term services (reablement and enablement) (2D) have improved markedly and are currently above target. Provisional results for the ASCOF measures derived from the annual ASC user survey are encouraging, with five out of seven measures showing improvement from the 2015/16 results. In particular, the overall satisfaction of people who use services with their care and support has increased by 14% since 2014/15.

3.5.4 Concerns:

Notwithstanding the data issues referred to in the summary, there are a few early warnings that performance is not at the level targeted. Permanent admissions to residential care for 18-64 year olds (2Ai) are higher than in Q1 last year. The proportion of older people at home 91 days after hospital discharge (2Bi) has dropped 6.5 percentage points from the 2016/17 baseline.

Performance against both learning disability measures (1E and 1G) has dipped slightly from the baseline position. The percentage of mental health service users living independently (1H) has improved from the baseline, but remains off-target and below the 2015/16 outturn.

3.6 Activity and Business Processes

3.6.1 We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. The KPIs will also support the overall approach to managing workflow and workloads within services and teams. 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 where a judgement can be made showing improvement, more than three times as many as showing deterioration. Where appropriate, targets have now been set activity and business process measures. These have been proposed by the relevant Heads of Service and relate to a 2017/18 year-end position.

3.6.3 Achievements:

Evidence continues to build that we are getting better at managing demand. The total number of contacts at the 'front door' has decreased (potentially reflecting increased use of the ASC portal), fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with eligible needs. Fewer people are in receipt of long-term support with more people being 'deflected' or provided with low level or short-term support. We have also made progress in addressing areas of previous poor performance such as the completion of re-assessments, with a 73% reduction in the number of reviews not completed for over 24 months since the end of 2015/16.

3.6.4 Concerns:

The number of service users in residential and nursing care has remained stable over recent years with no evidence to suggest efforts to reduce admissions or move service users into alternative provision are proving effective. Although the number of re-assessments outstanding for more than two years has reduced by 73% since the end of March 2016, the number outstanding for between one and two years has reduced at a much slower rate.

3.7 Customer Service

3.7.1 We have identified 25 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services. The following analysis includes ASCOF measures derived from the user survey as full results were not available for our 2016/17 year-end report. See **appendix 5** for a snapshot of customer performance.

3.7.2 Summary:

Performance on 12 of our customer measures is showing improvement from our 2016/17 baseline, with five 3 showing no significant change and 9 showing a decline. As reported last year, the method for calculating our local survey measures was to include all positive statements. This meant most measures were in the high 90%'s and showing little change over the year. From this quarter onwards we will calculate our scores by using only the most positive statements. By doing this we are seeing a greater divergence of scores between measures and may well see more change over the year.

3.7.3 Achievements:

The provisional results from the 2016/17 national ASC user survey are encouraging. The overall quality of life score climbed from 18.1 to 18.4, our highest score since the introduction of the survey. The proportion of people who use services who have control over their daily life increased from 70.5% to 76.2%, again our highest ever score. Overall satisfaction of people who use services with their care and support rose from 61.7% to 65.4% and the proportion of people who use services who find it easy to find information about services climbed from 61.7% to 67.4%.

The number of staff commendations continues to increase with 69 received in Q1 compared to 57 in the same period last year.

The new assessment form, introduced in November 2016, includes two questions to be asked during all reviews / re-assessments. These enable us to measure whether services have met the needs identified in the initial assessment and whether the service user's quality of life has improved as a result of their care package. Results in Q1 continue to be extremely positive with 73.4% of service users saying that there needs were very much or completely met and 67.3% said that their quality of life had improved very much or completely as a consequence.

3.7.4 Concerns:

The overall number of complaints received has increased to 27 in Q1 compared to 20 in the same period in 2016/17, with the number of complaints relating to practice decisions, delays to services and staff attitudes / behaviour increasing. Five of the measures from our local survey showed a small dip in satisfaction levels compared to the baseline.

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

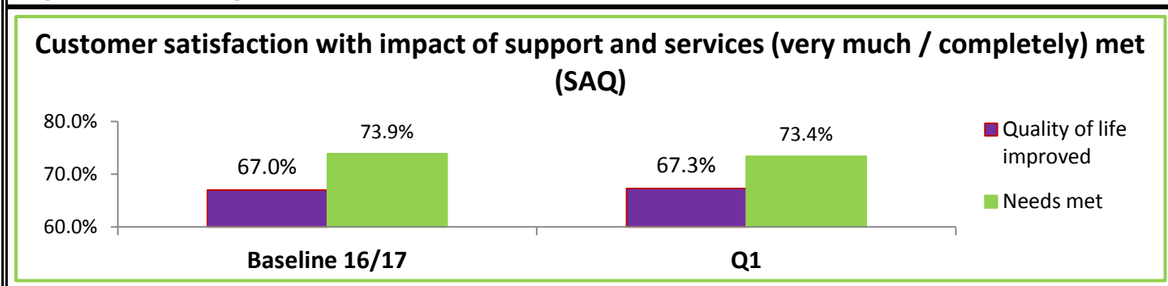
6. Summary of appendices:

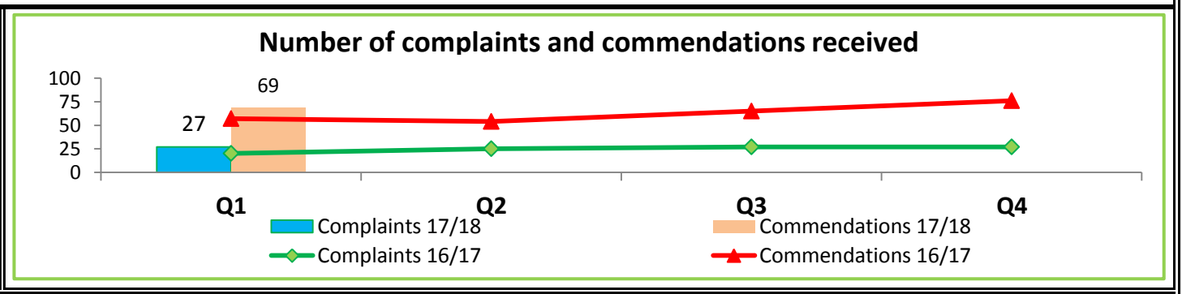
Appendix 1: Strategic Priorities
Appendix 2: Workforce (not included due to lack of data available)
Appendix 3: ASCOF
Appendix 4: Business Processes
Appendix 5: Customer Service

ASC Strategic Priorities - Highlight Dashboard 2017/18 Quarter 1

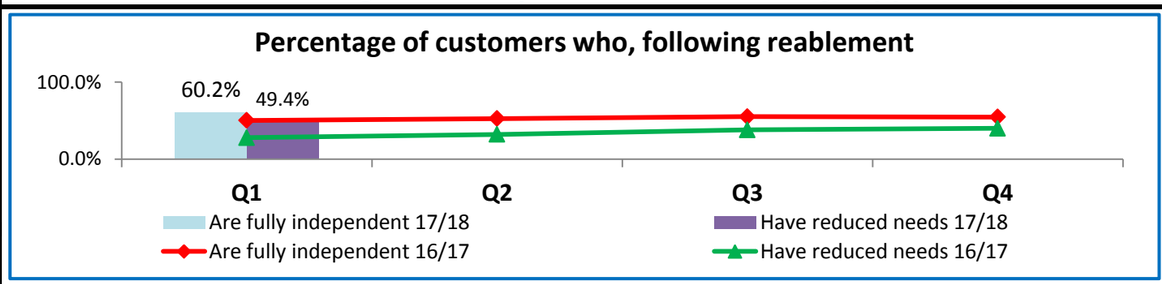
Appendix 1

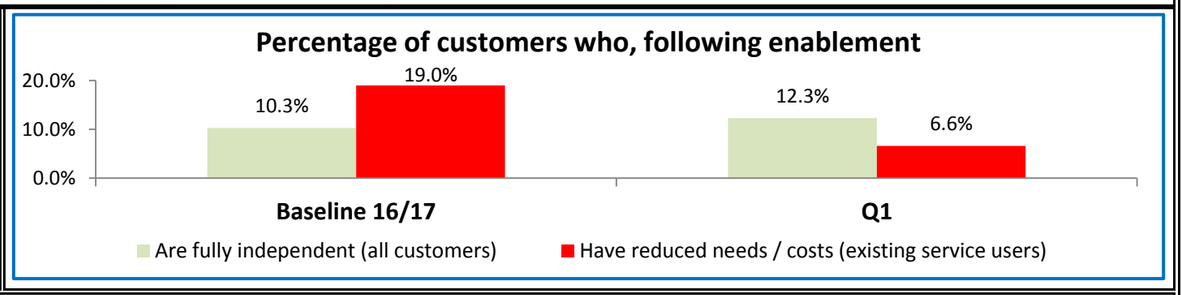
1) We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services



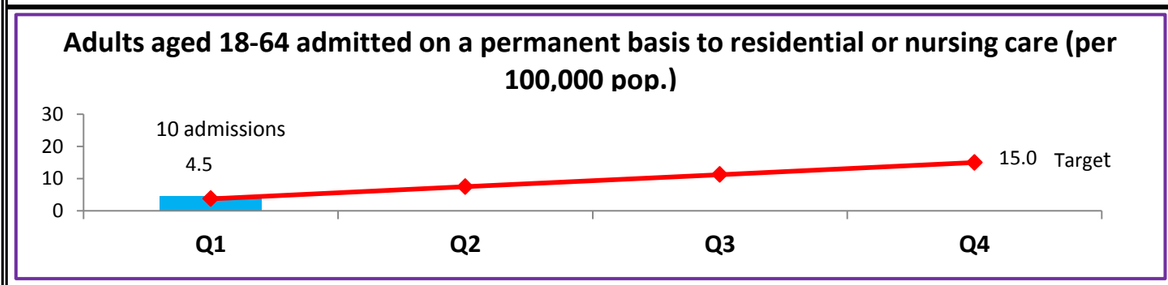


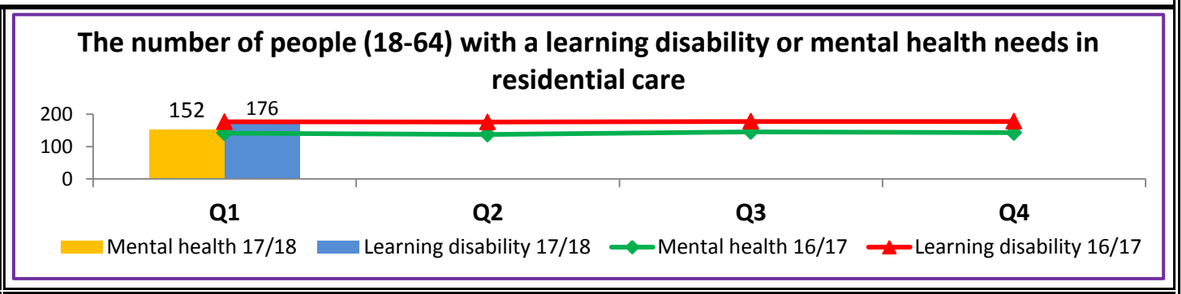
2) We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence



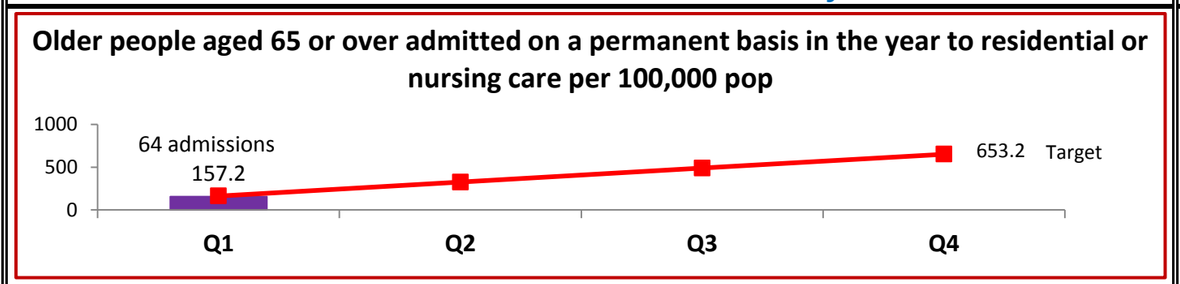


3) We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care

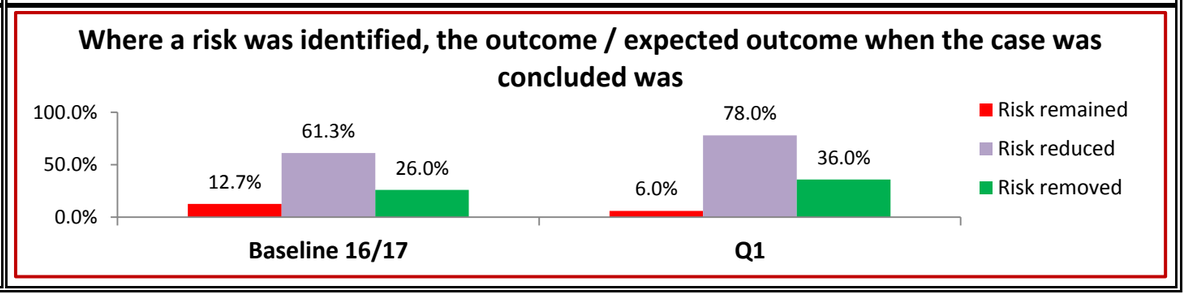




4) Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care



5) We will work with partners to protect adults who need care and support from harm and abuse



Appendix 3

Adult Social Care Performance: 2017/18 – Targets

Adult Social Care Outcome Framework

Indicator	2014/15	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
1A: Social care-related quality of life.	17.9	18.1	18.4				N/A	18.8	N/A	17/18 user survey results available May '18
1B: Proportion of people who use services who have control over their daily life.	67.1%	70.5%	76.2%				N/A	75.0%	N/A	17/18 user survey results available May '18
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	96.2%	98.7% (3763/3812)	99.8% (3,689/3698)				**99.7%** (3,682/3,694)	99.0%	G	
1Cib: Carers receiving self-directed support in the year.	100%	100% (147/147)	100%				**100%** (86/86)	100%	G	
1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date.	41.3%	44.4% (1693/3812)	46.9% (1,733/3,698)				**47.3%** (1,746/3,694)	46.1%	G	
1Ciib: Carers receiving direct payments for support direct to carer.	100%	100% (147/147)	100%				**100%** (86/86)	100%	G	

Indicator		2014/15	2015/16	2016/17	2016/17 Benchmarking			2016/17 Q1	Target	Rating	Comments
					England Average	England Ranking	England Rank DoT				
1D: Carer reported quality of life.		7.2	No carers survey	7.2	7.7	130/151	↑	N/A	N/A	N/A	No carers survey in 2017/18
1E: Proportion of adults with a learning disability in paid employment.		6.9%	5.2% (41/793)	4.7% (37/785)				**4.6%** (33/721)	6.6%	R	
1F: Proportion of adults in contact with secondary mental health services in paid employment.		1.8%	2.9%	2.4% (19.5/820)				**3.0%**	5.2%	↑	**April data only (no rating against target)**
1G: Proportion of adults with a learning disability who live in their own home or with their family.		69.8%	71.8% (569/793)	74.4% (584/785)				**72.0%** (519/721)	73.8%	A	
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.		35.8%	62.3%	36.6% (300/820)				**43.0%**	68%	↑	**April data only (no rating against target)**
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%	35.9%				N/A	42.6%		17/18 user survey results available May '18
	Carers	31.9%	No carers survey	31.0%	35.5%	105/151	↑	N/A	N/A	N/A	No carers survey in 2017/18
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.		Category C (0.396)	Category C (0.416)	TBC				**TBC**	N/A		New measure for 2016/17 (with retrospective scores). Derived from user survey.

Indicator		2014/15	2015/16	2016/17	2016/17 Benchmarking			2016/17 Q1	Target	Rating	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	18.12 40 admissions				**4.5** **10 admissions**	15.0	⇔ **R**	Cumulative measure: Forecast based on Q1 = 40 admissions / 18.0
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	704.04 282 admissions				**157.2** **64 admissions**	653.2 266 admissions	⇧ **G**	Cumulative measure: Forecast based on Q1 = 256 admissions / 628.8
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%	91.3%				**N/A**	90.0%	N/A	**Statutory measure counts Oct – Dec discharges**
	Local	*89.7%*	*88.2%*	*92.3%*				***85.8%*** ***(200/233)***	*90.0%*	⇩ **R**	**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)	2.5%				**N/A**	3.3%	N/A	**Statutory counts Oct – Dec discharges**
	Local	*4.2%*	*3.0%* *(939 in reablement)*	*2.7%*				***3.4%*** *(233 in reablement)*	*3.6%*	**N/A**	Rate calculated using 2015 live hospital discharge data as a proxy due to this data no longer being made available to local authorities.
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)		13.0	6.0	**9.0** **(282 delays)**				**8.9** (per 100,000 pop - total (All) DTOC bed delays)	16/17 target in BCF plan	**N/A**	NHS no longer collect snapshot data which was the basis of the ASCOF definition. Now proposing that we use a monthly average for bed days. This data for Q1 will not be comparable with historic data. The ASCOF measure will be revised accordingly in the future

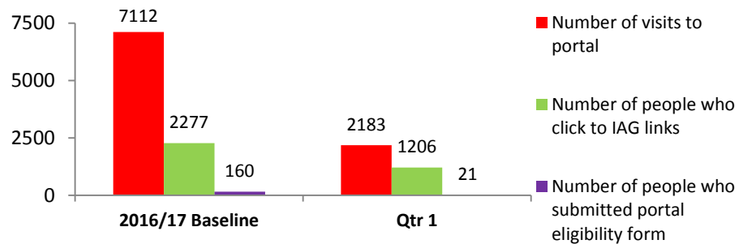
Indicator	2014/15	2015/16	2016/17	2016/17 Benchmarking			2016/17 Q1	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
2Cii: Delayed transfers of care from hospital attributable to NHS and/or ASC per 100,000 pop. (Low is good)	4.3	1.7	Published data: 2.9 (92 delays) Local data: 2.6 (82 delays)				**2.5** (per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)	1.4	**N/A**	NHS no longer collect snapshot data which was the basis of the ASCOF definition. Now proposing that we use a monthly average for bed days. This data for Q1 will not be comparable with historic data. The ASCOF measure will be revised accordingly in the future
2D: The outcomes of short-term services (reablement) – sequel to service	63.0%	60.5%	61.9%				**71.4%**	68.0%	⇧ **G**	
3A: Overall satisfaction of people who use services with their care and support.	56.9%	61.7%	65.4%				N/A	**63.7%**	N/A	17/18 user survey results available May '18
3B: Overall satisfaction of carers with social services.	37.7%	No carers survey	43.5%	39%	24/151	⇧	N/A	**N/A**	N/A	No carers survey in 2017/18
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	70.7%	70.6%	70/151	⇧	N/A	**N/A**	N/A	No carers survey in 2017/18
3D: The proportion of service users and carers who find it easy to find information about services. – Users	62.0%	61.7%	67.4%				N/A	**69.0%**	N/A	17/18 user survey results available May '18
3D: The proportion of service users and carers who find it easy to find information about services. – Carers	55.5%	No carers survey	57.3%	64.2%	134/151	⇧	N/A	**N/A**	N/A	No carers survey in 2017/18
4A: The proportion of service users who feel safe.	58.3%	60.8%	65.4%				N/A	**66.0%**	N/A	17/18 user survey results available May '18

Indicator	2014/15	2015/16	2016/17	2015/16 Benchmarking			2016/17 Q1	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	75.4%	80.7%	77.6%				N/A	**85.0%**	N/A	17/18 user survey results available May '18

Forecast to meet or exceed target - 6	**Performance within 0.5% of target - 1**	**Forecast to miss target - 3**	**N/A - No data on which to make a judgement – 19**
Improvement from baseline - 5 ⇧	**No significant change from baseline - 5** ⇔	**Deterioration from baseline - 2** ⇩	**N/A - No data on which to make a judgement on performance - 21** ⇔

Appendix 4

APB1a - ASC Portal (JM)

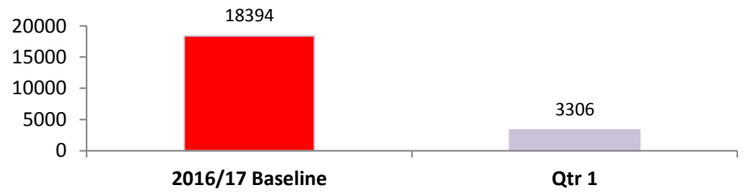


DATA - Thought will need to be given to data capture for 17-18 to demonstrate the varying and increasing usages of the portal as more channels of ASC contact move online [via the portal]. Initially all visits to the portal were assumed to be in connetion with SU needs or Carer needs - but no actual assessments. Portal visits can now be for wider issues [e.g. OT] and are inclusive of on line assessments. As new channels move online they all have vigorous testing which also skews figures as it is not possible to differentiate "real" users from testers.

REVIEW - The portal is now also used for Carers Assessments and OT referrals from both customers and professionals. In the first 2 months of launch the OT portal visits accounted for over 50% of all visits, with the majority being from professionals. Additionally - as individuals cannot be fully tracked on the portal it is not possible to ascertain if a visit to online IAG [where this is the end of their online journey] fulfills needs for the customer or if they still make further contact in person.

ACTION - Work is ongoing to open the portal up to current service users as a means of communicating with them and forwarding documents online - such as support plans. This will again enhance the number of visits to the portal as this new contact method goes on line in Q3. Staff are also establishing which other professionals could refer via the portal based on C&R top 10 [volume] professional referrers following the success of moving OT referrals online

APB1b - Total number of ASC contacts received (LK)

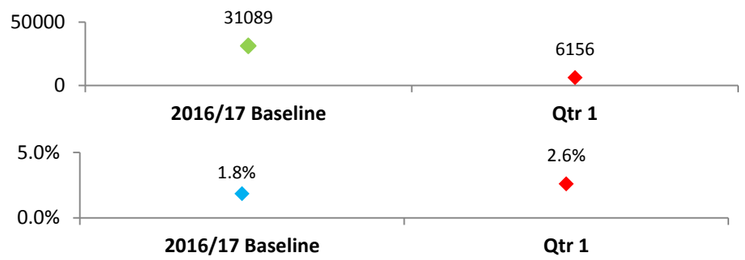


DATA - Current decrease in volume of referrals from 16/17. In part this shows a decrease in equipment/adaptation contacts (from 395 in same period from 450 last year). All sources of referral are showing percentage decreases. The exception is referrals from hospitals where there is an increase of 30% on last year.

REVIEW - Numbers were expected to decrease as demand management project impacts. This has seen a shift in OT pathways meaning OTs are screening calls and more calls are being redirected without a Contact being recorded. The increase in hospital referrals is in part due to a realigning of referral sources in the contact record which now reflects LPT wards under hospital referral - previously coded as other health. "Other" categories have also been standardised to assist understanding of profile of referrers and users.

ACTION - Standardise OT recording of contacts to reflect true picture of demand. Standardising practice generally access ASC i.e. Care Navigator & ICRS recording is likely to lead to further change in numbers recorded but a more accurate representation of demand.

ABP1c - Effectiveness of call handling: (LK)

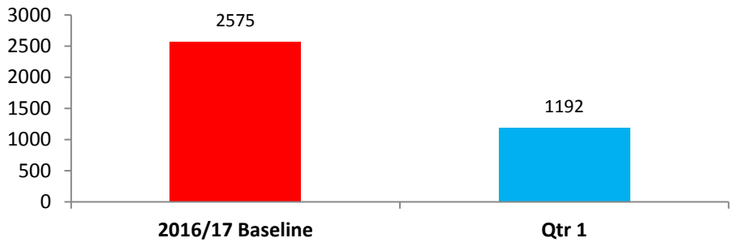


DATA - Abandonment rates are seeing an increase which is in line with our expected direction of travel.

REVIEW - Current staffing availability impacts on call handlers and demonstrates a subsequent increase in abandonment figures. This figure is in line with our higher tolerance level of 3%. However, corporate ACD connectivity issues have been present throughout the full quarter negatively affecting call abandonment rates.

ACTION - This ACD connectivity issue will be fixed in July. Monitor call abandonment rates once ACD is fixed to establish actual impact on difference in call handling. Further impact likely at end of quarter 2 as initial call triaging moves to customer services.

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

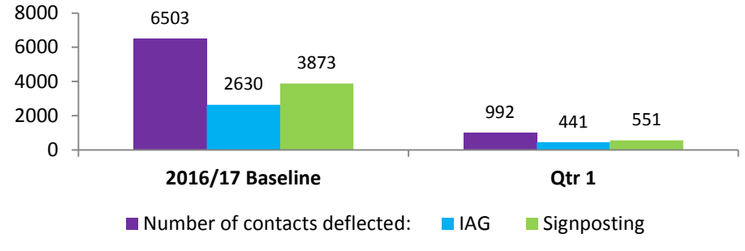


DATA -Decrease in numbers of repeat referrals from same period last year which is positive. This is in part due to the decrease in equipment referrals being recorded

REVIEW - The method of reporting has been changed to discount the 1st contact as by definition repeat means more than 1 and the decrease will be in part to this. However, at last analysis it was identified that the reporting mechanism needs adapting to only measure where there is the reason for contact and same outcome . This remapping has not been applied to this data. It will be picked up for quarter 2 and the true impact will be noted

ACTION - remapping of data mechanism required asap. Further work is required on double contacts where consent has not been fully explored or duplicate referrals have been made by different people

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

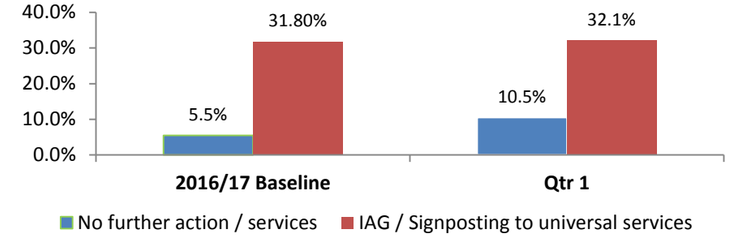


DATA - Numbers of contacts signposted or provided with IAG has decreased to 29.5% in this quarter which continues to reflect the data downturn in quarter 4 16/17.

REVIEW - This is felt to relate to the increase in people using the portal and receiving IAG from that forum. During this period a "hard stop" has been introduced in the portal to prevent people who only require IAG being also referred into ASC. This is positive and contributes to wider deflection, although cannot be measured here as the date is picked up from contacts

ACTION - Cross refine deflections from the portal to the IAG/signposting from the front door.

ABP1f - Percentage of contacts leading to: (LK)

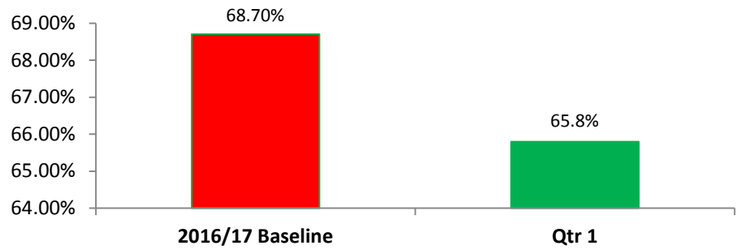


DATA - Numbers of contacts being concluded as no further action/services has almost doubled. This numbers had doubled between 15/16 and again between 16/17. Proportions of deflections for IAG and signposting are stable as a percentage of lower numbers of contacts referred.

REVIEW - Initial review of the no further action contacts show double recording brought about by change in the SA alert. This requires further understanding and remedy.

ACTION - Further analysis of the no further action contact to establish the reason what these categories continue to raise

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

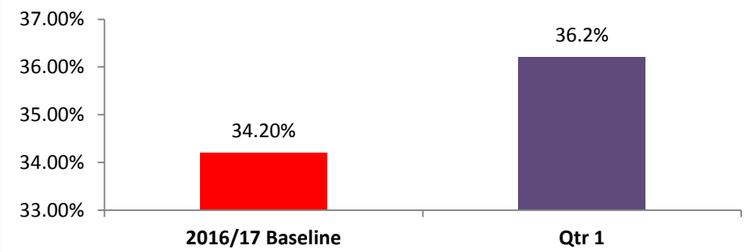


DATA - Percentage of contacts being resolved within 24 hours of start continues to show a slight decline. Fewer contacts are being resolved within 24 hours of start. Guidance is still required around pausing contacts which will make this more meaningful

REVIEW - This is felt to be due to process change of including the IC within contact record which began on 17/5/17 and became fully operational on 1/6/17. Impact of delays in contacting people to follow up on portal referrals are expected to be contributing, together with continued activity from 3rd party referrals lacking the person's consent. Non urgent referrals are not being progressed as quickly as they were due to staffing availability, this will be contributing to delays in concluding.

ACTION - Measure to be reviewed to pick up either end date of contact (when IC has not been completed) or 'date IC is required' if IC is required. Given significant change in assessment process at the front door this will more accurately measure the time taken to determine if more detailed screening is required/or contact is concluded.

ABP1h - Percentage of new contacts who progress to a new case (LK)

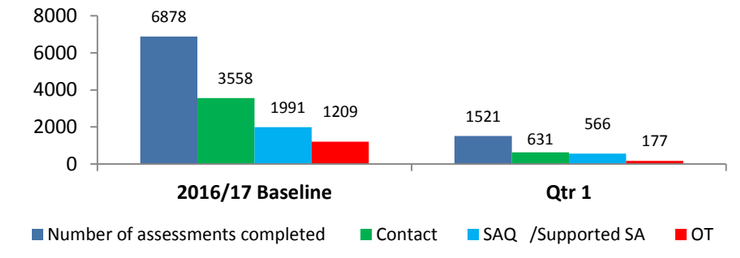


DATA - Data shows a small increase in contacts that have progressed to a new case (and is measured with the same metrics of the previous indicator)

REVIEW - The measure needs a better indicator to reflect the significant changes in not assessing at the front door. Progression to a new case does not mean that people have had services or will have further assessment, it only shows where a case is required on LL, often to reflect transfers between the front door and locality teams

ACTION - Indicator has been remodelled from quarter 2 to reflect the percentage of contacts who go to go receive preventative support services (reablement, enablement and ILS) and other services: (commissioned POC via CSD and emergency placement). This will provide a more effective indicator of numbers passing through the front door into support provided by ASC and what type of support that is

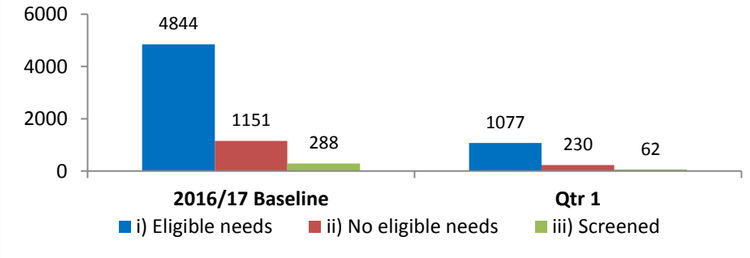
APB2a - Number of assessments completed by type (LK/MW)



DATA - Contact assessments showing significant decline following pilot replacing the document with an Initial Contact from 17th May. From this date the first assessment with be the SSA. Numbers are expected to continued decline to nil for contact.

ACTION - continue to monitor contacts assessment until they are all concluded

ABP2b - Outcomes following assessment - numbers found to be: (LK)

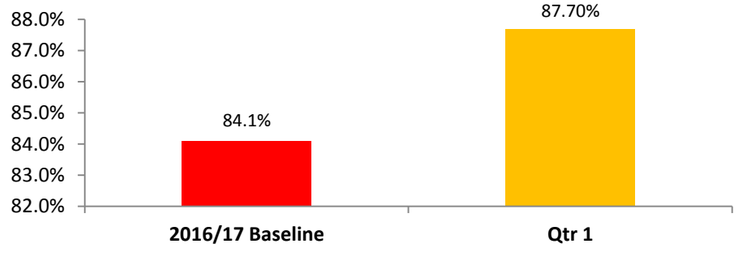


DATA - Numbers show a reduction in people being determined eligible, not eligible and screened. following assessment from last year,

REVIEW - The removal of the contact assessment the end of the period is beginning to show a difference as less people are assessed generally. A truer picture of assessment activity and outcomes will be available at the next quarter as the last contact assessment are concluded

ACTION - Remodel to ensure this measure picks up "screening" from IC outcome but monitor to ensure the impact of screening overall is not skewed, given the IC is not an assessment.

ABP2c - Percentage of assessments completed with 28 days / agreed timescales. (MW)

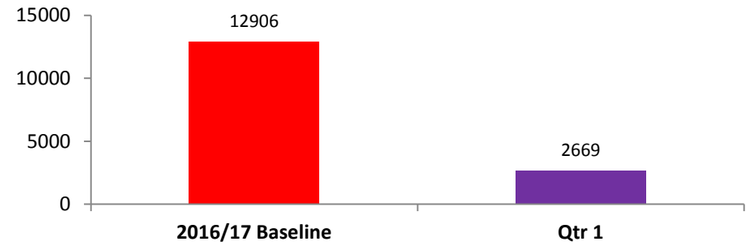


DATA - 16/17 Q1 - 75.8%,
Q2 - 79.7%,
Q3 - 77.5%,
Q4 - 84.1%

REVIEW - Continuing the upward trend from last year. This is almost certainly as result of the emphasis placed by Leadership on staff completing 2.5 pieces of transactional work per week. Only completed assessments count towards this target and as such staff are prioritising completing assessments.

ACTION - Team Leaders to continue to keep throughput high on the staff agenda.

ABP2d - Number of requests for new clients broken by route of access (RoA) and Outcome to that request for support (MW)

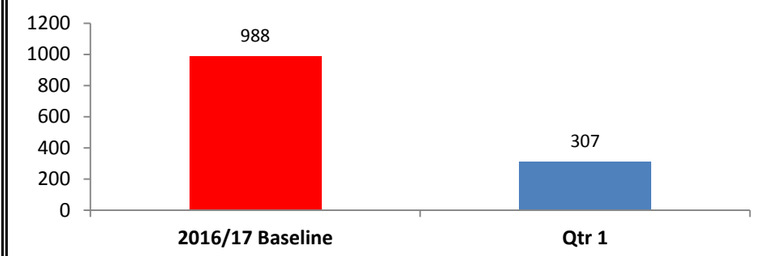


DATA - Apr - June 17 Q1 No of contacts made = 2669, Apr - Jun 16 Q1 No of contacts = 3272 - 603 less contacts as compared to same period last yr. Particularly Apr17 and May 17 have seen a decline. As compared to the same period last year a lot of the outcome activity is similar but apart the following:
- A considerable drop in ongoing low level support Q1 17/18 - 71 compared to Q1 16/17 - 428, - No services provided for any reason Q1 17/18 - 874 as compared to Q1 16/17 - 1031, - 100% NHS funded Q1 17/18 - 58 as compared to Q1 16/17 - 59

REVIEW - Figure are, on the whole fairly static. The fall in low level support noted above is attributable to OT referrals being processed via a different route.

ACTION - Now that this has been identified, the figure have been added back in manually and the OTs will be amending their process on LL going forward.

ABP2e - Number of people entering ASC to receive a long term-support (LTS) package of care – new starters (MW)

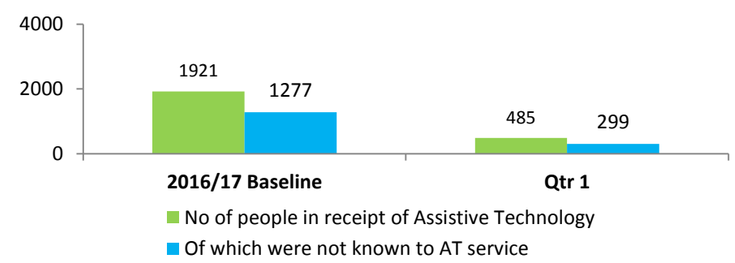


DATA - In Q1 17/18 there are 307 new starters as compared to 252 in the same period last year. Please note the residential/nursing entrants may be over inflated in this report. Further work will be undertaken at the end of the year to reconcile numbers for the SALT return

REVIEW - The number of community packages are similar to the figures from this time last year. The increase is in residential placements and these figures have been highlighted as suspect due to choices staff have made when recording on LL.

ACTION - Guidance notes to be reissued to staff to ensure correct sequals are recorded after completing assessments

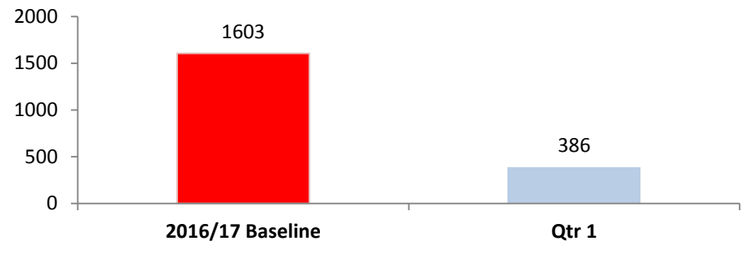
ABP2f - Number of people in receipt of Assistive Technology (JS-B)



DATA - During Q1 there has been a change on how AT referrals are processed (change of front door) and the OR for the AT Service has progressed further. This has had both positive and negative impact on the processing of AT referrals but it is envisaged that changes will lead to continued improvements as new systems become embedded. There is still a greater emphasis of service users acquiring low level and inexpensive AT items for themselves compared to previous years.

ACTION - Completion of the OR for the AT Service and recruiting into vacancies. Raising awareness of AT within ASC. Enhancing the expertise of AT within the AT staff. Support and improved guidance and training for ASC staff requesting AT and for service user seeking to acquire AT directly themselves.

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

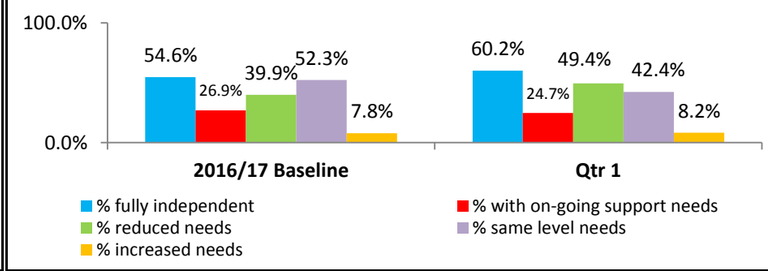


DATA -In Q1 17/18 386 people went on to receive reablement services as compared to 362 for same period last year. This equates to similar activity in both periods

REVIEW - Similar pattern to numbers receiving reablement to same period last year.

ACTION - To ensure that the service runs at maximum capacity.

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

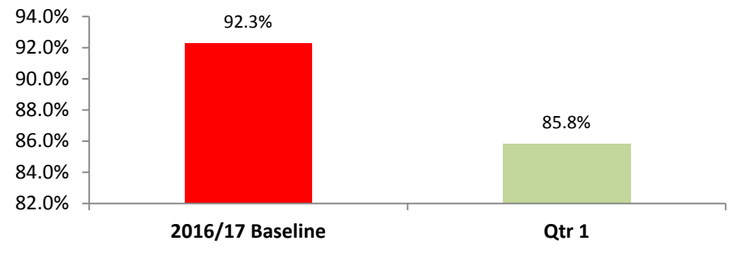


DATA - In Q1 17/18 - 60.2% are fully independent post completing reablement. This is a large increase from the same period last year which equated to 50.3%.
Those requiring ongoing support has seen a considerable drop throughout the months from April 16 being 40.3% to 15.9% in April 17 even though May 17 and Jun 17 has seen a increase to 29.2% and 28% respectively.

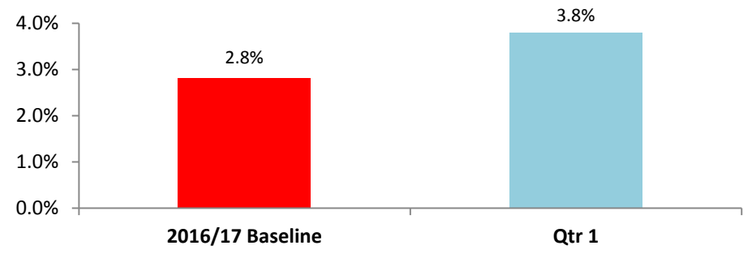
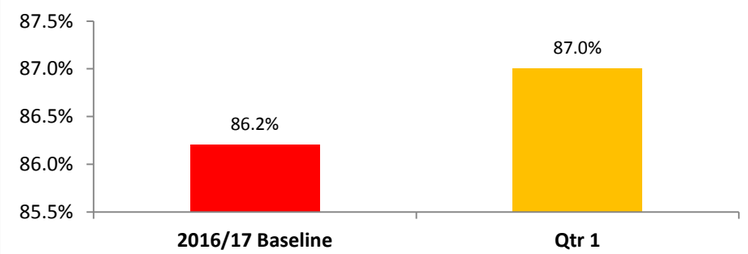
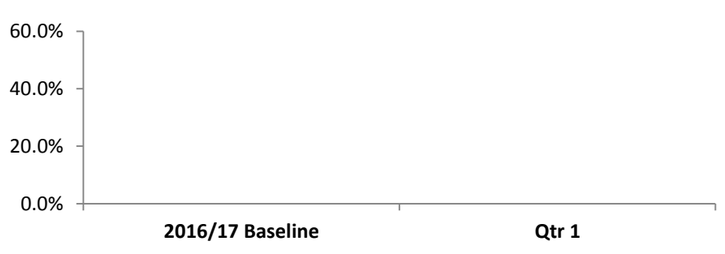
REVIEW - seems to be a relatively high percentage of service users independent after the service, up nearly 10% from previous years. In addition a large drop in on going needs in April but a more realistic resumption to previous years levels in May and June of 1st quarter returns.

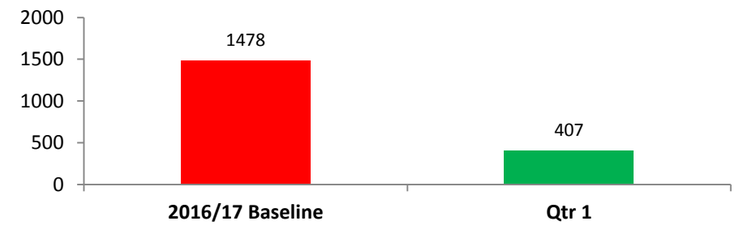
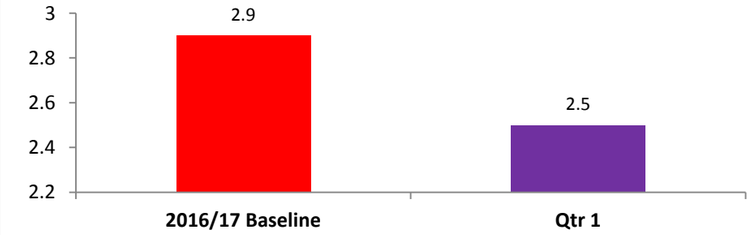
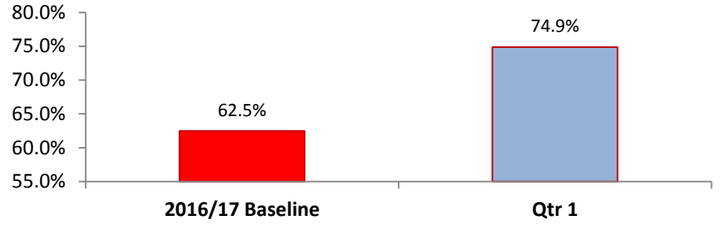
ACTION - No action required at this stage.

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

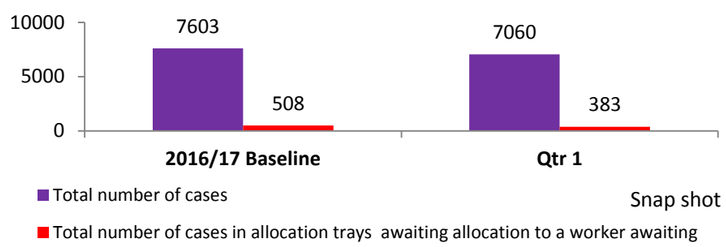


DATA - This measure has seen a considerable drop in performance from 95% (Q1 - 16/17) to 85.8% (Q1 - 17/18)
In Q1 16/17 following 91 days outcomes - 12 people deceased and none went into residential/nursing care.
In Q1 17/18 following 91 days outcomes - 26 people have deceased with 7 going into residential homes
The above explains the difference is percentage reduction
REVIEW - The data shows a marked increase in the number of death for period one within 91 days after service. This could be attributable to the high dependency cases that the service is now expecting with the majority of service users who are over the age of 85 plus with co-morbidities.
ACTION - To look at these and criteria for service to ensure that suitable service users will benefit in long term from services.

ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)	ABP3e - Percentage of new enablement cases allocated with 48 hrs (MM)	ABP3f - The percentage of those service users effectively enabled (QoL factors improved) (MM)
		
DATA -NHS Digital no longer publish the no of live discharges from hospital. This information was previously received from Arden & GEM and is no longer available to calculate and monitor this measure **REVIEW -** The data shows a marked increase in the number of death for period one within 91 days after service. This could be attributable to the high dependency cases that the service is now expecting with the majority of service users who are over the age of 85 plus with co-morbidities. **ACTION -** To look at these and criteria for service to ensure that suitable service users will benefit in long term from services.	**DATA -** The 2016/17 baseline of 86.2% is based on a service that does not respond to crises and urgent cases. **REVIEW -** Quarter 1 has exceeded the baseline by 8%. **ACTION -** Performance to remain at 87% or over requires weekly scrutiny on the enablement referral decision tray.	**Under Development**

ABP3g - Reablement / intermediate care outcomes; result from intervention: Sequel to ST Max as per SALT (JS-B / MM)	ABP4a - Delayed transfers of care (attributable to ASC) per 100,000 pop. (MW)	ABP4b - Percentage of discharges completed without a discharge notice. (MW)
		
DATA - Enablement is a smaller cohort with 34 early cessation and 12 for long term support. 0 went to residential/nursing and 12 in the community. 8 on going support (low level) and 3 short term. 37 - sign posted and 47 support declined. **REVIEW -** Quarter 1 for enablement is positive compared to the baseline showing 2 ongoing low level support. 5 short term, 7 sign posted and 8 no identified needs. **ACTION -** Numbers with no identified needs and support declined to be increased.	**DATA -** No of patients delayed on the last Thursday of each month is no longer available. This measure is under development by NHS Digital. Locally it is calculated by the average no of beds delayed in the month. **REVIEW -** The figure do not currently compare like for like. This year a proxy measure is being used until clarification is provided by NHS Digital. **ACTION -** NHS Digital to provide the exact definition they wish us to use when counting DToCs.	**DATA -** SU's discharged: 398 Section 5 received: 100 74.87% of Service Users discharged without receipt of a Discharge Notice **REVIEW** - There has been an overall fall in the number of discharges facilitated, but an even greater fall in the number of Discharge Notices received, leading to an increase in the number of discharges made without having received a Discharge Notice. This indicates that we continue to improve relationships with ward staff and our increasingly able to parallel plan for discharge. **ACTION** - Continue to monitor figures as the next quarter will give a better indication of the impact the Integrated Discharge Team is having on discharges/Discharge Notices overall.

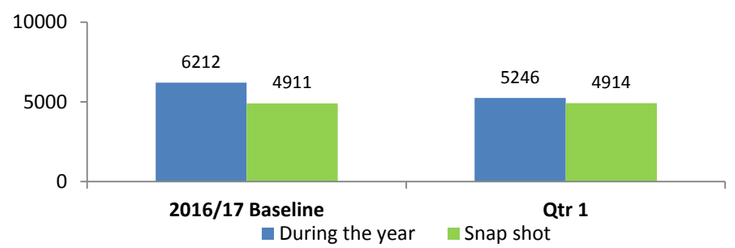
APB5a - Allocations by team: (I) Number of cases allocated to each team (SD)



DATA - The latest snapshots for team allocations are showing reductions in total caseloads in most areas. This will reflect the efforts made to increase deflections from the "front door" and consequently fewer new cases being initiated and also work undertaken to progress long standing cases to closure.

ACTION - Monthly monitoring continues of cases open for more than 100 days and prompt closure (where appropriate) and effective demand management should result in sustaining reduced caseloads and hopefully further reductions.

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

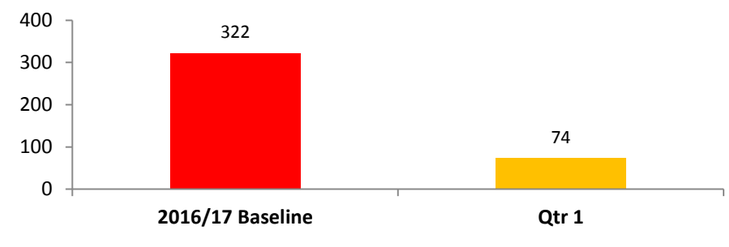


DATA -During the period 1/4/16 to 30/6/16 there were 5246 people in receipt of long term support (LTS). During the period 1/4/17 to 30/6/17 there were 5246 people in receipt of LTS. 149 (2.8%) less people receiving LTS as compared to Q1 16/17. The drop in numbers is those receiving community based support (CBS). In Q1 16/17 was 4075 whereas Q1 17/18 is 3923. Snapshot as at 30th June. As at 30/6/16, 5072 people were receiving LTS. As at 30/6/17, 4914 people were receiving LTS. 132 (2.6%) less people receiving LTS as compared to Q1 16/17. The drop in numbers is those receiving community based support (CBS). In Q1 16/17 was 3846 whereas Q1 17/18 is 3694

REVIEW - Generally the direction of travel is steadily going in the right direction. With a better response at the front door, we have been able to divert people away from ASC and through the enablement and Reablement offer we are able to support more people into independent services.

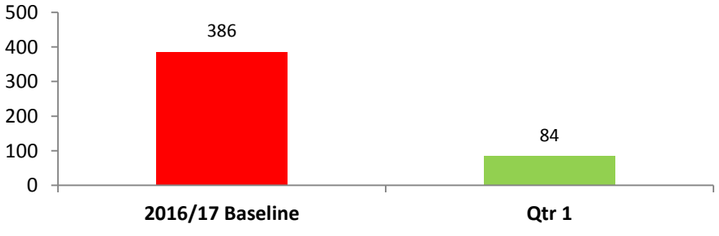
ACTION - Ongoing

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



DATA - Total admissions for Q1 for 16/17 and 17/18 a similar pattern of activity is seen. Q1 16/17 had 80 admissions in comparison to 74 in 17/18. Please be mindful that numbers for 17/18 are likely to increase due to late updates on Liquid Logic eg inputting of NoP's, non planned services etc.

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

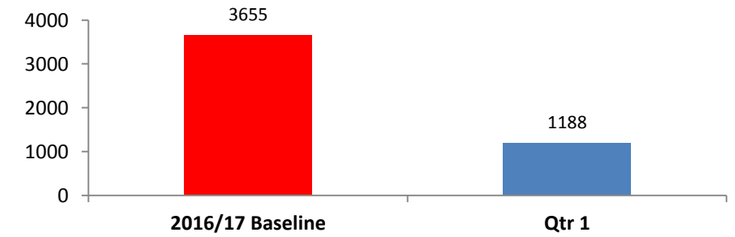


DATA - As compared to Q1 16/17 (96) there are 12 less leavers from LT residential / nursing care in Q1 17/18 (84)
The main ages of decline are:
- 18-64 Q1 16/17 - 17
Q1 17/18 - 10
- 75-84 Q1 16/17 - 24
Q1 17/18 - 16

REVIEW - Reduction in mortality is a good sign however will impact on cost responsibility for LA.

ACTION - Need to monitor trends

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

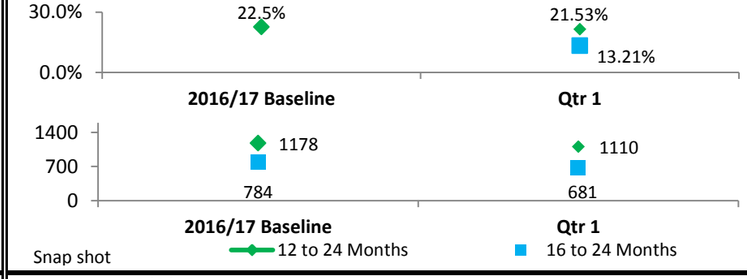


DATA - In Q1 17/18, 1188 people had been reviewed as compared to 948 in the same period last year

REVIEW - Performance is better than it was at this point last year. Prioritising work to move people from residential care may have a negative impact on performance in this indicator as the work will be time-consuming.

ACTION - TLs have access to regular reports detailing reviews required. TLs also monitor the number of assessments/reviews undertaken by individual workers and targets have been set.

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

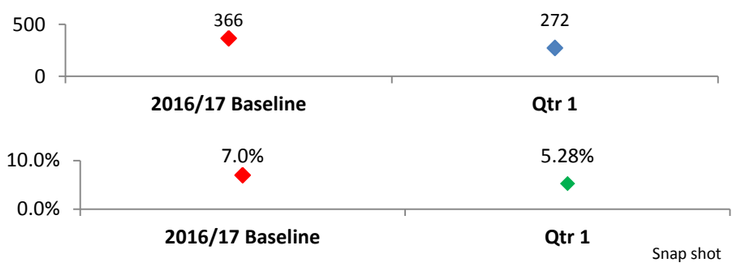


DATA - As at 30/6/17 there are 1110 people who have not been reviewed for 12-24m. Comparing this to the same period last year there were 1288. A movement in a positive direction

REVIEW - The numbers for 12-24 and 16-24 continue to improve, whilst the numbers for 12-15 have declined as teams have concentrated on open cases and the most out of date reviews. There will be a risk to the continued improvements of this PI if we lose workers and have to re-prioritise tasks. Performance is monitored monthly by Programme Board.

ACTION - Allocated cases with out of date reviews are being highlighted to ensure workers complete and record those reviews.

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

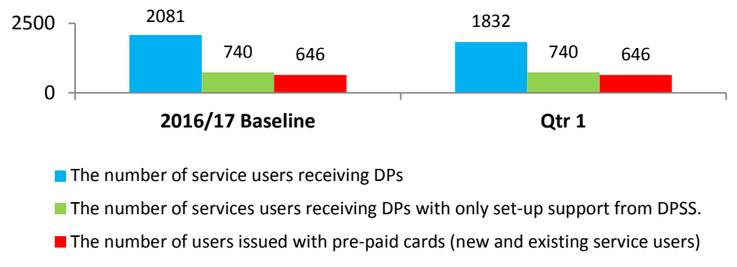


DATA - As at 30/6/17 there are 272 people who have not been reviewed for 24m or more. Comparing this to the same period last year there were 927. A significant improvement in the year

REVIEW - The position continues to improve and teams have been concentrating on completing the most out of date reviews. The target is to reduce this to 1% (allowing for the odd discrepancy) by the end of the financial year. There will be a risk to this if we lose workers and have to re-prioritise tasks

ACTION - Data tidy up as a number of reassessments have been completed but are not being counted. Monthly reports highlight to TLs the most out of date reviews.

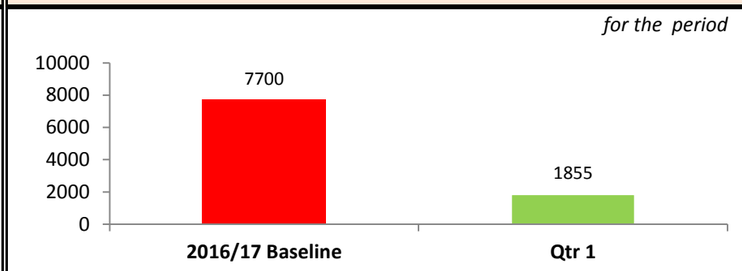
ABP5j - Direct Payments: (SD)



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 - 1832
ii) The number of services users receiving DPs with only set-up support from DPSS - 740
iii) PPC cases - 646

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

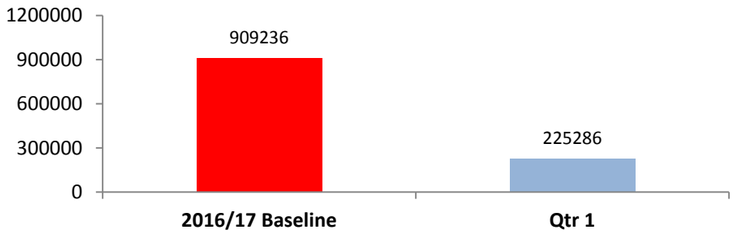
ABP5k - Number of people receiving domiciliary care (TS)



DATA - The consistent decrease across 2016-17 in terms of the number of individuals in receipt of directly commissioned Dom Care, has continued into quarter 1 2017/18. 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. 2016-17 quarterly breakdown:
Q1 16-17 = 1948, Q2 16-17 = 1945, Q3 16-17 = 1915, Q4 16-17 = 1892

ACTION - It is recommended that an additional indicator is added to measure the total number of individuals, and associated hours of Domiciliary Care provided through a Direct Payment. To be discussed at SMT

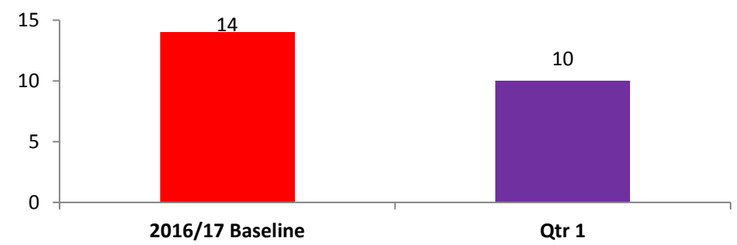
ABP5l - Number of domiciliary care hours delivered (TS)



DATA - The downward trend from Q3 & Q4 in 2016/17 has stopped and Q1 is showing an increase and not following a consistent decrease with CA8.
However, the figure for Q1, is nearly an exact match for Q1 2016/17 - 224,909, which could indicate that for the rest of 2017/18 will follow the same trend as 2016/17.

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.

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

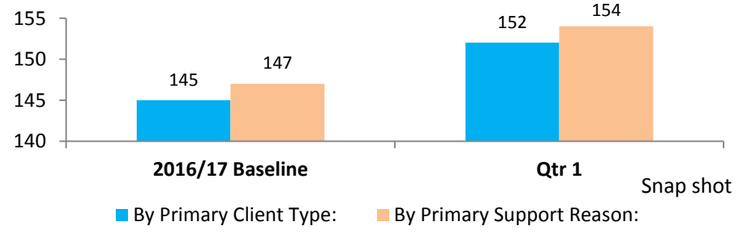


DATA - 10 service users moved from residential care into supporting living during the first quarter of 2017/18. This compares favourably to the 7 moving in the same period last year.

REVIEW - Supported by the IAG group, this work is going in the right direction with 10 people moved in the first quarter, which makes the overall target for the year achievable.

ACTION - Ongoing

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

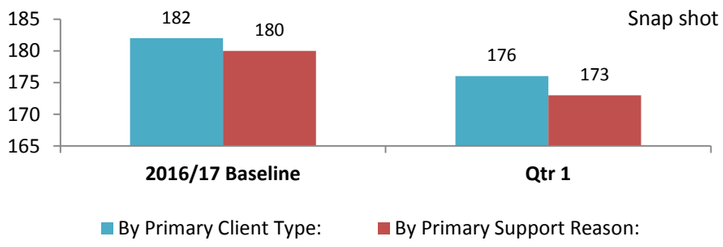


DATA - No of people aged 18-64 with mental health needs have seen a slight increase from 142 as at 30/6/16 to 152 as at 30/6/17

REVIEW - A couple of these recent increases are younger people with dementia. However, this is not a significant increase within the overall cohort and the overall increase is concerning as the priority is to reduce the number of younger people in residential care. A number of people eligible for S117 have moved from being Health funded to being joint funded. This has had a negative impact upon ASC's figures.

ACTION - Work to move people out of residential care is being monitored monthly with targets set and Team Leaders updating the multi disciplinary meeting. Homes which wish to consider converting to SL are being supported to do so. All new res care placements have to be authorised by HoS

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

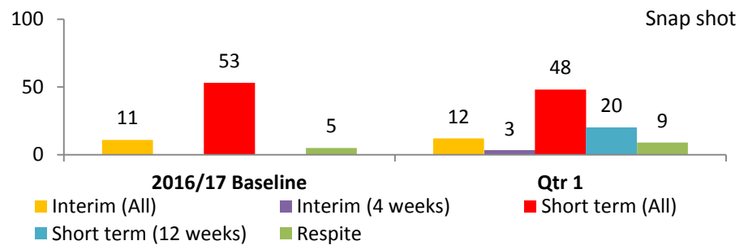


DATA - People with LD aged 18-64 yrs. have seen a peak to 188 in Nov 16 to 176 as at 30/6/17

REVIEW - This measure is complemented by the ABP5m measure (residential care to supported living) and we are steadily moving more people out of residential care. We are also exercising controls on new admissions. Meeting our target of 170 in residential care by the end of 2017/18 is thought to be achievable.

ACTION - Ongoing

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

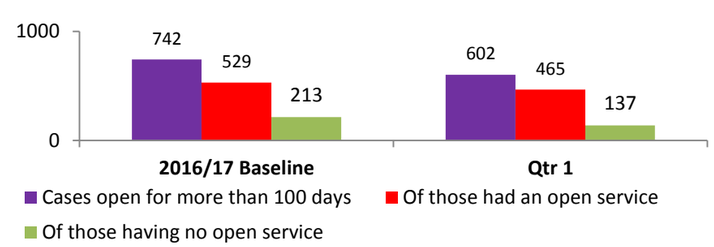


DATA - As at 30/6/16 there were 5 interim placements with 37 short term placements. As at 30/6/17 there were 12 interim placements with 48 short term placements. A increase in both interim and short term placements can be seen in Q1 17/18 as compared to the same period last year

REVIEW - Substance abuse placements are always for 6 months so will always exceed the timescales, other placements exceeded the timescales due the inability to return to their property either due to work not being completed on property or property remains inhabitable. Some placements exceeded as appropriate housing was not made available so remained in the placement.

ACTION - HOS to monitor placements in their area and unsure speedy decisions are reached so that placements do not go over the 4 weeks or 12 weeks for interim or short stay. For future reporting substance misuse time scale monitoring will be excluded from the measure.

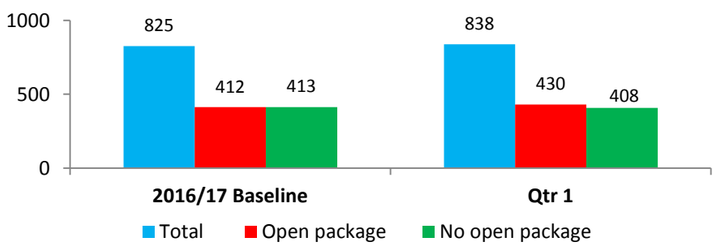
ABP5q - Case management – Cases allocated to worker for more than 100 days (BP)



REVIEW - Trend is going down however acknowledged that there will always be a number of cases hitting this due to complexity and our inability to close the case. These do not always necessarily mean they are not receiving any services as could be CHC, self funding or funded by another authority.

ACTION - HOS to monitor their respective areas and report to performance team.

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

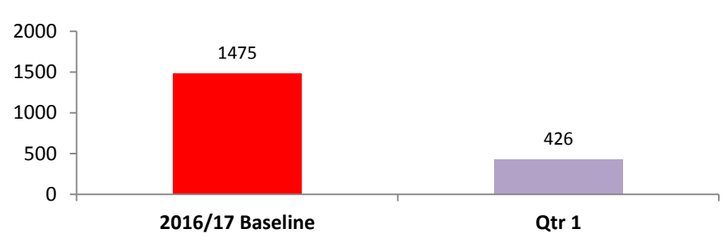


DATA - Numbers continue to rise. Some of this will be due to better recording.

REVIEW - Conversations continue within AMH to support staff to understand our responsibilities (and the limit of these) under S117. Increased life expectancy will increase numbers as more people live longer with dementia.

ACTION - Continue to work to ensure good data recording and improved understanding of the MHA and S117.

ABP6a - Number of Carers receiving needs assessment (SD)

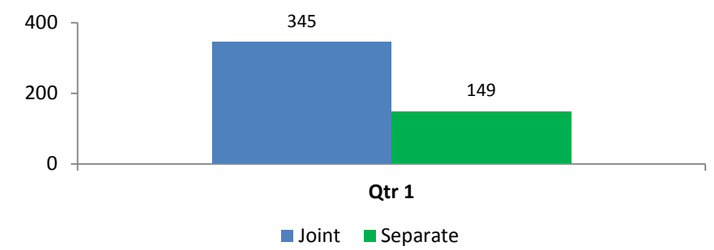


DATA - The no of carers who have had a carers needs assessment in Q1 = 426. Forecasting this to year end equates to 1704

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.

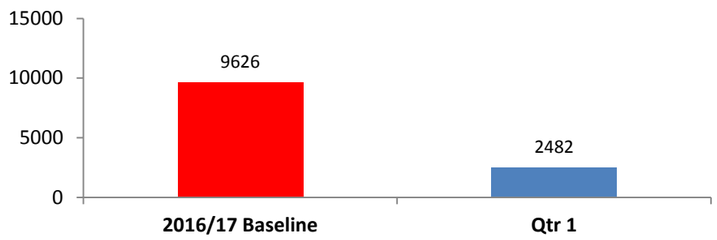
ACTION - Further enquiry and analysis needs to be undertaken in view of the services provided for carers which are not capturing the commissioning activities for carers.

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



DATA - Baseline not comparable due to a change in methodology.
Previously if a carer had more than one assessment/review in the year only one was being counted.
From 17/18 onwards all activity will be counted

ABP6c -Take up of carers services delivered by commissioned voluntary sector activity (KG)

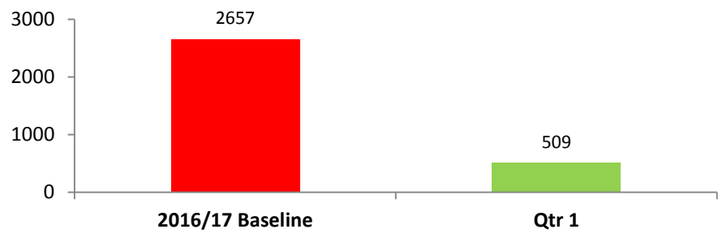


DATA - This is the first time we have been able to report on this measure, the baseline of 9,626 was established at year end. This first quarters data showed an uptake of 2,482, which if performance is maintained would lead to a modest increase on last years uptake.

REVIEW - To monitor this new measure

ACTION - None at this stage

ABP7a - Number of Alerts received (JB)

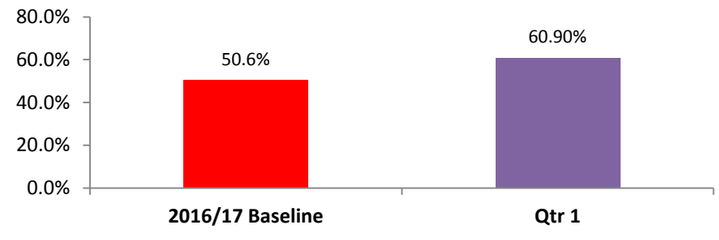


DATA - Q1 figures are broadly in line with 16/17 activity.

REVIEW - The metric provides simple volume data and is largely outside the direct control of ASC, although an increase in awareness raising within the community might lead to an increase in the number of alerts received over 17/18. There is work being undertaken at the front door in terms of adding clarity and consistency for staff regarding alerts and this might also impact on numbers going forward.

ACTION - Monitor numbers over next quarter and drill down into specific increases / decreases in activity

ABP7b - Percentage of threshold decisions made within seven days of receipt of alert (JB)

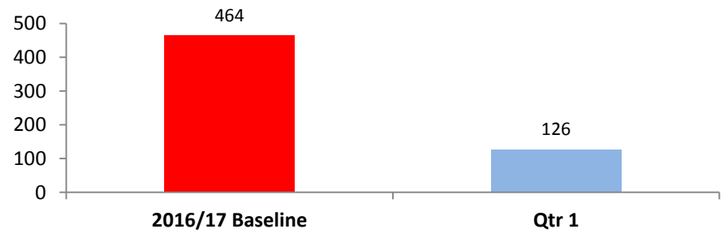


DATA - This is a new measure introduced to focus on the timeliness of threshold decisions being made due to identified concerns.

REVIEW - Improvement noted to 16/17 baseline, but further work needed. 60.90% is the average over Q1 - the percentage for June is 72%. A process change has been introduced at the front door with the aim of making threshold decisions at the earliest opportunity, whilst still adhering to the principles of MSP and ensuring that there is sufficient information available to make a robust decision.

ACTION - Monitor over next quarter to ascertain impact of process change and identify whether further work is required to improve performance.

ABP7c - Number of alerts where threshold is met (JB)

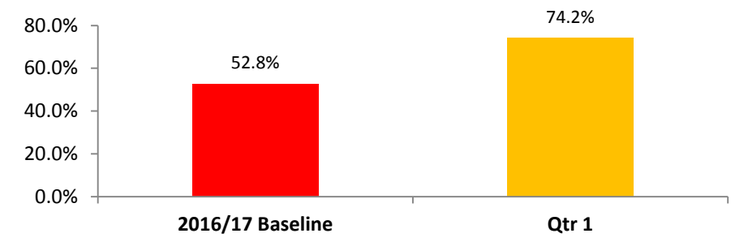


DATA - This is a new simplified measure introduced for 17/18

REVIEW - Revised threshold Guidance has been recently issued and there is awareness raising at the front door in terms of threshold decisions that are likely to impact during 17/18. The oversight and reporting arrangements for S42 enquiries in NHS settings are now more robust and changes have been made to LL that mean that MSP outcomes will not adversely affect this measure.

ACTION - Monitor over next quarter to ascertain impact of recent changes and identify whether further work is required.

ABP7d - % of cases where action to make safe took place within 24 hrs following the decision that the threshold has been met (JB)

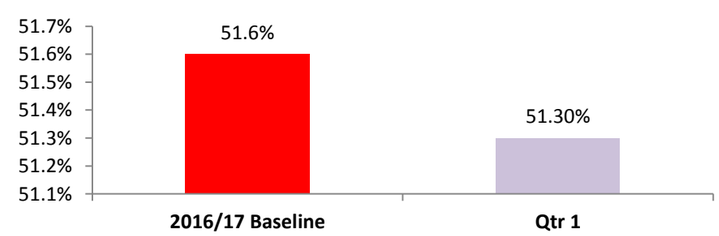


DATA - This is a new simplified measure introduced for 17/18

REVIEW - Although Q1 performance is significantly improved from the 16/17 baseline, performance still falls far short of the 95% target and this requires further investigation to identify the cause and take remedial action. There is anecdotal comment that the performance level is related to lack of timeliness in recording or potential data issues.

ACTION - Monitor over next quarter and investigate potential reasons for performance level

ABP7e - Percentage of enquiries completed within 28 days of the threshold decision (JB)

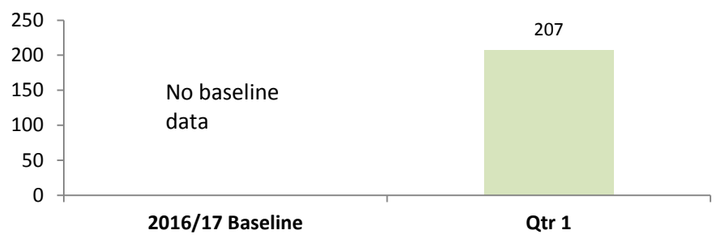


DATA -This is a new simplified measure introduced for 17/18.

REVIEW - The reasons behind the apparent lack of timeliness in concluding S42 enquiries needs to be understood and to assist with this, a process has been established to obtain feedback from HoS on causative factors.

ACTION - Monitor over next quarter and review findings from reports circulated to HoS on enquiries open longer than 28 days to identify any key causes, which might be able to be addressed through a process change.

ABP7f - Number of repeat alerts relating to unallocated cases in a 12 month rolling period (JB)

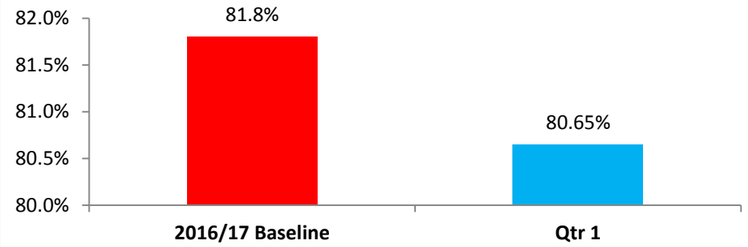


DATA - This is an amended measure introduced for 17/18 and looks at data over a rolling 12 month period. As such, it is important to note that any changes in performance will only become apparent relatively slowly over the time frame.

REVIEW - The 207 repeat alerts relate to 150 people. Of these 111 have had 2 alerts over the 12 month rolling period, with the remaining 39 having 3 or more alerts. Further analysis of this data is required to determine any emergent themes or trends - team, location, alert type.

ACTION - Monitor over next quarter and undertake desk top review of repeats to help inform next steps.

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

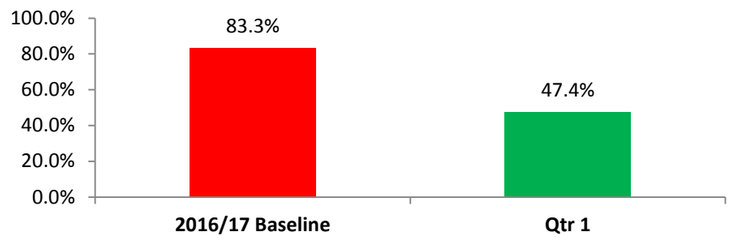


DATA - In Q1 2017-18, we have seen a slight decrease in terms of the total rate of QAF eligible QAF providers to be compliant with the QAF process (80.6% compliance). This trend continues a slight downturn we saw in the previous quarter, but at this time is insignificant.

REVIEW - We are currently reviewing the way we record and monitor contracted service on our QAF tracking database. An updated version of this is currently in development and will be used to add all Substance Misuse and Public Health contracts

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.

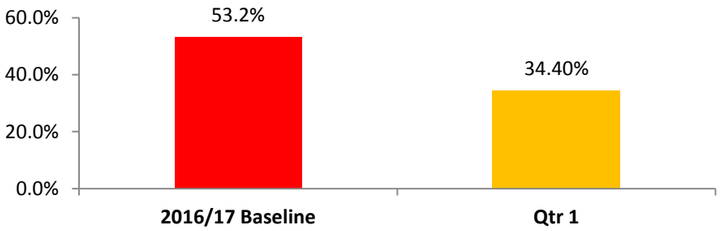
ABP8b - Proportion of contracted providers to be compliant with Quality Assurance Framework within 12 weeks of initial QAF evaluation (TS)



DATA - We have changed the way we report in this are from Q1 2017-18. Rather than expecting compliance within 12 months of the original QAF outcome, we expect a contracted provider to achieve compliance with the QAF within 12 weeks of their initial QAF evaluation (this is due to a revised mechanism of working with providers following a non-compliant QAF outcome). the baseline established (highlighted) is included for reference only, and is non-comparable against 2017-18 data.

ACTION - As part of the Quality Assurance Framework (QAF), any provider that is assessed to be non-compliant will be subject to a remedial action plan. CaAS staff will work closely with the provider for them to improve standards. Following an agreed period for implementing any improvements, the provider will receive a reassessment. Those providers seen in the KPI return to still be non-compliant will have been subject to this process

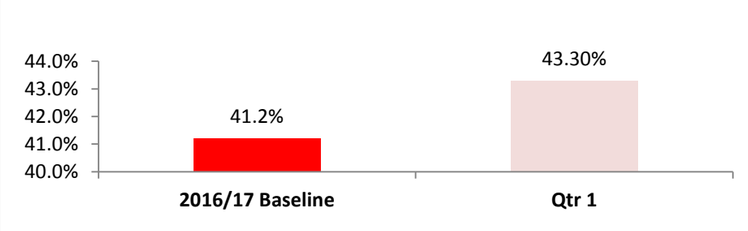
ABP8d - Proportion of all QAF evaluations completed within 13 weeks of the start date (TS)



DATA - Compared to the 2016-17 baseline, Q1 2017-18 performance has clearly decreased. However, this does coincide with the launch of the new CaAS structure following a recent Organisational Review, with many new staff recently being inducted. We would expect performance in this area to improve once staff have greater knowledge of their portfolio and of competing priorities etc. We will nonetheless monitor this situation and address if performance does not improve

ACTION - CaAS will monitor this over the next reporting period, as new staff are fully inducted into the role and are able to take ownership of their portfolios

ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within the target period, based on complexity (TS)



DATA - Overall, we have seen a slight increase in terms of the overall proportion of IMR cases that have been closed within 28 days. This is a good indication of performance early in the year, and slightly exceeds the baseline established in 2016-17. However, please note that we will soon be amending our reporting against this indicator, in order to align reporting with the new categories for IMR

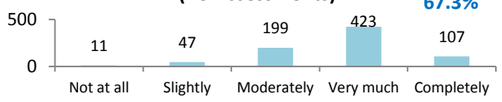
ACTION - CaAS have recently set up a new NOC dashboard to monitor and track NOC closure activity within the team. This will be used operationally by staff and management to monitor performance.

ASC Customer Measures Dashboard 2017/18 Quarter 1

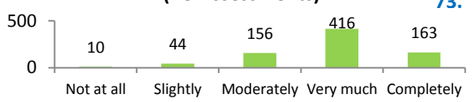
Appendix 5

Quality of Life Outcomes

The % of service users whose quality of life has improved as a result of their care package (Re-Assessments) — 67.3%



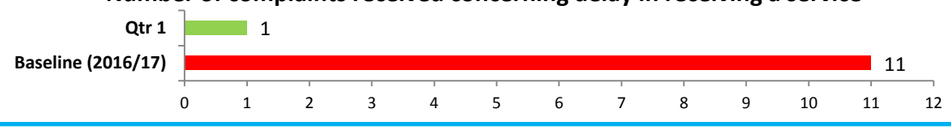
The % of service users who felt their needs had been met in their previous assessment (Re-Assessments) — 73.



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



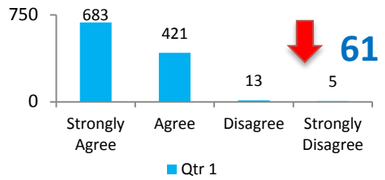
Number of visits to ASC Portal

Number of people who click on IAG links

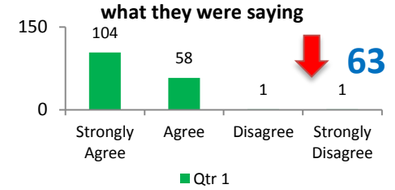
Number of people who submitted a portal eligibility form

Quality of interaction with ASC Services and staff (168 Responses)

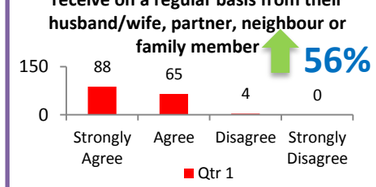
% of service users satisfied/ highly satisfied with quality of interaction with ASC staff — 61



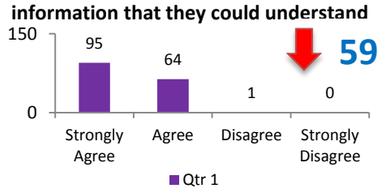
% of service users who felt that their social worker who spoke with them understood what they were saying — 63



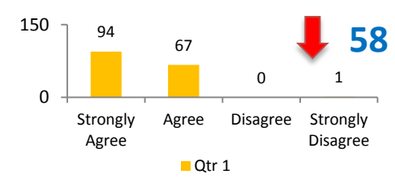
% of service users who felt that their social worker discussed any practical help they receive on a regular basis from their husband/wife, partner, neighbour or family member — 56%



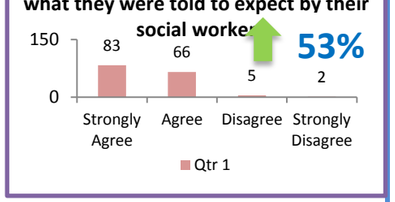
% of service users who felt that their social worker provided them with clear information that they could understand — 59



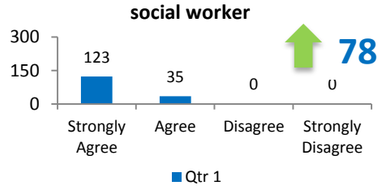
% of service users who felt their social worker explained what would happen next — 58



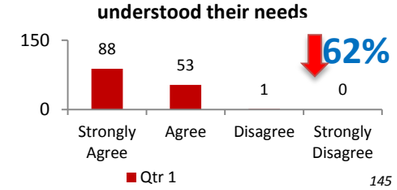
% of service users who felt their experience of the process matched what they were told to expect by their social worker — 53%



% of service users who felt they were treated with respect and dignity by their social worker — 78

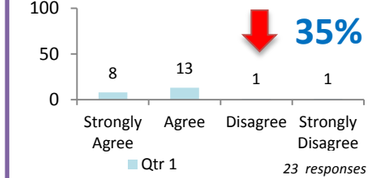


***(A) % of service users who felt that their social worker was knowledgeable and understood their needs** — 62%



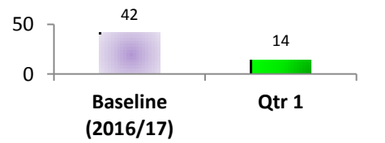
145

***(B) % of service users who would not have changed anything in the process** — 35%

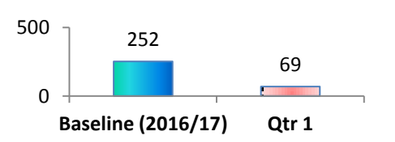


23 responses

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 B

Adult Social Care Scrutiny Commission

Autism Update 2017

Lead director: Steven Forbes

Date: 24th October 2017

Useful information

- Ward(s) affected: All
- Report author: Tom Elkington
- Author contact details: 0116 456268
- Report version number V.3

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an update on the refreshed LLR Autism Strategy Delivery Plan.

2. Summary

2.1 All Local Authorities, in partnership with health organisations are required to publish an Autism Strategy to improve the outcomes of people with autism. Therefore, the three local authorities and three Clinical Commissioning Groups (CCG's) across Leicester, Leicestershire and Rutland (LLR) developed an LLR Autism Strategy (2014 to 2019) which set out what actions are required to improve services.

2.2 The refreshed Autism Strategy Delivery Plan also reflects the outcomes of the National Strategy 'Fulfilling and Rewarding Lives' (2015).

2.3 The three local authorities and the three CCG's and the Leicestershire Partnership Trust (LPT) were also required to submit a joint LLR Autism Self-Assessment framework (SAF) in November 2016. The SAF provides the assurance to the Department of Health, that health and social care organisations are working towards delivering the outcomes of the National Strategy.

2.4 The Leicester City partners' were good (green) in 12 areas, requiring some improvement (amber) in 16 areas and (red) poor in 3 areas. The areas that still require further work have been incorporated into the refreshed LLR Autism Strategy Delivery Plan, which is detailed at Appendix A.

2.5 An LLR Autism Partnership Board, which includes service users, carers/families and professionals are responsible for overseeing the delivery of the LLR Autism Strategy Delivery Plan.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission are asked to note the contents of this report and to provide feedback.

4. Report Background information - The LLR Autism Strategy 2014 to 2019

4.1 The Autism Act 2009 and the LLR Autism Strategy 2014 to 2019 was developed to reflect the requirements of the Act.

4.2 A refresh of the LLR Autism Strategy Delivery Plan was undertaken in 2016 and brings together the key outcomes of the National Strategy and the actions arising from the 2016 SAF as detailed at Appendix A.

5. Progress on Autism Strategy 2014 to 2019 Delivery Plan

5.1 There are 7 domains within this Delivery Plan, which translate into 44 specific actions, 19 were as a direct result of the SAF findings. They cover:

Planning – how services are planned and this includes reasonable adjustments to enable equality of access to mainstream services.
Training – to ensure that appropriate levels of training is available for staff working with people who have an autism spectrum disorder.
Diagnosis – to ensure that the diagnostic pathway is clear and accessible with information and guidance available throughout.
Care and support that will enable meaningful and appropriate post diagnostic support to all adults, and their carers, who receive a diagnosis.
Housing – to ensure the needs of people with autism are recognised by housing services and reasonable adjustments are made where needed.
Employment – people with autism need to be supported to access and maintain employment and educational opportunities.
Criminal Justice System are able to ensure a flow of information and training regarding autism is available across all of the service areas.

5.2 The LLR Autism Board oversees the delivery of the strategy delivery plan and meets bi monthly. A forum for carers of people with Autism links into this board.

5.3 The next SAF is likely to be in spring 2018.

5.4 The following table below demonstrate specific progress on SAF actions from October 2016 to September 2017.

Area	Actions	Red 2016	Red 2017	Amber 2016	Amber 2017	Green 2016	Green 2017
Planning	11			7	6	4	5
Training	2			2	2		
Diagnoses	9	3	3	2	2	4	4
Care and support	4			4	4		
Housing	1					1	1
Employment	2			2	2		
Criminal Justice system	2			2	2		

5.5 One amber area noted in the 2016 SAF moved to green in 2017, which was achieved by the development of an LLR e-Learning training package that will provide consistent basic awareness training.

5.6 All three areas that were red in 2016 (as detailed below) remain the same for 2017, generally these 3 areas fall under the responsibility of health in terms of understanding the needs of the different groups and ensuring that support services are in place once people are diagnosed.

1. Improving data intelligence relating to women and autism
2. Improving data intelligence relating to older people and autism
3. Post diagnostic support

5.7 In terms of the remaining areas requiring some improvement (amber), the actions required to move these to green are detailed in the Delivery Plan as detailed at Appendix A.

6. Financial, legal and other implications

6.1 Financial implications

6.1.1 There are no direct financial implications from this report. It is primarily concerned with updating the Autism Strategy Plan across LLR. There are no cost implications highlighted as a consequence of the report.

Yogesh Patel – Accountant (ASC) (37 4011)

6.2 Legal implications

6.2.1 There are no direct implications from a Commercial/Procurement perspective. It is noted that the recommendations within this report will ensure that the Local Authority continues to be compliant with the duties under the required legislation by reviewing their strategy for Autism.

Mannah Begum - Solicitor (Commercial, Property & Planning) (37 1423)

7. Climate Change and Carbon Reduction implications

7.1 Awaiting information

8. Equalities Implications

8.1 Autism is a lifelong condition and how it is experienced and impacts on an individual can be very varied. It is important that individuals from across all protected characteristics can access the right support at the right time. The refresh of the strategy will include engagement with services users groups, carers groups and providers of services. Increased awareness and understanding underpins equality of access to services and opportunities, proactive interventions and social inclusion.

Surinder Singh - Equalities Officer (37 4148)

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

9.1	Privacy impact assessment – An information sharing agreement has been developed and will be reviewed as part of the refresh of the strategy.

10. Background information and other papers:

LLR Autism Strategy 2014 to 2019
Refreshed Autism Strategy Delivery Plan 2016
SAF report to Health and Well Being Board 2016.

11. Summary of appendices:

11.1 LLR Autism Strategy Delivery Plan

12. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

13. Is this a "key decision"?

No

LLR Autism Strategy 2014 – 2019 Delivery Action Plan

As at 18/09/17 Version 13

RAG Guide
On target - no concerns
On target - possible delays
Behind target
Not yet started

Appendix A

HEADLINE ACTION	Domain	KEY ACTIONS	RESP Officer	TIMESCALE completion and review	PROGRESS REPORT & MEASURES	RAG for Outcome			
Training						**City**	**County**	**Rutland**	**LPT/CCG**
Prevention	Personalisation	The LLR Training Plan is being reviewed and updated and the ELearning Module is being refreshed and expanded	LA/LPT	Ongoing					
Training	Personalisation	Refresh the workforce plan for the Autism specific work being undertaken across all professions which will then increase and cascade knowledge of Autism in the wider community.	All	Ongoing	Training take up has been v good across all areas both public sector, private & voluntary. Courts, Criminal Justice System and Probation Service are now actively engaged in training.				
Training	Personalisation	Ensure that all Council Departments have access to ASD Training	All	Ongoing	Training uptake has been increased across all Departments				N/A
Planning	Personalisation	Work with the provider market to develop a range of support options (informed by user feedback) available to eligible individuals with Autism to choose using their personal budget.	CCG LPT LA	Ongoing	Market position statement. Work has begun on Integrated Personal Health Budgets				
Accommodation	**Domain**	**KEY ACTIONS**	**RESP Officer**	**TIMESCALE completion and review**	**PROGRESS REPORT & MEASURES**	**City**	**County**	**Rutland**	**LPT/CCG**
Planning	Accommodation	Increase the range of accommodation. Support people to live in mainstream housing & provide information about housing and support options to people with Autism and their carers.	LA District Councils	Long term	Measure where young people move to when leaving family home, education settings, MH wards. In discussions with Districts to ensure Autism is included in Local Housing Strategies				N/A
Planning	Accommodation	Support people living at home with their families where this is their choice to enable them to plan for their future housing needs.	LA District Councils	Medium term	Numbers of providers (specialist) on framework. Evidence of PB Evidence from Transforming Care List				N/A
Planning	Accommodation	Ensure more people are owning their own home or living in rented accommodation with tenancies	LA District Councils	Long term	Numbers increasing/Continue to collate				N/A
planning	Accommodation	Ensure housing departments know about the housing needs of people with Autism and include this in their local plans	LA District Councils	Medium term	Market Position Statement and Local Housing Strategies				N/A
Diagnosis	**Domain**	**KEY ACTIONS**	**RESP Officer**	**TIMESCALE completion and review**	**PROGRESS REPORT & MEASURES**	**City**	**County**	**Rutland**	**LPT/CCG**
Diagnosis	All sections	Robust systems in place to identify and flag people with Autism across Health, Local Authorities and other statutory and voluntary agencies (where appropriate) to enable Reasonable adjustments to be made	CCG/ LPT/ LA	Short term	Increased numbers of people with Autism identified through the SAF process				
Diagnosis	Partnership working	Commission a multi-disciplinary post diagnostic support service for those people without an intellectual disability	LPT/CCG Avinash Hiremath/Jim Bosworth	Ongoing	Business case with CCG for the following disciplines - Psychology, SALT, OT				
Training	personalisation	Ensure training is provided for all staff across primary care to recognise, adapt and respond appropriately to need.	CCG/ Cheryl Bosworth/John Singh	Ongoing	GP have access to a range of training				
Criminal Justice System	Partnership working	Work with the criminal justice system, police, prison and probation services, to improve knowledge and access to assessment and support.	LPT Andy Watson / LA / Probation CRC / Police	Ongoing	LPT now provide mental-health input to local prisons (except Stocken- Rutland making alternative arrangements) so are collating data. Probation service (CRC) & Police are now represented on the Autism Board.				
Prevention	Health	Improve people's experience of General Hospital Admission by developing/adapting an Alert card/Passport to take to hospital.	UHL	Ongoing	Monitor via Flagging System & user experience				

Employment	Domain	KEY ACTIONS	RESP Officer	TIMESCALE completion and review	PROGRESS REPORT & MEASURES				
Employment	Personalisation	Ensure all actions under personalisation include people accessing employment, education and social activities.	LA	Medium term	Monitor via SAF returns, review outcomes & user experience.-				N/A
Training	Reasonable adjustments	Raise awareness /provide guidance on making reasonable adjustments under Equality Act guidance specifically to people with Autism.	LA Health	Ongoing	Autism Alert card, all commissioning staff do tier 1 training. LPT - no adjustments for Mental Health				
Employment	Reasonable adjustments	Raising awareness with employers & ensure workers have a good understanding of the needs of people with Autism.	LA/ LPT/ CCG	Ongoing	6 monthly report on activity				
Training	Employment	Raise awareness with Voluntary groups to encourage those with Autism to volunteer.	Vol sector	Ongoing	User /carer feedback				
Training	Preparing for Adulthood	Engage with local Colleges of Further Education and Universities on the needs of people with Autism.	LA/ LPT/ CCG	Ongoing	Feedback from users/carers and education establishments				
Planning	Personalisation	Need to address the issues for those who wish to access education but may not be able to improve their level of education.	LA/ Colleges/ Connexions/ Prospects/	Ongoing	User /carer feedback				
Planning	**Domain**	**KEY ACTIONS**	**RESP Officer**	**TIMESCALE completion and review**	**PROGRESS REPORT & MEASURES**	**City**	**County**	**Rutland**	**LPT/CCG**
Planning	Preparing for Adulthood	Ensure the Local Offer is reflective of the needs of young people with Autism	LA / CCG / LPT	Ongoing					
Planning	Preparing for Adulthood	Ensure the changes with the Education, Health and Social Care Plan are inclusive of Autism needs	LA / CCG / LPT	Ongoing	Increased involvement in EHC's				
Planning	Preparing for Adulthood	Refresh the Autism Transition pathway for young people and ensure links with EHC Process	LA / CCG / LPT	Short term	Completed Refresh Autism Transition Pathway				
Planning	Health	Ensure the review of Child Mental Health services links with the Autism Pathway	CCG / LPT	Short term	Starts March 2016	N/A	N/A	N/A	
Prevention	Reasonable adjustments	Ensure that information is available in a range of accessible options	All	Ongoing	LPT hosts the current information platform. Other work in progress				
Planning	Carers	Continue to meet with and listen to carers on a bi-monthly basis	LLR Board	Ongoing	Carer feed back				
Diagnosis	Carers	Involve carers in the development of the Autism strategy & Autism Pathway	LLR Board	Ongoing	Carer feed back				
Prevention	Reasonable adjustments	Ensure the needs of older people with Autism are identified. The Autism Strategy is not just about young adults with autism. It is critical that local services and communities think autism in relation to older people. A key challenge for older adults with autism is they will have had significant support from their families, but as families age, this becomes less possible.	LA / CCG / LPT	Ongoing	Map and track Further information gathering required				
Prevention	Reasonable adjustments	Adult commissioning teams in both health and social care will ensure people with Autism over the age of 65, and those with dementia are supported to access, through existing pathways (e.g. Dementia pathway), a range of services that best meet their assessed needs.	LA / CCG / LPT	Ongoing	Map and Track Further information gathering required				
Planning	Carers	Encourage the market development of a range of short break services to include:	LA/LPT/CCG	Ongoing	Short break review underway				
		Over-night stays away from home			User /carer feedback				
		Activities at home			User /carer feedback				
		Activities in the community individually or in a group			City reprocurement of flexible short breaks completed				
		Ensure health needs are met appropriately wherever an individual wants to have their short break							
Planning	Reasonable adjustments	Develop, maintain, share and publish information on the needs of people with Autism across Leicestershire, including women, older people and people from BME communities	LA/ LPT/ CCG Public Health	Ongoing	Use Web sites User/Carer Feedback				
Diagnosis	Health	Build on the Autism pathway to ensure there is suffcient data available about people who are known or referred to social care	LA/LPT/CCG	Ongoing	Working with Children's and Adult data and improve flagging of adults with Autism and LD				
Training	Criminal Justice system	Raise awareness of the needs of people with Autism with the Criminal Justice system	LA LPT/CCG/ Police/ Probation/ Prisons	Ongoing	Map and track Increased Interaction and Liaison between all agencies				
Diagnosis	Criminal Justice system	Increase understanding and use of the Autism Diagnostic pathway by the Criminal Justice system	LA/ CCG / LPT Probation Police Prisons	Ongoing	Links made with Liaison and diversion services, nursing services available in prisons, Increased Interaction and Liaison between all agencies				
Diagnosis	Health	Provide access to therapeutic services - OT, psychology, SLT, following a diagnosis for those non Learning disabled.	LA/CCG	Medium term	Business case with CCG for decision	N/A	N/A	N/A	

Planning	Personalisation	Ensure there is appropriate and effective reporting, investigation and feedback of Safeguarding incidences	LA/ LPT/ CCG	Ongoing	Monitor Outcomes				
Planning	Health	Ensure Transforming Care plans incorporate the needs of people with Autism who are inpatients in MH hospitals or alternative hospital settings	LA / CCG / LPT Specialised Commissioning	Ongoing	Monitor progress and appropriate support via Care & Treatment Reviews				
Care and Support	**Domain**	**KEY ACTIONS**	**RESP Officer**	**TIMESCALE completion and review**	**PROGRESS REPORT & MEASURES**	City	**County**	**Rutland**	**LPT/CCG**
Carers Assessments	Carers	Ensure where appropriate carers of people assessed as having autism are offered a carers assessment	LA	Ongoing	Data and Carer feed back				N/A
User Social Care Assessments	Reasonable adjustments	Ensure Social Care Assessments make reasonable adjustments and address people's autism needs	L/A	Ongoing	Data and User feed back				N/A

Appendix C

Adult Social Care Scrutiny Commission

Survey of Adult Carers in England 2016/17

Date: 24th October 2017

Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Adam Archer / Bev White
- Author contact details: 454 4133 / 454 2374
- Report version: 1

1. Summary

1.1 This report will consider the results of the Survey of Adult Carers in England (SACE) and the City Council's performance against the ASCOF indicators derived from the survey.

1.2 The report also gives a progress update the delivery of the commitments made in *Building a strong future for our city*; Labour's 2015 Manifesto for Leicester and on the work being done across Leicester, Leicestershire and Rutland to update the Carers strategy.

2. Recommendations

2.1 That the ASC Scrutiny Commission note the findings from the SACE

2.2 That the Commission comment on the contents of the report in relation to the future direction of work regarding the carers agenda

3. Main Report

3.1 Survey of Adult Carers in England (SACE)

3.1.1 The SACE is a biennial survey which was last conducted in 2016-17. It is conducted by Councils with Adult Social Care Responsibilities and covers carers aged 18 or over. Carers must be caring for a person aged 18 or over who, during the previous 12 months, have: been assessed or reviewed by social services; received respite support; and/or received another form of carer support

3.1.2 The main areas the SACE collects data on are: the carer: experience of support and information received; the impact of caring on quality of life; and the person receiving care. The SACE seeks carers' opinions on a number of topics that are considered to be indicative of a balanced life alongside their caring role.

3.1.3 SACE data is used by the Department of Health to inform policy provide briefings for Ministers and Senior Officials and answering parliamentary questions and Prime Minister's Questions.

3.1.4 Councils use SACE data for purposes such as benchmarking against other councils, policy development and measuring/ monitoring local performance.

3.1.5 The SACE is also used to support the Towards Excellence in Adult Social Care (TEASC) programme and provides date for measures in the Adult Social Care Outcomes Framework.

3.2 Adult Social Care Outcomes Framework (ASCOF)

3.2.1 The SACE data is used to populate five measures in the ASCOF:

- 1D: Carer reported quality of life
- 1I part 2: Proportion of carers who reported that they had as much social contact as they would like
- 3B: Overall satisfaction of carers with social services
- 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for
- 3D2: The proportion of carers who find it easy to find information about services

3.2.2 The 2016/17 survey results for Leicester, based on 285 responses from a sample of 800 carers (35.6% response rate) have identified that the City Council has improved significantly in terms of its England ranking across all five ASCOF indicators. Of particular note, the overall satisfaction of carers with social care services (3B) has increased significantly although it is difficult to say what is responsible for this improvement.

3.2.3 However, results for three of the indicators are below our locally set targets, these are 1D, 1I and 3D.

3.2.4 Full ASCOF results including historic performance in Leicester, performance against targets for 2016/17 and benchmarking data is set out in 'appendix 1' of this report.

3.3 ASCOF 1D: 'Carer reported quality of life'.

3.3.1 The overall 'carer reported quality of life' score for Leicester is 7.2. This is the same as at the time of the previous survey, 2 years ago, and is lower than the England average of 7.7. The score is calculated by aggregating the scores of five questions in the survey:

- *Which of the following statements best describes how you spend your time?*
  21.1% of respondents in Leicester agreed that "I'm able to spend my time as I want, doing things I value or enjoy". This is higher than the average for England (19.5%) and our comparator authorities (18.4%).

- *Which of the following statements best describes how much control you have over your daily life?*
  25.7% of respondents in Leicester agreed that "I have as much control over my daily life as I want". This is less than the average for England (25%) and our comparator authorities (24.2%)

- *Thinking about how much time you have to look after yourself - in terms of getting enough sleep or eating well - which statement best describes your current situation?*
  44% of respondents in Leicester agreed that they look after themselves. This is significantly less than the average for England (54.9%) and our comparator authorities (52.3%). On this measure we rank 142/151 nationally.

- *Thinking about your personal safety, which of the statements best describes your present situation?*
  69.1% of respondents in Leicester agree that "I have no worries about my personal safety". This is the lowest score in England and much lower than the average for England (84.1%) and our comparator authorities (82.5%).

- *Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?*
  31% of respondents in Leicester agree that "I have as much social contact as I want with people I like". Again, this is lower than the average for England (35.5%) and our comparator authorities (35%).

3.4 Other questions from the Carers Survey

3.4.1 The responses to other questions in the SACE that do not feed into ASCOF scores are set out below:

- *Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?*
  33.2% of respondents in Leicester say they feel they have encouragement and support. This is less than the England average (36.1%) and our comparator authorities (35.7%).

- *In the last 12 months, how helpful has the information and advice you have received been?*
  21.7% of respondents in Leicester agree that the information or advice they received was "very helpful". This is similar to the average for England (20.9%) and our comparator authorities (21.1%).

- *Thinking about the other people you have caring responsibilities for, which of the following best describes your current situation?*
  27.7% of survey respondents in Leicester agree that they "always have time" to care for others they have responsibility for. This is in line with the average for England (27.3%) and our comparator authorities (30.3%).

- Question 14 looks at the effect that carers say undertaking their caring role is having on their health. Survey respondents are asked to say whether their health has been affected in various ways. The 3 effects reported by the highest proportions of respondents in Leicester (by a wide margin compared to other effects) are tiredness (71.4%), sleep disturbance (60.1%) and "general stress" (57.9%).

- Question 15 asks about the extent to which a caring role is causing financial difficulties for carers. In Leicester, 53.3% of carers reported some level of financial difficulties. 40.8% saying that they were in difficulty "to some extent" and 12.5% saying their caring role had caused "a lot" of financial difficulty. This is in the top ten highest scores in England.

- *Thinking about combining paid work and caring, which of the following statements best describes your current situation?*
  18.9% of carers in Leicester report that they are "not in paid work due to their caring responsibilities". This is less than the average for England (21%) and our comparator authorities (24.5%).

- *About how long do you spend each week looking after or helping the person you care for?*
  33.5% of carers in Leicester report spending 100 hours or more a week caring. This is less than the average for England (35.7%) and our comparator authorities (38.8%).

3.5 Responding to the SACE

3.5.1 An internal task and finish group plans to meet for the first time on September 20th to consider the results from the SACE, and plan measures to improve performance against the three ASCOF indicators mentioned at 3.3. The work will inform the development of a position statement showing the Council's compliance with its duties for carers under the Care Act 2014 as well as starting to put in place a consistent carers' pathway. The group will consider the current offer to carers not only that which is commissioned by the City Council but also by the wider Health & Social Care sector and universal services .

3.5.2 The group will unpick the assessment process for adult carers using RIPfa as a resource, as well as considering the process in relation to Young Carers as they transition from children's services to adult services, the needs of young adult carers and other harder to reach groups.

3.5.3 The group will also contribute to the commissioning review of Carers Services and the development of the LLR Carers Strategy and City Delivery Plan.

3.6 Progress against delivery of the Manifesto Commitments

3.6.1 Recognition: Leicester City Council recognises the contribution of carers by facilitating a Carers Reference Group and by signing up to the Carers Charter. This group meets quarterly and contributes through engagement and consultation to the strategic direction of matters relating to carers across the City. The group is made up of providers that support and deliver services to carers as well as carers that live within the City. The group also contributes to the development of the LLR carers Strategy and will also be involved in creating the City Delivery Plan once the Strategy has been launched. The City Council also offers an internal support group to its employees along with a Carers Passport. This is an informal agreement between an employee and their manager, which recognises support or alternative working arrangements needed in order to meet both work and caring responsibilities.

3.6.2 Care & Support: Between April 2016 and the end of March 2017, Leicester City Council undertook 1475 carers assessments. During 15/16, 2150 carer's assessments were undertaken. The reason for this decline is unclear although it is known that the number of joint assessments with the cared for person has increased, and the number of individual assessments has decreased. Carers Services were part of the recent Voluntary Sector Preventative Service review. The City Council currently commissions 5 separate carers services across the City. These services will continue to operate until the end of March 2019. Officers are currently looking at viable options for carers' service delivery with one option being to outsource carer's assessments to the voluntary sector to undertake. Another option being considered is for the new model to include an element where carers are supported to complete their own carers' assessment, register with their GP as a carer and claim their carers allowance as part of one session. Delivery of service for carers with specific needs is also a priority consideration. These ideas will need further exploration as part of the commissioning review.

3.6.3 Carers' Census: This has not been progressed.

3.6.4 The Voice of Carers: The City Council listens to the voice of carers in a number of different ways when services have to change through engagement and consultation. As well as the Carers Reference Group, the Council commissions The Carers Centre (CLASP) to provide a Carers Partnership element within the service, the key purpose of which is to enable carers from the many diverse backgrounds and communities within Leicester to contribute to local planning and development processes. The City Council is also represented at the Carers Delivery Group hosted by Leicestershire County Council to ensure that the voices of City Carers are heard across the STP work streams. The recent VCS review was delayed as a result of feedback from VCS groups including carer's services.

3.6.5 Advocacy Support for Carers: Advocacy Services for carers continue to operate. These are part of the wider VCS review with planned procurement of new services to start on 1st April 2019.

3.7 Development of the LLR Joint Carers Strategy

3.7.1 The City Council is contributing to the development of a joint LLR Carers Strategy. The final draft is due to be presented at the next meeting of the Carers Delivery Group on the 19th September with consultation hopefully taking place throughout November – January with the aim for final sign off being the end of March 2018. The key themes within this are early identification and recognition, carers feeling valued and involved, carers being kept informed, carer friendly communities, carers and their right to have a life alongside caring, the impact of technological products and the living space and access to support at the right time.

3.7.2 A refreshed City Delivery Plan will be developed once the LLR Strategy is in its final stages. This will be brought back to leadership and lead member briefing when prepared.

3.7.3 Officers from Strategic Commissioning represent the City Council at a Regional Carers Network where examples of best practice are shared.

4. Financial, legal and other implications

4.1 Financial implications

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no 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, Environment Team (x372251)

4.4 Equalities Implications

All protected characteristics are relevant to the development work leading on from the Survey of Adult Carers in England (SACE) and the council's performance against the ASCOF indicators.

The equality act 2010 expects us to show due regard to eliminating discrimination, advancing equality of opportunity and fostering good relations. Our public sector duty expects us to demonstrate how we do this and included within this is how we undertake decisions, what information we are informed by and what impacts we have taken into consideration to address needs now and in the future.

The council through its commitment in the 'Building a strong future for our city' Labour's Manifesto for Leicester 2015, and signing up the carer's charter demonstrate how they are seeking to meet their duties. The work undertaken to date and that to be undertaken by the newly formed task and finish group provide the basis for these commitments to be delivered upon. Fostering good relations by working cohesively with partners, carers, carers groups and key service areas in the council will help with understanding the needs of carers and how to effectively address these needs now and in the future. However, to ensure the council is advancing equality of opportunity and that all carers are enabled to have a voice, representation and engagement needs to be representative of the communities of Leicester and all protected characteristics.

Sonya King, Equalities Officer
Ext 37 4132

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: 2016/17 ASCOF scores from the SACE

Appendix 1

Adult Social Care Outcome Framework: Measures derived from the Survey of Adult Carers in England

Indicator	2012/13	2014/15	2016/17	2016/17 Target	DoT (from 14/15) & RAG rating	2016/17 Benchmarking				
						East Midlands	Unitary Authorities	England Average	England Ranking	England Rank DoT
1D: Carer reported quality of life.	7.1	7.2	**7.2**	**7.7**	⇔	**7.9**	**7.5**	**7.7**	**130/151**	↑
1I: The proportion of carers who reported that they had as much social contact as they would like.	N/A	31.9%	**31%**	**35.5%**	⇩	**38.8%**	**32%**	**35.5%**	**105/151**	↑
3B: The overall satisfaction of carers with social services.	37.9%	37.7%	**43.5%**	**39.2%**	⇧	**41%**	**38.2%**	**39%**	**24/151**	↑
3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for.	63.5%	68.5%	**70.7%**	**70.5%**	⇧	**73.5%**	**68.2%**	**70.6%**	**70/151**	↑
3D: The proportion carers who find it easy to find information about services.	52.5%	55.5%	**57.3%**	**61.0%**	⇧	**67.9%**	**62.2%**	**64.2%**	**134/151**	↑

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) Danbury Gardens – Consultation findings and proposals 3) Domiciliary Care – Update following procurement 4) Peer review: Verbal update 5) Update of May 2016 report on strategic priorities 6) End of Life Review		
5th Sep 2017	1) Update on the Enablement Strategy 2) Performance Report – Quarter 4 3) 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 4) Peer reviews: • Sector-led • Better outcomes • Safeguarding adults board 5) Procurement plan for 2017/2018 6) Review of residential and nursing home fees		
24th Oct 2017	1) Performance Report – Quarter 1 2) Autism Strategy – Refresh of the strategy 3) Carers' Survey Results 4) Procurement Plan		

DRAFT

Meeting Date	Topic	Actions Arising	Progress
12th Dec 2017	1) Extra Care Housing Allowance 2) Transforming Care (relating to development of STP) 3) Development of integrated teams relating to • Hospital discharge • Locality; and • Points of access 4) Leicester Safeguarding Adults Board Annual Report		
23rd Jan 2018 Final papers Agenda meeting	1) Performance Report – Quarter 2 2) Integrated discharge team (relating to development of STP)		
20th March 2018 Final papers Agenda meeting			

DRAFT

Forward Plan Items

Topic	Detail	Proposed Date
Leicester, Leicestershire and Rutland Dementia Strategy	Draft strategy for comment by scrutiny	TBC
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.	
End of Life Care Review	Ongoing	
The future funding of sustainable social care	Subject to government announcement	

DRAFT