Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: **TUESDAY, 12 DECEMBER 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.

For Monitoring Officer

Officer contacts:

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Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

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

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PUBLIC SESSION

AGENDA

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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 24 October 2017 have been circulated and the Commission is asked to confirm them as a correct record.

4. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING

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. LEICESTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17 **Appendix A**

The Independent Chair, Leicester Safeguarding Adults Board (LSAB) submits the LSAB's Annual Report 2016/17 and Strategic Plan 2017 – 2020. Members are asked to note and comment on the report as they see fit.

8. ADULT SOCIAL CARE STATUTORY / CORPORATE COMPLAINTS AND COMMENDATIONS ANNUAL REPORT 2016/17. **Appendix B**

The Director for Adult Social Care and Safeguarding submits a report which details information about statutory, corporate complaints and commendations received by Adult Social Care during the previous year. The Commission is asked to note the contents of the report.

9. ASC INTEGRATED PERFORMANCE REPORT 2017/18 QUARTER 2 **Appendix C**

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

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

10. TRANSFORMING CARE PROGRAMME **Appendix D**

The Strategic Director submits a report that provides the Adult Social Care Scrutiny Commission with an overview of the Transforming Care Programme. The Commission is recommended to note the report and provide feedback and comment.

11. PRESENTATION ON THE DEVELOPMENT OF INTEGRATED TEAMS

The Commission will receive a power point presentation on the development of integrated teams relating to hospital discharge, locality and points of access. The Commission is asked to note the presentation and comment as appropriate.

12. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME **Appendix E**

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.

13. ANY OTHER URGENT BUSINESS

Appendix A

Leicester Safeguarding Adults Board

WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

Annual Report 2016 - 2017

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1. Foreword by Independent Chair

Jane Geraghty

Having started my term as Leicester Safeguarding Adults Board (LSAB) independent chair in January 2016, I proudly present our annual report for the second time. This report details the activity and achievements of the LSAB during my first full year as independent chair.

I have been very impressed with the achievements and the ongoing commitment of all board members and representatives. In particular, I would like to acknowledge and give thanks to the members and chairs of our subgroups for providing their time, commitment and expertise. The subgroups drive forward the work of LSAB and are critical to its success.

The structure of Leicester Safeguarding Adults Board and its subgroups has been streamlined this year; with board members chairing subgroups and the disbanding of the 'delivery group'. This has enabled decisions to be made by the subgroups without having to go through the delivery group for ratification. The subgroups now have greater autonomy in how they deliver on business plan priorities remitted to them by LSAB.

As independent chair I have continuously developed relationships with board members and am committed to meeting with a host of key stakeholders both at strategic and service delivery level. Board development days gave us all an opportunity to discuss and decide upon a robust local strategy and to drive forward developments and initiatives that will ultimately provide protection from harm and abuse to the most vulnerable adults in Leicester.

A particular personal and professional interest of mine is the empowerment of the voice of adults at risk to be heard. Throughout 2016/2017 LSAB developed its Service User Reference Group. As LSAB's independent chair I have attended this group regularly, contributing leadership and direction to enable the group to come to fruition. Moving into 2017/2018 LSAB is motivated to strengthen further the voice of adults who use services to meet their health and social care needs. With this in mind, the Service User Reference Group will become a formal subgroup of LSAB. I am extremely pleased that board members Leicestershire Centre for Integrated Living and Healthwatch will be leading this subgroup on behalf of the board.

2016/2017 also drove forward two task and finish groups: one looking at organisational abuse and the other reviewing the embedding of Making Safeguarding Personal across partners. I am pleased to report that both of these groups have completed their remit, including the embedding of actions, and will now be monitored as business as usual. Further details of the work of these task and finish groups can be found in the main body of this annual report.

LSAB remains committed to working closely with partners across Leicestershire and Rutland and of course our partners in Leicester Safeguarding Children Board. Joined up arrangements have strengthened during 2016/2017, with continued commitment to the work of the Leicester, Leicestershire and Rutland (LLR) joint executive group, joint audit work, and joint multi-agency policies and procedures group. LLR joint multiagency policies and procedures group is aimed at achieving a consistent approach across local boundaries and has led to:

- A consistent safeguarding adults thresholds document which has been updated to reflect the Care Act 2014 principles

- The writing of LLR Vulnerable Adults Risk Management (VARM) guidance

I am impressed by the commitment of each and every partner agency and would particularly like to thank Leicester City Clinical Commissioning Group, Leicestershire Police, and Leicester City Council for providing significant funding, enabling LSAB to drive its priorities forward.

Finally, I would like to pledge my own commitment to learning and improvement and would like to thank local professionals and people for their vigilance.

Jane Geraghty
Independent Chair –
Leicester Safeguarding Adults Board

Leicester Safeguarding Adults Board
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2. Introduction

The Care Act 2014 introduced new safeguarding duties for local authorities, including establishing a Safeguarding Adults Board (SAB) for its area. The objective of each SAB is to help and protect adults in its area with needs for care and support who are experiencing (or at risk of experiencing) abuse or neglect and as a result of those needs are unable to protect themselves. It seeks to achieve this by coordinating and ensuring the effectiveness of each of its members.

Leicester Safeguarding Adults Board's (LSAB's) three statutory partners are Leicester City Council, Leicestershire Police and Leicester City Clinical Commissioning Group. Under the Care Act 2014 each SAB has three core duties:

- Publish a strategic plan for each financial year
- Publish an annual report
- Commission safeguarding adults reviews for any cases which meet the criteria

After the end of each financial year, SABs must publish an annual report clearly stating what the board and each member has done to achieve the board's objective and implement its strategy. The annual report must also provide information about any safeguarding adults reviews (SARs) that the SAB has arranged which is ongoing at the end of that year. It must report on the findings of safeguarding adults reviews that have concluded in that year and also state what the board has done during that year to implement the findings of SARs. Where the board decides during that year not to implement a finding of such a review, the reasons for that decision must also be given.

Every Safeguarding Adults Board must send a copy of its annual report to:

- the chief executive and leader of the local authority
- the police and crime commissioner and the chief constable
- the local Healthwatch
- the chair of the Health and Wellbeing Board

It is expected that these organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the board.[1]

LSAB's annual report represents a summary of the collaborative work undertaken by partners throughout 2016-2017 to achieve our business plan. It provides an overview of our achievements, partner commitment and local safeguarding activities. This annual report also looks ahead at LSAB's 2017-2018 priorities in our drive for continuous improvement.

[1] Department of Health (2017). Care and support statutory guidance [online] Available at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance [Accessed 1 June 2017].

3. Subgroups

The day to day work of Leicester Safeguarding Adults Board is carried out by its three subgroups whose priorities are set out by the board's business plan. Leicester Safeguarding Adults Board is extremely fortunate to have board members from each of the three statutory partners (Clinical Commissioning Group, Leicestershire Police, and Leicester City Council Adult Social Care) chairing each of the three subgroups. This commitment from partners allows for a more streamlined board structure with subgroups having greater autonomy than in previous years.

The detailed work of the subgroups throughout 2016/2017 is set out below, together with key priorities for 2017/2018.

3a. Performance, Effectiveness and Quality subgroup

Purpose

The Performance, Effectiveness and Quality subgroup reports to the Leicester Safeguarding Adults Board (LSAB). The work undertaken by the subgroup is directed by the strategic business plan, with one clear priority:

Establish and implement a clear quality monitoring framework to monitor business as usual.

Membership

The subgroup is made up of representatives from member organisations:

- Leicester City Council, Adult Social Care (Chair)
- Leicester City Council, Community Safety
- Leicestershire Police
- Leicester City Clinical Commissioning Group
- University Hospitals of Leicester
- Leicestershire Partnership NHS Trust
- Leicestershire Fire and Rescue Service
- East Midlands Ambulance Service

Achievements 2016/2017

The terms of reference and membership of the group were agreed. It was confirmed that a statutory data set would be submitted by Leicester City Council (LCC) and a shared local data set was developed for partner agencies across Leicester, Leicestershire and Rutland (LLR).

A Quality Assurance Framework was refreshed and put in place. This framework gave details of ten domains of quality assurance that the group would use to test safeguarding effectiveness and provide the LSAB with assurance across partner agencies. Its development enabled the group to achieve its priority of establishing a clear quality monitoring framework to monitor business as usual.

Throughout the year, themes from within statutory data were identified and referred to appropriate subgroups for further analysis and action. In addition, the group commissioned a number of audits to examine safeguarding effectiveness in Leicester:

In quarter one the group commissioned a single agency audit to examine cases where people have identified community safeguarding issues on admission to hospital. Findings: The overall findings were positive, with the audit concluding that all the cases within the audit were appropriately referred, none of the safeguarding issues identified could have reasonably been detected in the community, and the response from the discharge team was both timely and proportionate.

The group went on to commission an audit to consider in more detail the number of repeat safeguarding referrals in Leicester. Findings: Not all the repeat referrals related to separate safeguarding concerns; a large number of recorded referrals were the capturing of ongoing work after an initial referral and safeguarding activity had started. Where there had been the highest number of repeat referrals, good practice was noted with people reporting their

concerns appropriately and each referral helping to build a picture of the risks being presented.

In quarter four the group engaged with a Making Safeguarding Personal multi-agency audit across Leicester, Leicestershire and Rutland. This audit focused on safeguarding practice through observation and talking directly to involved individuals about their experience of a safeguarding enquiry. Findings: The audit found clear evidence that on the whole people within safeguarding enquiries are involved and informed. Recommendations that emerged from the audit included what to do when it is not possible to achieve the outcomes of the person e.g. when the individual does not want an enquiry that needs to go ahead due to risk to others.

The final piece of work provided by the Performance, Effectiveness and Quality subgroup for the board in 2016/2017 was an annual assurance report. This report included qualitative and quantitative data, service user feedback and evaluations of staff awareness of safeguarding. It provided a comprehensive overview of the assurance work undertaken by the group throughout the year and was well received by the board.

Priorities for 2017/2018

1. To ensure that the LSAB has regular information about quality, performance and effectiveness and is therefore able to form a view on the level of assurance regarding safeguarding in Leicester.
2. To strengthen the Quality Assurance Framework in relation to user and staff feedback by improving:
   - The interface with the Engagement subgroup
   - The interface with the Training subgroup
3. To further develop the Quality Assurance Framework so that it explicitly relates to user experience and outcomes.

3b. Awareness, Public Engagement and Training subgroup

Purpose

The Awareness, Public Engagement & Training subgroup reports to the Leicester Safeguarding Adults Board (LSAB). The purpose of the group is to have oversight of public engagement, awareness raising, and training activities across partner agencies.

1. **There is an agreed public facing communication action plan and delivery that provides assurance that safeguarding messages are reaching all communities.**
2. **Workforce awareness raising – identify areas of the workforce that are not fully aware of safeguarding adults issues.**
3. **Develop and deliver a workforce awareness raising plan to provide assurance that all parts of workforce are aware of safeguarding issues.**
4. **Training competency framework will be reviewed to include Mental Capacity Act competencies.**

Membership

The subgroup is made up of representatives from member organisations:

- Leicester City Clinical Commissioning Group (Chair)
- Leicester City Council, Adult Social Care
- Leicestershire Police
- University Hospitals of Leicester

Achievements 2016/2017

The group reviewed partners' training data and conducted a training needs analysis to obtain assurances. This work also ensured that multi-agency training provided by the Safeguarding Adults Board is targeted appropriately to add value to the existing training programmes within partner agencies.

The existing access for care providers to safeguarding training provision delivered through Leicestershire Social Care Development Group was reviewed to maximise uptake from care homes within the city.

A pilot 'train the trainer' course for Mental Capacity Act (MCA) was run amongst the care provider sector. This was well received and an extension of the pilot has been agreed for 2017-2018.

Multi-agency workshops on learning from Leicester city safeguarding reviews was developed and delivered to frontline staff.

A joint Leicester, Leicestershire and Rutland training strategy was explored.

The group communicated well with the Service User Reference Group, building up strong links in regard to communication messages. This highlighted the importance of how the SAB engages with the public to ensure our message is effectively communicated so that engagement can be facilitated meaningfully.

Feedback from the service user forum was coordinated by the group and the development of a service user retention strategy in relation to a payment and expenses protocol was explored.

The group facilitated the production of a service user experience video.

Priorities for 2017/2018

At its development day in March 2017, LSAB recognised that the remit of the Awareness, Public Engagement & Training subgroup was too broad, with much overlap with the Service User Reference Group.

It was agreed that public engagement work would sit elsewhere and that for 2017/2018 the main focus of the Awareness, Public Engagement & Training subgroup would be training. The group was newly named as the Training subgroup and the new priorities are:

1. To establish the key knowledge gaps within frontline staff groups.
2. To establish a multi-agency training programme in line with priority areas for learning.
3. To review the LSAB competency framework and propose any developments.

3c. Adult Review and Learning subgroup

Purpose

The Adult Review and Learning subgroup reports to the Leicester Safeguarding Adults Board (LSAB). The group's main focus is to ensure that the LSAB meets its statutory responsibility under the Care Act 2014 to arrange for there to be a review of a case involving an adult in its area with needs for care and support when certain criteria are met. The work undertaken by the group is also directed by the following strategic business plan priorities:

Oversee and progress safeguarding adults reviews (SARs), domestic homicide reviews (DHRs) and other adult reviews.

Multi-Agency Case File Audit (MACFA) schedule to be agreed with the Performance Effectiveness and Quality group.

Membership

The subgroup is made up of representatives from member organisations:

- Leicestershire Police (Chair)
- Leicester City Council, Adult Social Care
- Leicester City Council, Community Safety
- National Probation Service
- Leicester City Clinical Commissioning Group
- University Hospitals of Leicester
- Leicestershire Partnership NHS Trust
- Leicestershire Fire and Rescue Service

Achievements 2016/2017

Due to no safeguarding adults reviews concluding in 2016/2017 there are no SAR findings to report on in this year.

During 2016/2017 the group has commissioned one SAR in line with the Care Act 2014. A review panel has been set up and an independent chair/author has been commissioned to oversee this review into the death of a young man with learning difficulties. This review will aim to promote effective learning and improvement actions for partner agencies to enable them to better protect adults with care and support needs in Leicester. The review is currently ongoing and findings will be included in the 2017/2018 LSAB annual report.

In addition to overseeing SARs for LSAB, this subgroup commissions DHRs on behalf of Safer Leicester Partnership. During 2016/2017 the group commissioned two new DHRs and progressed three reviews from previous years.

On two occasions the group also facilitated the sharing of single agency learning where the death of an adult in Leicester did not meet the criteria for a SAR or DHR.

An Appreciative Inquiry was undertaken by the group following a 'near miss' incident involving an adult in Leicester whose case had previously been heard at the local Multi-Agency Risk Assessment Conference (MARAC). This 'near miss' and learning from other Leicester city adult reviews also prompted the group to undertake a review of the local MARAC procedure including systems for sending, receiving and recording MARAC referrals.

As well as commissioning reviews, the Adult Review and Learning subgroup oversees and monitors single agency and multi-agency actions arising from adult reviews in Leicester. During 2016/2017 the group oversaw the successful completion of sixty-two separate actions from partners implementing learning from reviews.

To facilitate the work of the subgroup, local review systems and processes were updated throughout the year in line with revised statutory guidance. There is a renewed focus on engaging families in reviews. Learning from previous Leicester adult reviews has been collated and entered into a single database to facilitate the identification of themes and repeat learning with a view to improving the group's links with both the performance and the training subgroups as we move into 2017/2018.

Priorities for 2017/2018

1. To strengthen the linkages with the Training subgroup so that the process of moving from lessons identified to lessons learned is clear.
2. To strengthen the linkages with the Performance subgroup so that the assurance processes in place are able to pick up and give feedback on how well embedded change is in practice, as a result of SAR / DHR actions.
3. To maintain and build upon existing structures and relationship with Safer Leicester Partnership.

4. Task and finish groups

LSAB's task and finish groups ensure that our joint working is effective. Each task and finish group explores a specific theme focusing on that year's board priorities. 2016/2017 task and finish groups were:

- Financial abuse
- Young people's transition to adulthood
- Making Safeguarding Personal (MSP)
- Organisational abuse

4a. Financial abuse task and finish group

Objective: Prevent financial abuse of vulnerable adults by improved awareness of this form of abuse in local banks and building societies.

Update: At the board development day facilitated by Dr Adi Cooper OBE in March 2017, the board reflected that it had not been clear about its objective and expectations, which undermined delivery (as well as lack of capacity and prioritisation). In her feedback, Dr Cooper noted that this reflection provided evidence that the partnership is learning from its experience.

Priorities for 2017/2018: A national scheme, known as the Banking Protocol and being run as a joint venture between the police, Financial Fraud Action and National Trading Standards, is being rolled out. The scheme is aimed at ensuring banks and police are more active in protecting customers and involves the training of all bank staff. Taking into account the national approach outlined above, the board confirmed that this objective would not be renewed locally as a 2017/2018 board priority.

4b. Young people's transition to adulthood task and finish group

Objectives: To achieve assurance that young people, who are becoming adults with care and support needs and are at risk of abuse, are identified and appropriately supported. This includes young people who have been identified as being at continued risk as a young adult due to child sexual exploitation (CSE).

Update: During 2016/2017 the existing governance arrangements for CSE were explored to establish how these business plan objectives would be progressed. Locally, the Leicester, Leicestershire and Rutland (LLR) structure for CSE was refreshed, with a new operations group established to deliver the CSE agenda. LSAB has a presence at the CSE operations group through Leicester City Council Adult Social Care and Leicestershire Police representation.

Priorities for 2017/2018: The above objectives remain on the board's business plan for 2017/2018. A new Transitions Board is planned for the city, with LSAB working in partnership with Leicester Safeguarding Children Board.

4c. Making Safeguarding Personal task and finish group

Purpose

The Making Safeguarding Personal (MSP) task and finish group has one purpose: to drive work that will ensure MSP principles are embedded within the Leicester, Leicestershire and Rutland partnership taking into account the statutory responsibilities relating to safeguarding processes under the Care Act.

2016-2017 Priorities

1. The board will be assured on the delivery of MSP, including Section 42 enquiries.
2. The board will explore the use of the MSP toolkit.
3. MSP is fully embedded within local safeguarding activity and measured as part of data collection.

Membership

The subgroup is made up of representatives from member organisations:

- Leicester City Council, Adult Social Care (Chair)
- Leicestershire County Council, Adult Social Care (Deputy Chair)
- Leicestershire Police
- NHS England (Central Midlands)
- Leicestershire Centre for Integrated Living (LCiL)
- Independent Sector Rep, EMCARE
- Leicester City Clinical Commissioning Group
- Leicestershire Partnership NHS Trust
- University Hospitals of Leicester NHS Trust
- East Midlands Ambulance Service

Key Achievements

- Multi-agency audits have been completed and evaluated – areas of good practice identified alongside areas for organisational learning
- Agencies completed a questionnaire and feedback on the extent to which MSP is embedded within the organisation – a clear commitment and progress was evidenced
- The three local authorities are now reporting consistently using the adopted questions created by the East Midlands Safeguarding Adults Network
- Briefings on MSP have been delivered to providers
- A roadmap check was completed using the tool included within the ADASS commissioned MSP Temperature Check 2016 - significant progress was demonstrated by all
- It was agreed that the key actions, as set out in the multi-agency action plan, had been completed and the objectives for the task and finish group met. All members of the task and finish group agreed that MSP will transfer to business as usual

Priorities for 2017-2018

1. This task and finish group was closed down, having achieved its objectives. Areas of work have been absorbed as business as usual within partner agencies. Existing MSP linkages will continue through the board's Engagement subgroup (see below).
2. The LSAB 17/18 business plan has expanded the remit of the Service User Reference Group, which will be rebranded as the Engagement subgroup, with an enhanced focus on ensuring that engagement is meaningful and has impact. This provides an increased level of assurance in terms of the user voice remaining central to safeguarding going forward.
3. Further audit activity will be remitted via the Leicester, Leicestershire and Rutland audit group for 17/18 and all future audit activity will have the principles of MSP embedded within.
4. Changes relating to MSP will be referred to the Leicester, Leicestershire and Rutland Policies and Procedures Group, to include a library of resources. These will be stored on the Leicestershire board's website with a link.

4d. Organisational abuse task and finish group

Purpose

The group was established to provide assurance to LSAB that systems operating across Leicester city allowed for the identification of organisations / agencies that present a safeguarding risk.

2016-2017 Priorities

1. To provide assurance to the board that systems allow the identification of organisations / agencies that present a safeguarding risk.
2. To assure the board that actions are taken (and robust processes are in place) to address when systemic failures and concerns are identified.
3. Identify what influences the high numbers of referrals relating to adults in care environments compared to alerts about those that takes place elsewhere, and develop remedial actions, where needed, to redress the 'balance'.

Membership

The subgroup is made up of representatives from member organisations:

- Healthwatch (Chair)
- Leicester City Council, Adult Social Care (Deputy Chair)
- Clinical Commissioning Groups
- Leicester Safeguarding Adults Board Office

- University Hospitals Leicester
- Leicestershire Partnership Trust
- Independent Sector
- Care Quality Commission
- Leicestershire Police

Key Achievements

The group sourced from providers, assurances that mechanisms were in place that ensured the identification of organisations and agencies where a safeguarding risk can be identified. The reporting of such instances ensured that there was a multi-agency alert and all the relevant agencies were informed.

The group sought and received assurance that progress on all actions were monitored and reported within agreed protocols and timescales.

Existing groups e.g. the Information Sharing Group, the Quality Surveillance Group and LSAB, provided sufficient assurance that matters requiring escalation could be realised and actioned and were reported in a transparent environment.

The group discussed escalation processes and confirmed the local information sharing group existed to provide a forum for those issues to be discussed. There exists a further escalation pathway to the Quality Surveillance Group. For complete assurance the subgroup chair recommended that further assurance is sought from the two groups to ensure all relevant matters are being addressed.

The group confirmed that Leicester City Council Adult Social Care data was sufficient and would be incorporated into existing data collection frameworks (trends in incidents which provided an opportunity to share good practice or lessons learned from care incidents would need to be introduced as standard practice).

Priorities for 2017-2018

This task and finish group was closed down having achieved its objectives. Recommendations from this task and finish group to Leicester Safeguarding Adults Board are as follows:

1. Six month review to assure consisted approaches to confirm relationship reporting and assurance mechanism are comprehensive between the Information Sharing Group and the Quality Surveillance Group.
2. Training subgroup to develop training for private providers raising examples of good practice and learning opportunities from poor performing providers.
3. Approach CQC to request consistent engagement with the board and subgroups.
4. Request that where ‘Safe and Well’ visits are undertaken that outcomes include quantitative and qualitative data and client experience as necessary process.
5. Monitoring of ‘Safe and Well’ checks in homes and incorporating a summary of these into reports and updates into the Information Sharing Group.
6. Performance subgroup to include and monitor organisational measures in core data set.

5. Service user reference group

Underpinning the work of the subgroups and task and finish groups is the board's service user reference group.

Purpose

To ensure that people who use services and their carers and families play a central role in the development of local safeguarding policy and practice through oversight of and contribution to the work of the LSAB.

Increase direct engagement between the LSAB and people in local communities who are service users of agencies with safeguarding responsibilities.

The group identify with the six safeguarding principles and their work plan and ethic are based around these:

Empowerment: People being supported and encouraged to make their own decisions and informed consent

Prevention: It is better to take action before harm occurs

Proportionality: The least intrusive response appropriate to the risk presented

Protection: Support and representation for those in greatest need

Partnership: Local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse

Accountability and transparency in safeguarding practice

Priorities for 2016-2017

1. To develop systems for sustainable 'expert-by-experience' feedback between local communities and LSAB.
2. To ensure that wishes, feelings and aspirations of people who have been involved with safeguarding events are accurately and fairly represented.
3. To ensure that public participation and awareness raising work of LSAB is fair and effective in terms of the process undertaken and the outcomes achieved.
4. To achieve and advance user representation.

Membership

The group consists of representatives from the local community alongside professionals from agencies with safeguarding responsibilities. Each agency identifies one professional member and one user representative (where appropriate) to join the group. Other group members are drawn from the wider public, including carers and family members, local authority staff, provider agencies, existing user groups and advocacy organisations.

Service user representatives from local organisations include:

- Age UK Leicestershire
- The Carers Centre
- Danbury Gardens / Hanover Housing
- De Montfort University
- Genesis
- Gypsy and Travellers Liaison Officer
- Healthwatch

- Leicester Centre for Integrated Living (LCIL)
- Leicester Ageing Together
- Leicester City Clinical Commissioning Group (CCG)
- Leicester City Council, Housing
- Leicester City Council, Safeguarding and Professional Standards
- Leicester LGBT Centre
- Leicester Safeguarding Adults Board (LSAB)
- Leicestershire Action for Mental Health Project (LAMP)
- Leicestershire Partnership NHS Trust (LPT)
- Leicestershire Police
- Living Without Abuse (LWA)
- Mosaic
- The Race Equality Centre
- Shama Women's Centre
- University of Leicester
- University Hospitals of Leicester (UHL)

We also have two regular service users in attendance.

Key Achievements

- The group has provided a consultative platform for key LSAB work (e.g. business plan and annual report)
- Participated in the production of a service user voice video and prepared materials for it to be utilised within a training package.
- The group has worked with the Making Safeguarding Personal (MSP) task and finish group - this group implemented MSP within Leicester. Now all service users who have been through a safeguarding process are asked a standard set of questions throughout to ensure their views are sought formally at various stages.
- Created 'standardised' questions to ask service users within the East Midland Safeguarding Adults Network
- Populated a library of awareness dates calendar and identified opportunities to engage
- Undertook research into generating a social media campaign
- Commenced research into sustainable membership models with a view to increase recruitment and retention of service users in the group
- Forged relationships with existing LSAB subgroups with the performance and training brief
- Drafted a communications strategy

Priorities for 2017-2018

The service user reference group will become a formal subgroup of LSAB with a new name: Engagement subgroup. The newly formed subgroup's priorities will be:

1. To review the terms of reference and ensure the broader remit is reflected.
2. To ensure that the wishes, feelings and aspirations of people who have been involved with safeguarding events and their carers are accurately and fairly represented.
3. To develop a sustainable approach to gathering additional qualitative feedback from people who have been involved with a safeguarding event.
4. To ensure an agreed public facing communications action plan that provides assurance that safeguarding messages are reaching all communities.
5. To develop the interface between users and the LSAB and its subgroups / task and finish groups, so that engagement is meaningful and has impact.

6. Partner statements

Organisation name:
Leicester City Council Adult Social Care

Name of person(s) completing the report:
Jane Boulton

Overview 2016/17:

Leicester City Council has statutory responsibilities for safeguarding activity, as defined within the Care Act, including the establishment of a Safeguarding Adults Board.

The Leicester Safeguarding Adults Board (LSAB) office continues to be hosted within the local authority and sits within Adult Social Care (ASC), in the Safeguarding and Professional Standards team, with oversight from the Head of Safeguarding and Professional Standards. This arrangement ensures a link between strategy, performance and operational processes and facilitates continuous learning and practice improvements relating to safeguarding.

ASC received 2672 safeguarding alerts during 2016/17, with 690 meeting the threshold to progress to a safeguarding enquiry.

Adjusting for repeat alerts, the safeguarding activity relates to 609 people:

- 262 were aged 18-64, with 347 aged 65 or over
- 366 were female and 243 were male

The percentage figures for the three largest ethnic groups are as follows:

69% White (423/609)
17% Asian (106/609)
5% Black (28/609)

In terms of Making Safeguarding Personal, people are asked to identify their desired outcomes from the safeguarding process. 88.8% of individuals who were asked for and gave desired safeguarding outcomes had these outcomes fully or partially met in 2016/17.

Over the last 12 months work has continued to strengthen the approach to safeguarding activity and to make both processes and data collection more robust – all aimed at providing a sufficient level of assurance about the provision of consistent and high quality activity and positive outcomes for service users.

There has been continued investment in the development of partnership work, which has resulted in positive professional relationships. Where possible, work has been approached and progressed from a Leicester, Leicestershire and Rutland (LLR) / multi-agency perspective.

Internal safeguarding adults governance and audit arrangements:

- The ASC performance unit is responsible for safeguarding data collection, which is shared with the LSAB and subgroups. Safeguarding data is reported quarterly to the ASC leadership team in the form of the integrated performance report
- ASC has become a member of the LLR multi-agency audit group and participated in an MSP audit. A programme of audit will be set for 17/18 and is likely to include threshold decisions, complex cases and exploration of “outcomes not met” under MSP.

- ASC has undertaken single agency audits looking at repeat referrals and has introduced a structured programme of audit across ASC. There is an option for a thematic approach to audit activity which for 17/18 will include safeguarding related activity (MSP, Vulnerable Adults Risk Management (VARM) et al.). Audit activity is monitored via the Professional Standards and Governance Board (PSGB).
- Revised safeguarding metrics have been developed and will add a richness of data moving forward into 17/18. A separate process will be introduced to consider timeliness of concluding safeguarding enquiries
- Learning events routinely arranged following SARs / DHRs to disseminate and implement practice requirements identified in action plans
- Process established for monthly oversight / confirm and challenge meetings with health colleagues who undertake S42 enquiries in NHS settings on behalf of the local authority
- Completion of SAAF (Safeguarding Adults Assurance Framework) for LSAB

Safeguarding adult work undertaken and key achievements:

- Safeguarding included as a key strategic objective for ASC
- Regular attendance at LSAB, subgroups and active contribution to meeting aims and objectives – includes LLR MSP task and finish group, LLR audit group, LLR policies and procedures subgroup, Performance Effectiveness and Quality (PEQ) subgroup, and Adult, Review and Learning Group (ARLG) subgroup
- Development of an LLR VARM
- Development of more robust arrangements for implementing and embedding MSP, including improved data collection
- Involvement in the development of clear and concise LSAB business plan
- Involved in SARs / DHRs / multi-agency case file audits and dissemination of organisational learning within the local authority. Three workshops held for operational team leaders to consider the organisational learning arising from the reviews
- Active participation in pilot peer review of LSAB – positive feedback received in terms of being aspirational, with a clear ambition to improve
- Revised activity and business process measures developed
- Reviewed arrangements for user engagement – led on the development for a new post for LSAB engagement officer
- In the process of developing an LLR training offer to cover core and key areas of safeguarding
- Oversight procedure for S42 enquiries undertaken in NHS settings agreed within LLR
- The principal social worker (PSW) has taken a lead role in terms of the interface with operational best practice and the agreed priorities of the LSAB

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

The development of a revised LLR, multi-agency VARM and associated awareness raising within organisations has made a positive contribution to keeping people safe from harm. One specific example included a man with a history of non-engagement with statutory agencies, with numerous safeguarding related alerts being made. Through a systematic, multi-agency approach to the concerns, adhering to the principles of MSP, it was possible to secure a level of engagement sufficient to put in place proportionate measures to reduce the identified risks.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

- MSP LLR multi-agency audits undertaken – although small in scale, useful feedback/ assurance was obtained. As a result, changes were made to data collection to ensure appropriate information was obtained. Furthermore, a commitment has been given to incorporate the voice of the person into all future audit activity.
- Active involvement with LSAB service user reference group – in order to ensure that the user voice remains central to safeguarding activity, the principal social worker has been offered as a named link to ASC. Furthermore, ASC has taken a lead role in the development of the revised LSAB engagement officer post, with a focus on increasing and improving the level of user engagement – especially within groups and communities considered "hard to reach".

The challenges:

- To ensure that data collection is sufficiently robust to gather meaningful and accurate intelligence to provide assurance in terms of safeguarding activity and to inform practice and performance improvements
- To increase the level of user engagement and feedback
- To review the training offer and consider the most effective delivery of key training

Awareness raising and staff training:

- Safeguarding competencies exist across ASC, although further work is required in terms of measuring effectiveness against the existing competencies
- E-learning modules for core safeguarding activity
- LLR training offer under development to meet the immediate training needs of frontline staff and managers – to be ASC led, but through Workforce Training and Awareness subgroup
- Options for the delivery of training within ASC are currently under review
- ASC staff have access to UAVA (United Against Violence and Abuse), MARAC (Multi-Agency Risk Assessment Conference) and MAPPA (Multi-Agency PublicProtection Arrangements) training – and these need to continue to be promoted

The deprivation of liberty safeguards (DoLS) activity 2016/17

DoLS Activity	Number of DoLS assessments requested City DoLS service	Leicester	LCC/DoLS	344	362	416	390
DoLS Activity	Number of assessments on the waiting list	Leicester	LCC/DoLS	617	582	637	630
DoLS Activity	Number of assessments on the waiting list by type - UHL	Leicester	LCC/DoLS	105	49	22	21
DoLS Activity	Number of assessments on the waiting list by type - LPT	Leicester	LCC/DoLS	29	46	52	22
DoLS Activity	Number of assessments on the waiting list by type - Care Homes	Leicester	LCC/DoLS	483	487	563	630

Adult Social Care (ASC) currently has six full-time best interest assessors (BIA). The current number of pooled BIAs has increased over the past year to 13. Each pooled BIA is required to undertake six assessments per year (if they are full-time employed), or four if they are working on a part-time basis or employed as a team leader. A further four individuals are being supported to train as BIAs beginning September 2017. They should qualify by April 2018 which, if successful will raise the pooled resource to 17 and further assist in being able to increase service output.

During the 2016/2017 financial year the local authority reduced the number of independent BIA's utilised due to both a mixture of increased cost and financial burden upon ASC, as well as not having the infrastructure to be able to process the volume of work required. During this period two full-time DoLS administrators were recruited. This resulted in the DoLS service having 2.6 DoLS administrators thereby bringing a period of stability in processing the work when looking forward.

Over the past year the Adult Social Care has increased the number of signatories for authorisation and sign off increase from 10 to 12. Sign off by a senior manager with sufficient knowledge is crucial in ensuring that those assessments completed are of sufficient quality to withstand legal challenge and ensures that the rights of individuals are safeguarded.

The DoLS activity table shows that, quarter by quarter, there continues to be a backlog of cases awaiting assessment. The safeguards provided under DoLS for people who are deprived of their liberty, of course, do not protect the people on the waiting list and hence the LSAB has included this on its risk register for ongoing monitoring and improvement.

Adult Social Care has reviewed the way cases are prioritised and continues to focus on reducing the backlog of new referrals from April 2017. This is in recognition of the risks when an adult, their situation and any risks are not known. ASC has continued over the past year to not automatically assess individuals where a standard DoLS authorisation had previously been granted. This was a necessary action undertaken, but has had the positive impact of ensuring that we have been able to assess more individuals for whom we had never received an assessment under DoLS and for whom without assessment, identifying true risk to the individual was difficult to gauge. For those individuals for whom the DoLS authorisation has since expired, there is an agreement with the existing paid person's representatives (PPR) to remain supporting those individuals. This provides an added safeguard to ensure that if circumstances do change for the individual then assessment under DoLS can be re-prioritised.

Organisation name:
Leicestershire Police

Name of person(s) completing the report:
Barney Thorne

Overview 2016/17:

- In 2015/2016 we made 7,782 referrals, in 2016/2017 we have seen a 66% rise to nearly 13,000 referrals; the trend continues to show an increase of reports monthly.

We are still analysing the full reasons behind this increase but currently we believe this to be down to our Protecting Vulnerable Persons (PVP4) training programme (data has been supplied to the board throughout the year). This has led to increased recognition of vulnerability by frontline officers.

We have also seen that as partner agencies' resources are declining we are being called upon by the public and those agencies to respond, as policing duties are to protect life and property this often can mean that we are charged with responding to calls that aren't to investigate crime. We see a particular rise in demand in the evenings and at the weekend.

- This has led to 98 multi-agency investigations.

This is a 23% drop from 2015/2016. This supports the theory that we are not seeing a rise in vulnerable adults who are the victims of crime, but we are seeing a rise in the number of vulnerable adults who are in need of partner services support but have called upon the police to attend.

- We have issued 84 domestic violence prevention orders.

Following an HMIC (Her Majesty's Inspectorate of Constabulary) review Leicestershire Police has stopped reviewing high-risk assessments as domestic incidents. This has seen a 50% increase in the number of high-risk assessments following a domestic incident. In order to manage this we have had to move to a weekly MARAC.

- A multi-agency Domestic Abuse Executive group has been formed, chaired by Assistant Chief Constable Rob Nixon.
- To meet the increasing demand upon the Domestic Abuse Investigation Unit there has been an active recruitment to increase the establishment; some work has also been completed within the localised Force Investigation Units to ensure officers awareness with dealing with domestic abuse cases.
- Since the Blueprint programme started in 2016, around 150 ambassadors have signed up to be involved in this major initiative and help to shape the future of policing in Leicester, Leicestershire and Rutland. The Blueprint programme will assist the force in restructuring and realising the budget which has been set for Leicestershire Police.

Internal safeguarding adults governance and audit arrangements:

- Growth in senior management within Crime and Intelligence Directorate (CAID). There is now an additional detective chief inspector (Siobhan Barber) to assist with SCRs, SARs and DHRs.
- Growth in staff and constable position within specialist departments within CAID.
- Adult Referral Team now has two detective constable posts. These posts support the force in investigations around care homes and other significant safeguarding adults investigations.
- Governance structure: daily DMM (conference call) which addresses immediate tasking and resourcing issues; monthly Crime and Intelligence Directorate (CAID) tasking and co-ordination meeting which discusses data, resource issues, specific tasking; Performance Development Group which discusses performance at chief officer level. This is supported by Force and directorate audit regimes, and management of departmental action plans derived from Force, regional and national objectives. Governance also provided via HMIC and safeguarding board audits.

Safeguarding adult work undertaken and key achievements:

- Safeguarding Vulnerability Hub has successfully integrated CPN's, drug and alcohol workers, PCSO's, mental health PC's, the Adult Referral Team and the mental health triage car.
- A bid has been submitted to the Home Office for access to funding in regard to the Violence Against Women and Girls national strategy. This bid was written alongside partners from the Police, Police and Crime Commissioner, local authorities (LLR) and third-party agencies.
- Leicestershire Police are the only police force in the country to run a Real-time Suicide Surveillance Programme. Alongside partners from the local authorities (Public Health) we have begun to analyse data which allows us to respond to suspected self-inflicted deaths. We have also implemented a referral system for those bereaved by suicide.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

- During the cold winter months local police community support officers (PCSO) found an elderly male drunk in the city, they engaged with him and agreed to get him home safely. When at his premises it was highlighted that he had no gas or electric, they noted the house was cold due to having broken widows and there was

evidence of extreme damp in the property along with evidence of no personal care, the property being in poor and dirty state presenting a health hazard. The PCSOs engaged the following day with the Adult Referral team who called for an urgent multi-agency response. The male was identified as suffering with the effects of hypothermia and was hospitalised, the house being privately owned posed problems but these were overcome to make repairs, support was given around finances and paying the amenities bills to ensure a better quality of life for the gentleman. The reason for the male going out to public houses and getting drunk was due to the public houses being warm.

- We have introduced the Herbert Protocol. A 'missing' form which is completed when someone is diagnosed with dementia. If they go missing and the police are needed to help find them, the form is handed over, detailing a current photograph, hobbies and previous jobs. This assists us to find the missing individual as soon as possible. We have worked closely with the Alzheimer's society who have helped us to design the form and will assist with the completion of it.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

- As an organisation we have regular contact in many different forms with the public, each case is unique and on occasions present challenges on how we as an agency respond which in turn influences our policies and procedures.
- We have engagement with a variety of multi-agency sub groups to share information around how we and partner agencies respond to the public. Multi-agency audits are completed to better understand our business and how we need to adapt it to meet the needs of local people and adults at risk of harm.
- Regular attendance at the User Carer Group meetings has given opportunities for service users to feed back their experiences and influence both ours and our partner agencies' work.

The challenges:

- To identify smarter ways to meet demand in a world of ever decreasing resources both within our organisation and the demand impact from partners.
- To better identify hidden demand again looking at smarter ways to reduce / remove this demand.
- To better engage with private sector partners with a view of sharing reducing demand.

Awareness raising and staff training:

- PVP4 training programme continues to be updated. This year has seen a module addition on Making Safeguarding Personal (MSP). The programme now includes modules on domestic abuse, FGM (female genital mutilation), honour based abuse / forced marriage, crime in adult care settings, Voice of the Child, CSE, mental health, Missing, human trafficking and modern slavery, vulnerability referral forms & crime recording, sexual violence and MSP. Over 5,000 packages have been completed by officers in 2016/2017.
- A series of regular updates by the DCI Adult Safeguarding continues to be rolled out, following the format of PVP and including any learning points arising from SCRs, SARs, DHRs or the internal audit results.

Organisation name:
University Hospitals Leicester NHS Trust

Name of person(s) completing the report:
Michael Clayton

University Hospitals of Leicester NHS
NHS Trust

Overview 2016/17:

University Hospitals of Leicester NHS Trust is a large organisation which employs around 15,000 staff. Safeguarding patients and protecting them from harm and abuse is integral to the work that we do.

The Trust has supported the work of the LSAB in particular.

We have been involved in the new multi-agency audits developed by the board, overall these have provided additional assurance that our practices are generally robust.

We have supplied quarterly performance data to help build up a greater understanding of safeguarding performance and we introduced a patient partner.

Undertaken work to implement Making Safeguarding Personal; thereby strengthening the voice of service users during adult safeguarding investigations.

In 2016 the Trust had two comprehensive inspections by the Care Quality Commission, which considered the Trust's approach to safeguarding. Their findings led to the development of an action plan and as a consequence the following changes to practice were made:

- We reviewed our approach to safeguarding training
- Introduced new guidance and training for staff on the use of the Mental Capacity Act
- Introduced new guidance on the application of consent for people who lack capacity to make decisions

As a Trust, to strengthen the voice of service users, in November 2016 we secured a patient partner to sit on our internal safeguarding assurance group. This helps ensure that a service user perspective is considered in any safeguarding work undertaken within the Trust.

We also secured funding for a hospital based domestic violence advocate to work in our emergency department.

Internal safeguarding adults governance and audit arrangements:

The Trust has an internal safeguarding assurance committee which meets monthly. There is representation from all clinical management groups and also a patient partner.

The purpose of this group is to share information and undertake internal scrutiny of the Trust's safeguarding arrangements.

On a quarterly basis updates are proved to the Trust's Executive Quality Group which is a subgroup of the board.

As part of the contractual arrangements with Clinical Commissioning Groups a quarterly performance data submission is made to Leicester City CCG.

The Trust is regulated by the Care Quality Commission who inspect and monitor the Trust's performance. They undertook a comprehensive inspection in July 2016, and published their findings report in January 2017.

The Trust undertakes both internal audits and participates in multi-agency audits to review the effectiveness of safeguarding practice

Safeguarding adult work undertaken and key achievements:

We have supplied quarterly performance data to help build up a greater understanding of safeguarding performance and we introduced a patient partner.

Undertaken work to implement Making Safeguarding Personal; therefore strengthening the voice of service users during adult safeguarding investigations.

In 2016 the Trust had two comprehensive inspections by the Care Quality Commission, which considered the Trust's approach to safeguarding. Their findings led to the development of an action plan and consequently the following changes to practice were made:

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Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

During 2016 in partnership with the LSAB, we undertook targeted work to ensure the voice of adults was captured in our safeguarding investigations.

We have completed work to ensure the MSP principles are captured in investigations.

By listening to the views of service users we have been able to ensure that investigations consider the opinions of service users.

The inclusion of a patient partner onto our safeguarding assurance committee has ensured that the view of services users is represented in our safeguarding development plans.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

- As outlined earlier
- Adopting Making Safeguarding Personal
- Introduction of a patient partner

The challenges:

As a Trust we strive constantly to improve our practice, for the new financial year we are going to undertake further work in the following areas:

- We are going to review our approach to information sharing and liaison work for children and families requiring early help.
- Complete further work to introduce the national child information sharing project.
- Complete further internal audits to ensure that practice in consent to treatment and detecting safeguarding issues in our emergency department are embedded.

Awareness raising & staff training:

- All staff are required to have safeguarding adult training and there is a tiered approach to training dependent on staff roles and responsibilities.
- Clinical staff are also required to attend training on mental capacity, consent, DoLs and Prevent.
- Performance is monitored monthly.

Organisation name:

National Probation Service – Leicester, Leicestershire and Rutland (LLR) Cluster

Name of person(s) completing the report:

Michael Hopkinson

Overview 2016/17:

The National Probation Service (NPS) continues to experience a period of significant change. After the organisational restructures of Probation services under Transforming Rehabilitation in June 2014 resulted in the establishment of the National Probation Service and an array of Community Rehabilitation Companies (CRCs), the NPS Efficiency, Effectiveness and Excellence (E3) review over the past eighteen months has effected significant change once again. Phase1 of this review has led to significant changes within community supervision, Approved Premises and Courts, with further changes on the horizon to our work with victims, within prisons and within MAPPA.

Encouragingly, in spite of these challenges, LLR was the top performing cluster within the Midlands division, continuing to deliver a positive service to offenders, victims, our partner agencies and communities. We have been involved in thematic reviews relating to rehabilitative activity and the impact of novel psychoactive substance misuse on offenders, and contributed to research on how staff are supported in working with difficult and challenging offender groups. In spite of organisational and re-organisational pressures, LLR remain committed to delivering a quality service, and learning from our practice and partnerships.

Internal safeguarding adults governance and audit arrangements:

The Senior Operational Support Manager (Deputy Head) for NPS – LLR has functional responsibility for adult safeguarding, and reports back to the Head of Service.

The core work of the NPS is the assessment and management of harm. This may include those who present a risk of serious harm, vulnerable individuals and victims. In terms of audit arrangements, adult safeguarding is not specifically targeted, but is a consistent thread throughout quality assurance and auditing of case management and court reports. This means that the context of any audit that is conducted is around the management of risk of serious harm and vulnerability. Offender Assessment System (OASys) assessments require the vulnerability of all cases to be assessed – this includes self-harm, suicide, learning disabilities etc. An Equality Information Form is completed with every service user, to identify potential vulnerabilities, as is a self-assessment questionnaire. Where needs are identified, the expectation is that the Offender Manager will then make contact with the necessary service provider. Quality assurance and case audits of OASys and pre-sentence reports highlights any deficits or areas for development, which is then fed back to the operational staff and their managers.

Safeguarding adult work undertaken and key achievements:

Throughout the transitional period, NPS have continued to ensure that the core adult safeguarding training has been delivered. This now takes place via e-learning followed by a classroom event.

As is the case each year, it remains difficult to separate out the key achievements as adult safeguarding is an intrinsic part of the work of the National Probation Service. Adult safeguarding remains a key consideration of the work of MAPPA and, as such, they continue to make a significant contribution to the management of those cases where safeguarding is an issue.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

A best practice example was Probation staff's work with L, a high risk offender with a long history of Exposure offences who was managed at MAPPA Level 2. As a teenager L had been the victim of a road traffic accident, leaving him with significant physical disabilities. In addition, he had been diagnosed with schizophrenia and was himself considered a vulnerable adult. The quality of the Probation Officer's work with him was outstanding, with extensive joint work with MOSOVO police staff and liaison with Adult Social Care (ASC) and housing. The Probation Officer worked hard to address the limitations of how referrals are dealt with by ASC and housing whilst an offender is in custody. The crux of the issue was that despite a request made whilst he was in custody for him to be the subject of a community care assessment, this became a lengthy, protracted process and not completed within a reasonable time frame. The delay meant that L was not able to access appropriate accommodation upon release. Extensive liaison was undertaken between the Probation accommodation officer and housing, who, once on board, worked diligently to source appropriate accommodation. It was as a direct result of Probation's intervention, perseverance and dedication that the offender finally secured his own tenancy, with a care package put in place including intensive support of daily contact and care, enabling L to retain as much independence as possible whilst also meeting his care needs. This supported the vulnerable adult L, but also contributed to effective safeguarding of potential victims by managing his risk.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

Over the past year, NPS LLR have:

- Implemented the Offender Survey. This is a national survey that is carried out once each year. The surveys are collated and the results published. The information gathered is then used to inform safeguarding adults work.
- Completed a full OASys assessment on every offender we supervise. An ongoing dialogue takes place between the Offender Manager and the offender in relation to issues of known vulnerabilities. Action is then taken in response to this and recorded appropriately.

- Encouraged and support every offender to complete a self-assessment questionnaire which would provide a further opportunity to identify adult safeguarding issues.
- Continued to use BTEI (Birmingham Treatment Effectiveness Initiative) maps with offenders, of which one of the purposes is to identify adult safeguarding issues.
- Implemented a new equality information form, for us to capture data at the earliest point of contact with a service user, to inform how we work with them in a responsive and considered approach.

The challenges:

Unfortunately, whilst looking back over the progress made in this past year, it is still reported by operational staff that they continue to struggle to obtain services for adults who are vulnerable or particularly challenging. The most common frustration seems to relate to case closures when a case enters custody; rather than the case being placed on hold, decisions are often made to close the case which then causes significant work trying to reopen the case or requesting assessments closer to the offender's release.

The loss of our linked Community Psychiatric Nurses and lower level provision through Improved Access to Psychological Therapies was also significant in this past year. This provision, via the Liaison and Diversion scheme, was reported as being particularly helpful both by offenders using the service, and by Probation staff for the added value it provided the case and how it informed their case management. Staff have since reported their frustrations at subsequently accessing services for vulnerable service users, or struggling to secure advice or information about how best to work with a service user.

Awareness raising and staff training:

As a result of the E3 review, a large number of staff have already moved or are in the process of moving to new teams and new areas of working. There has been a significant drive over the past year to ensure that all staff across all grades complete safeguarding adults workbooks, with a view to completing face-to-face training to reinforce the learning and offer opportunities to discuss issues with trainers. Feedback from the Divisional Training Unit in relation to LLR's roll-out of Adult Safeguarding training is encouraging, with just over 80% of our current staff having completed the workbook in 2017. Adult safeguarding face-to-face events are now planned throughout 2017, for those who have completed the workbook to attend and further develop their knowledge and understanding of safeguarding issues.

In addition to the Training Unit's roll-out of adult safeguarding training, LLR have maintained the Senior Probation Officer who leads on diversity and equality. She is now part of a Midlands network of diversity leads who co-ordinate and deliver input to operational and support staff. She is supported by our Divisional Equality and Diversity Manager.

LLR and the broader NPS continue to review all Serious Further Offences, where an offender under our supervision commits various violent or sexual offences. Feedback

over this past year has been encouraging, indicating staff are managing their cases to a good standard. Learning points from Serious Further Offences, together with information and learning from DHRs and SARs are shared with managers in senior leadership meetings, and then filtered to operational staff in team briefings. Additionally, staff are frequently invited to attend events delivered by partners, charities etc. in order to extend their knowledge and facilitate closer working relationships.

Organisation name:
Leicestershire Partnership NHS Trust (LPT)

Name of person(s) completing the report:
Rachel Garton

Overview 2016/17:

2016/17 has seen an increased commitment with LPT (Leicestershire Partnership NHS Trust) to support the safeguarding agenda at both a strategic and operational level. We have strengthened the safeguarding governance arrangements and the work programme for the forthcoming year will build on these foundations, this will enable us to incorporate and prioritise new emergent themes and challenges. Our partnership working with other agencies has continued, and new members of the safeguarding team as well as the appointed Head of Professional Practice have been able to forge effective working relationships, to strengthen our ability to safeguard vulnerable adults, families, young people and children.

Ensuring that safeguarding is at the heart of the organisation within every aspect of patient care, has been a significant priority for the Trust following on from the Care Quality Commission (CQC) Review of Health Services for Children Looked After & Safeguarding in Leicester City, published in August 2016. In response to the CQC report the Trust has embraced the development of the 'Whole Family Approach' to safeguarding. The Whole Family Approach is our local safeguarding strategy that recognises the need of the child or vulnerable adult within their family and to improve processes and procedures to ensure strong communication and joined up working between teams across Leicestershire Partnership NHS Trust (LPT) for the benefit of everyone in a family.

The safeguarding team will continue to work in partnership with staff across all directorates as well as multi-agency partners to ensure that:

- Families, vulnerable adults, young people and children are kept safe
- Practice, policies and guidance are developed
- New and innovative training opportunities are provided
- Service delivery is quality assured
- Investigations are conducted when things go wrong
- Lessons learned are shared to inform changes in practice for continuous improvement

Internal safeguarding adults governance and audit arrangements:

The safeguarding governances structure and the safeguarding annual audit plan are available on request.

Safeguarding adult work undertaken and key achievements:

- Strengthened the safeguarding governance structures particularly within adult mental health (AMH)
- Development of a model for Whole Family working, including Whole Family training, easier access to workers details to ensure greater information sharing and an associated communication strategy.

- Development of a robust internal and external audit plan.
- Completion of a MCA case note audit to test out areas of improvement following 2015-16 audit and inspection.
- MSP embedded within sec 42 enquires across LPT
- Commissioned an improved safeguarding adult database which will enable streamlined retrieval of data for evidence and outcomes.
- Developed a Trust wide MCA improvement plan.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

The adult safeguarding team review all incidents within LPT to identify those that meet LLR thresholds and to also identify themes within service areas. An increase in patient on patient racial abuse was noted within a particular AMH acute inpatient area and the specialist nurse was able to visit the area and establish from the ward manager the difficulties managing a group of young males who were being racially abusive to each other. This had led to verbal and physical altercations with various victims and perpetrators. With the support of LPT hate crime lead and police hate crime officer the specialist nurse was able to facilitate targeted joint work within this area which included raising awareness of hate crime and consequences of engaging in such activity. The multi-disciplinary team was also involved and was supported to enforce a zero tolerance approach ensuring that patients were made aware of the consequences and the impact on their care and treatment if they participated in hate crime activity.

This example identifies how with partner agencies, LPT was able to remove the risk of harm occurring both to the victim and alleged perpetrators but also improve the environment for all patients creating a safer experience whilst an inpatient. This also improved the working atmosphere for staff, raised awareness amongst staff of hate crime and reduced the number of racial abuse incidents and physical assaults.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

In LPT this has been an area of challenge, however 2016/17 has seen the implementation of Making Safeguarding Personal, which champions greater collaborative working with service users in protecting them from harm and abuse. Greater involvement of service users and cares in safeguarding is a key priority for LPT 2017/18 and is included in LPT's safeguarding Whole Family Annual Report.

The challenges:

- Delivery of the MCA improvement strategy, within expected timescales across all areas of the Trust.
- To meet the growing demands of the safeguarding agenda to a consistent high standard.

Awareness raising & staff training:

- In 2016/17 LPT developed a new approach to safeguarding training. From April 2017 Adult and Children staff will receive all safeguarding training together and there is a move away from traditional level 2 and 3 safeguarding training towards a Whole Family approach to training.
- Additional Whole Family e-learning modules are being developed to support staff.
- Prevent WRAP training forms part of safeguarding training, as does MAPPA training.
- An MCA Champions group was developed in 2015 and this has gained momentum in 2016/17, helpings staff to be more aware of and better supported in exercising their duties under the MCA and DoLS.
- A program for increased safeguarding supervision and visibility in clinical areas is planned for 2017/18.

Organisation name:
Leicester City CCG

Name of person(s) completing the report:
Adrian Spanswick

NHS
Leicester City
Clinical Commissioning Group

Overview 2016/17:

Leicester City CCG is a statutory NHS body with a range of statutory duties, including safeguarding adults and children. CCGs are responsible for commissioning most hospital and community healthcare services. CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

The Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015) outlines clearly that safeguarding is a fundamental element of commissioning and describes how CCGs meet their statutory responsibilities.

Leicester City CCG has the following appropriate systems in place for discharging their statutory duties in terms of safeguarding:

- A named executive lead who takes overall leadership and responsibility for the organisation's safeguarding arrangements, currently this is the Director of Nursing and Quality
- The Director of Nursing and Quality chairs a safeguarding group for the Leicester City, Leicestershire and Rutland CCGs.
- CCG policies setting out a commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- A CCG safeguarding adults training programme for GPs.
- LCCCG is represented at senior level at LSAB by the Director of Nursing and Quality, with support from the Consultant/Designated Nurse Safeguarding (children and adults). In addition the CCG hosted safeguarding team proactively contributes to the subgroups of the board.

Internal safeguarding adults governance and audit arrangements:

The CCG provides assurance to NHS England that it is discharging their safeguarding duties, by completing a dedicated template and electronic system, which has been established in 2016. The hosted safeguarding team contributed to its development.

Additional scrutiny and accountability in relation to the work of the CCG hosted safeguarding team, the Director of Nursing and Quality hosts a monthly meeting with the Consultant and Designated Nurse and Leicestershire and Rutland Chief Nurses to provide strategic leadership and manage any identified risks and challenges.

The Leicester City CCG, in partnership with West Leicestershire / East Leicestershire and Rutland CCGs, have a bi-monthly safeguarding group meeting (children and adults), which receives safeguarding reports, case review reports and policies and procedures and discusses key developments. All papers are then reported through the CCG's internal governance processes and the CCG governing body.

The CCG hosted safeguarding team are required to:

i. Complete and submit the safeguarding adult's assurance framework for LSAB on behalf of the CCG.

ii. The CCG gains assurance from all commissioned services which includes NHS statutory and independent healthcare providers using the CCG Safeguarding Assurance Template. (Monitor compliance against NHS Standard Contract S32; Care Act 2014, MCA 2015 and other key areas of legislation.) This activity ensures continuous improvement and may consist of assurance visits to a provider.

iii. Provide regular update and escalation/oversight of team/directorate and organisational risk assessment/ register.

Safeguarding adult work undertaken and key achievements:

CCG contribution to safeguarding adult work in Leicester city:

- The CCG's ongoing commitment and contribution to progress the LSAB business plan.
- There is attendance and contribution from CCG senior executive/CCG hosted safeguarding team at LSAB and all subcommittees of the board.
- Securing and overseeing statutory health provider and primary care engagement for DHRs, SARs, SILPs (Serious Incident Learning Process), and providing support and monitoring of resulting actions.
- Attendance, contribution and oversight provided from a CCG perspective in relation to DHR and SAR panel membership.
- Contribution to the Multi-Agency Improvement Programme processes.

Key achievements:

- High percentages of Leicester City GPs have completed and continue to complete, their safeguarding adults training Level 2 and 3.
- Prevent training programme in place for GPs.
- A successful MCA / DoLS programme funded by NHS England delivered 2016/17 to domiciliary staff; health practitioners and GPs/practice nurses. There was a real emphasis to deliver a comprehensive targeted MCA training to our health providers including general practitioners (GP's) across LLR to improve knowledge and competencies around the application of the Mental Capacity Act and undertaking capacity assessments.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

Over the past year the engagement team has been an integral part of the CCGs safeguarding adults work. As a member of the LSAB reference group the Head of Engagement and Experience co-wrote a communications plan to assist the LSAB in

disseminating safeguarding information to service users, carers and members of the public. This has helped to put safeguarding at the forefront of our engagement, especially when engaging with a large number of particularly vulnerable groups.

Supporting carers continues to be a focus for the team, with the development of a plan which supports the city-wide Carers Charter. Other notable areas of work concerning vulnerable adults at risk of abuse or harm have included leading an LLR-wide consultation for the procurement of mental health support services and the re-procurement of specialist primary care services, both of which continued our engagement with mental health service users, asylum seekers and the homeless. In February of this year we won a prestigious national patient experience award for our innovative approaches to our engaging with these communities. This has offered assurance to our governing body and providers that we are inclusive in our engagement activities and have strong relationships with local partners to assist us in reaching out to our patients. In the same month we booked onto the Leicester Centre for Integrated Living event 'Choices Unlimited' and made plans to engage with a wide range of disabled service users from across Leicester at the April event.

We have taken part in a number of workshops and events with local people at risk, to encourage people to give their views and get involved and the engagement team has an internal structure in place to make sure that any safeguarding issues can be quickly dealt with should anything arise. This includes providing contact phone numbers at events, and liaising with any issues of concern.

The challenges:

A key challenge facing the CCG is to ensure that GP's and staff understand and are able to apply the Mental Capacity Act 2005 legislation and ensure that staff are able to protect those who lack capacity and enable them to take part, as much as possible in decisions that affect them by being able to apply the principles of the Act. The CCG will continue 2017/18 to support frontline practice by commissioning high quality training.

Organisation name:
Leicestershire Fire and Rescue Service

Name of person(s) completing the report:
Helene Sutliff

Overview 2016/17:

2016/17 was a year of significant restructure, following a period of political turbulence and a change of senior management.

Our work is not restricted to accident response; LFRS is committed to the prevention of accidental injury and premature death and safeguarding forms an integral part of that. The Care Act places a responsibility on us to address the frequent cases of self-neglect we encounter. In 2016/17 we have focussed very much on improving our partnership working. For some years we have had a seconded Detective Police Constable (DCI) with us, and in 2016/17 we also placed a member of our community safety team within the Police Adult Referral team, to manage the response to vulnerable adults more effectively and learn from each other's practice. We have also committed to partnership schemes such as the Braunstone Blues. Much of the work we do with vulnerable adults is carried out by our Community Safety Team, which for several months in 2016/17 was very short staffed, but is now up to full strength.

Internal safeguarding adults governance and audit arrangements:

There is an internal safeguarding lead who acts as the Designated Safeguarding Person and is responsible for policy and arranging appropriate training for staff. In 2016/17 for the first time we have a member of staff responsible for monitoring vulnerable adult cases and case managing them when appropriate. Our Director of Service Delivery has overall responsibility for community risk management, which includes safeguarding.

LFRS has an internal process in place to ensure all safeguarding concerns are submitted through a Vulnerable Persons form which is available to all operational staff and support staff who are working with the community we protect and serve. This includes useful contact numbers for out of office hour's concerns and safeguarding leads internally for guidance.

LFRS does not have specific audit arrangements for adult safeguarding although we would always carry out an internal review of any fire death or serious fire injury. However, with the creation of the new vulnerable person's co-ordinator post this is something we plan to progress.

Nationally, it is early days for Fire Services in determining what constitutes best practice in terms of their internal safeguarding procedures. In early 2017 LFRS attended the first ever national Safeguarding in the Fire Service conference and workshop. We will continue to work with other F&R services to ensure that our own practice is continually improving.

Safeguarding adult work undertaken and key achievements:

In 2016/17 we worked to target our Home Fire Safety Checks (HFSC's) more efficiently to those most at risk. We created a new online partnership referral form and risk matrix, and in some localities we have extended HFSC's to 'Healthy Safe and Secure' visits when we look at a wider range of vulnerabilities and risks. We have led on advice about assessing risks related to hoarding.

In cases of domestic violence, we worked with the police and other agencies, to offer a service to make the victim safer in their home through the fitting of smoke alarms, letterbox security devices, window alarms and tailored advice regarding security and fire safety. We also worked with a psychologist to support delivery of an intervention programme for adult arsonists within a residential mental health setting.

When our staff see vulnerable people in their homes and identify unmet needs over and above what LFRS can support, we contact a range of other agencies to try to reduce the risks to the individual. Additionally, our Fire Prevention Officers, who inspect residential homes and houses of multiple occupancy, have identified risks and worked with housing providers to make those premises safer.

We look at the behaviours and vulnerabilities associated with serious fires in homes; the department restructure in 2016/17 makes it easier for us to 'join up the dots' following a serious fire and to raise awareness of this information both internally and externally.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

Our seconded fire officer to the Leicestershire Police adult referral team was made aware of concerns about an elderly man who was a victim of burglary. When police officers attended they raised concerns about his hoarding and the associated fire risk.

The fire officer visited the property to assess the risks highlighted and completed a home fire safety check. The elderly gentleman lived alone in a social housing owned property, he suffered from depression and anxiety and was on medication for various health conditions.

The hoarding in the property was in all rooms with newspapers stacked to ceiling level in most rooms, blocking exits and natural light from windows. The gentleman struggled to dispose of newspapers, believing they had some use, which impacted on his health e.g. the kitchen was inaccessible and he was unable to cook.

Initially the task was to build rapport with the gentleman to offer support for addressing issues such as fires, fall hazards and avalanche conditions. Instead of insisting on an immediate and overwhelming clean-up, an action plan was created with realistic time-scales to reduce clutter to reduce fire risk.

A GP referral was made, and the housing officer was contacted by fire service to assist. The fire and housing officers scheduled regular joint visits to provide

moral support and monitor improvement of decluttering and to remove filled bags.

The gentleman has made significant progress in clearing his home, which has reduced risks to his health and safety. He receives ongoing support from the housing officer who acts as a communication link with other agencies.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

We worked with partners and residents of Braunstone to build a healthier, safer and more secure community. This year our commitment to the tri-service Braunstone Blues project has had continued success and the project has now been extended to the Highfields area. The 'Blues' teams work in the Braunstone and Highfields area of the city, made up of dedicated personnel from three blue light services that include: Leicestershire Fire and Rescue Service, Leicestershire Police and East Midlands Ambulance Service. The long term aim is to work with partners to create a joined up and informed community that looks after its own. The partnership supports people to become more independent and educated about keeping themselves and their neighbours safe and well, thus reducing the number of emergency calls in the area and the consequent demands on already stretched healthcare resources.

The team carries out home visits to identify problems and offer appropriate advice and support and signposting to other service. People are also offered help with loneliness, anxiety, depression and dealing with antisocial behaviour. Those who have recently been to A&E are targeted. The team has also trained members of the community to deliver free Life Skills courses to Braunstone residents.

Because of the positive response from the community, LFRS aims to extend its current system of home fire safety checks to offer wider 'Healthy Safe and Secure' visits to all areas in 2018.

The challenges:

- Staff will need upskilling to carry out extended safe and well visits. This will also have financial implications at a time when our budget is shrinking.
- Our existing Vulnerable Persons database was not designed to be a case management system, and we need to look at other suitable systems which will facilitate sharing of information between partners and tracking individual cases.
- The delay in national Fire Service guidance for adult safeguarding.
- The vast majority of our alerts about vulnerable adults centre around self-neglect and/or fall below safeguarding thresholds. Consequently, we need to ensure that we embed the VARM model and have an effective working relationship with other support agencies.

Awareness raising and staff training:

Following concerns raised by our fire safety team (who carry out statutory inspections of business premises), we have arranged for the team to receive awareness training in modern slavery and people trafficking. In 2016/17 our community safety educators (who visit people in their homes) have attended training on financial abuse and cybercrime. They have also received input from LCC private sector housing officers so they can in future offer better support to tenants who are at risk.

As we considered that our existing online safeguarding awareness training was not sufficiently relevant to the role of (and therefore meaningful to) fire service staff, we have commissioned a new safeguarding training package which we will roll out in 2017/18. The community safety team have undertaken Prevent training and we are now encouraging firefighters to take this up as well. They also attended a two-day mental health first aid course.

Regular safeguarding reminders and updates are published in our internal Weekly Update.

Appendix A1

Leicester Safeguarding Adults Board

WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

Strategic Plan 2017 - 2020

Author Ruth Lake

Leicester Safeguarding Adults Board Strategic Plan 2017 - 2020

Foreword

I am pleased to share this strategic plan, which sets out the priorities for safeguarding in Leicester city. As chair of the Leicester Safeguarding Adults Board (LSAB), I am keen to ensure that people who live and work in the city are clear about our vision and understand how we will take action to deliver this in partnership.

Safeguarding is everybody's business – we all have a part to play in keeping citizens safe from harm and abuse. By helping people to understand what abuse is, how this can be reported and how agencies will respond to concerns, we aim to build empowered communities. It is this empowerment, of individuals and of agencies that will protect vulnerable people from harm and enable all partners to respond quickly and effectively where required.

These are big issues and broad priorities, which will be delivered over a three year period; the LSAB annual business plan sets out the specific actions and areas for focus over that time frame.

Jane Geraghty
Independent Chair

Introduction

Safeguarding Adults Boards (SAB) are required to publish a strategic plan. This should set out how the SAB will seek to prevent abuse and neglect and how it will help and protect people with care and support needs at risk of abuse and neglect.

The strategic plan has two main purposes:

- To specify the actions required by the SAB and each of its member agencies to implement the strategy
- To inform the local community and all interested parties, including practitioners, about the work programme of the SAB

This strategic plan is a high level statement of the SAB's vision and priorities over the next three years. The Leicester SAB (LSAB) also has an annual business plan, which supports the delivery of the strategic plan and sets out the detailed actions and delivery timetable during the year.

The LSAB strategic plan is informed by a range of data and qualitative feedback about safeguarding in Leicester. This includes comparisons with other boards, national and local research, findings of case reviews, audits and safeguarding adults reviews (SAR) as well as feedback from people who use services or have experienced a safeguarding episode.

The Government has published six principles to be used by local authority adult social services, the NHS, police and other agencies for both developing and assessing the effectiveness of their local adult safeguarding arrangements. These also describe, in broad terms, the desired outcomes for adult safeguarding, for both individuals and agencies.

Empowerment – People in Leicester will be supported and encouraged to make their own decisions through informed consent.

Prevention – In Leicester we believe it is better to take action before harm occurs.

Proportionality – To safeguard the people of Leicester, we will take the least intrusive response appropriate to the risk.

Protection – We will support and ensure representation for those in greatest need.

Partnership – Solutions will come from agencies and local people working together across Leicester, all having a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – The work of the board will be transparent and accountable to the people of Leicester.

Engagement with the plan

SABs must engage and consult with the local Healthwatch and the local community in preparing its plan. This plan has been shared with a range of stakeholders and local groups for their input:

- Healthwatch Leicester
- Leicestershire Centre for Integrated Living
- Learning Disability Partnership Board
- Mental Health Partnership Board
- Older Person's Forum

About the Leicester Safeguarding Adults Board

The Leicester Safeguarding Adults Board (LSAB) is a statutory, multi-agency partnership coordinated by the local authority. The LSAB oversees and leads adult safeguarding across the Leicester City Council area. LSAB's main objective is to gain assurance that safeguarding arrangements locally and its partner organisations work effectively individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect.

Leicester's vision for safeguarding

The LSAB aspires to have:

A city where people are able to live their lives without abuse or harm from others because

- Abuse is not tolerated
- People know what to do if abuse happens
- People and organisations work together to prevent and respond to abuse

Making Safeguarding Personal is an approach that places individuals at the centre of a safeguarding process. In Leicester, we have adopted these principles, delivering a different approach to safeguarding interventions across partners. Therefore, Making Safeguarding Personal is an underpinning principle for all of our activity as a SAB.

Our purpose

LSAB's purpose is to:

- Set the vision and priorities for partnership working on safeguarding
- Agree specific objectives to strengthen safeguarding in Leicester
- Coordinate the strategic development of adult safeguarding across the city

Our values

LSAB members embrace a common set of values, shared with the Leicester Safeguarding Children's Board (LSCB):

1. All people of Leicester have the right to:
   - dignity, choice and respect
   - protection from abuse and/or neglect
   - effective and coordinated work by all agencies to ensure a holistic child/person centred response
   - the best possible outcomes, regardless of their age, gender, ability, race, ethnicity, religion, sexual orientation and circumstances
   - high quality service provision
2. Safeguarding the wellbeing of children, young people and adults is a responsibility we all share.
3. Openness, transparency and sustainability will underpin the work of the boards.
4. Participation by children, young people and adults is essential to inform services, policies, procedures and practices.
5. Services to meet the individual needs of children, young people and adults aspire to reach the highest standards.
6. Celebration of strengths and positive achievements is important to the boards, as is the commitment to a process of continuous development and improvement.
7. Constructive shared learning to protect children, young people and adults will be integral to the boards' business.

Our membership

The LSAB has an independent chair. The chair is responsible for ensuring that organisations make an effective contribution to the work of the board and is accountable to relevant strategic committees and boards, for example the Leicester City Council's Executive.

The LSAB is required to have core statutory membership from the local authority, police and the local Clinical Commissioning Group (CCG), in this case Leicester City CCG. In addition, the LSAB includes NHS providers, emergency services, independent sector care providers, housing services, providers of probation and prison services, representatives of service users and carers and the local Healthwatch.

Joint working

Leicester city shares many of its partners and providers with Leicestershire and Rutland; together Leicester, Leicestershire and Rutland (LLR) form a sub-region and is often the footprint for wider strategic planning. Therefore the LSAB works closely with the Leicestershire and Rutland SAB on a number of strategic and operational safeguarding matters. A Joint Executive Group, with representatives of each of the two SABs, meets regularly to review shared priorities and actions.

Strategic priorities 2017 - 2020

The LSAB has a number of statutory duties which must be met. The LSAB also has an ongoing responsibility to ensure everyday activity is delivered by all partners in a way that safeguards people from abuse and harm. This is business as usual and is monitored by the LSAB routinely.

The LSAB uses a range of information sources to understand how well people are being safeguarded and where we may need to pay more focus in order to secure improvements. Information sources include:

- The Performance Assurance Framework, which captures data, quality and experiential information
- The annual report
- Feedback from people who use services and carers
- Dialogue with providers of services and staff

The LSAB holds a business development day at least annually, where the range of intelligence about safeguarding in Leicester is considered and the areas of focus for the coming year are agreed.

The LSAB must ensure statutory compliance and seek assurance about how effective all safeguarding activity is, as well as address any priority issues for action. Therefore the LSAB has two core and four developmental priorities. The developmental priorities are broad and the annual business plan will set out any specific themes or areas of focus for that year.

Core priorities

1. **Ensuring statutory compliance**

   The LSAB has mechanisms in place to ensure that it complies with the requirements of the Care Act 2014. These include the production and publication of a strategic plan and an annual report as well as commissioning safeguarding adults reviews in line with legislation. The LSAB shares multi-agency procedures with Leicestershire and Rutland.

2. Enhancing everyday business

The LSAB requires assurance from all partners that they are delivering good quality services which keep people safe from harm and abuse. In addition, the awareness, training and development of staff is critical to those good quality services. The LSAB takes a lead in ensuring that there is enhanced training for the partnership, whilst expecting that every agency ensures that its own staff have the core safeguarding training that they need to do their jobs effectively and safely. The LSAB shares an Audit Group with Leicestershire and Rutland.

Developmental priorities

1. Strengthening user and carer engagement

The LSAB is committed to learning from the experience of people who use services and their carers, including those who have directly experienced safeguarding issues. Whilst we have made good progress in this area we need to develop a sustainable and effective set of arrangements for engaging with users and carers. Understanding the impact of our work is felt to be critical to our assurance process as a board.

2. Raising awareness within our diverse communities

Leicester is a highly diverse city and it is vital that all of our communities are safeguarded. To deliver this effectively the LSAB needs to be assured that communities understand what abuse is, know how to respond where they are concerned about abuse and receive support that is relevant and appropriate to their circumstances. The data in the Annual Report (2016/17) suggests an under-representation of people from black and minority ethnic communities and therefore it is a priority for the LSAB to better understand and address any barriers to engaging well with these communities. This focus may change to consider other communities in future years.

3. Understanding how well we work together

Messages from safeguarding reviews and domestic homicide reviews have reflected the challenges in working with people who have multiple risk factors in their lives, such as mental health needs, substance misuse issues, learning disabilities or domestic violence issues. Nationally, the effectiveness of joint working, including information sharing and communication, are themes from learning reviews. Therefore the LSAB has a priority to ensure that our joint working is effective. Recognising that this is a significant piece of work, the annual plan will identify a specific theme for exploration and action as a ‘task and finish’ activity.

4. Improving safeguarding transitions for young people (including those who may have experienced child sexual exploitation (CSE)

The LSAB, working with the LSCB, has recognised the differences that exist in safeguarding arrangements for young people and for adults. Risks may be unchanged as people turn 18 but the approaches to safeguarding for these young adults change significantly. Learning from reviews and audits would suggest that improvements could be made in the pathway for young people who are approaching adulthood with existing safeguarding concerns. This includes young people who have been subject to CSE as a particularly vulnerable group. The LSAB wishes to ensure clear pathways for the identification of young people and joint working between children and adult services to ensure good transitions at the age of 18.

Delivering the Strategic Plan

The LSAB has reviewed its partnership arrangements and developed a set of subgroups and task and finish groups that will enable the delivery of the strategic priorities and statutory expectation, as well as maintaining oversight of usual business. These may change as the annual business plan refines the actions that are required to deliver the strategic plan.

Annual business plans

The LSAB publishes an annual business plan which sets out how the priorities will be delivered by the groups above. These are available at **leicester.gov.uk/lsab**

Appendix B

Adult Social Care Scrutiny Commission

Annual Report 2016/17

Adult Social Care Statutory / Corporate Complaints and Commendations

Lead director: Ruth Lake

Useful information

- Ward(s) affected: All
- Report author: Joanne Tansey, Customer Feedback & Complaints Manager, Adult Social Care
- Author contact details: Joanne.Tansey@leicester.gov.uk Tel: 454 2472

1. Summary

The Annual Report 2016/17 details information about statutory, corporate complaints and commendations received by Adult Social Care during the last year. This information is provided with some further analysis for the Department and by service areas.

The full version of the Annual Report is attached for information at Appendix 1.

Of particular note from 2016/17:

- The number of statutory complaints received increased by 14% over the year.
- The percentage of complaints that were either partially or fully upheld in 2016/17 increased to 42%, compared to 33% in the previous year.
- Positively, the number of commendations noted also increased significantly, with 59% more than last year recorded.
- The number of LGO complaints determined with a maladministration finding decreased in 2016 /17 from 8 to 3.
- A greater number of complaints with less complex issues at heart were addressed more swiftly, following an adjustment to complaint response timescales.
- An action plan for activity around complaints work for 2017/18 is included at Appendix 4.

2. Recommendations

It is requested that the contents of the 2016/17 Annual Report are noted.

3. Supporting information including options considered:

The Annual Report is intended to provide an overview of matters relating to customer feedback that is identified through the Adult Social Care's complaints and commendation processes.

Specific complaint information is also highlighted in the Adult Social Care Annual Report (Local Account), as this meets the requirements of information to be published

and as defined in the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.

4. Details of Scrutiny

There are no further details in relation to scrutiny reviews or engagement processes.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications to this report.

Martin Judson, Head of Finance, Adult Services Tel: 454 4101

5.2 Legal implications

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

Pretty Patel, Head of Law (Social Care & Safeguarding) Tel: 454 1457

5.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising from the recommendations in this report.

Duncan Bell, Senior Environmental Consultant, Environment Team, Tel: 454 2249

5.4 Equalities Implications

Having a robust complaints procedure in place ensures fair redress to dissatisfaction experienced and reported by users of services and carers on their behalf. This process is in keeping with one of the Council's equality and diversity strategy priorities of improving resident/service users' perceptions of fair treatment by the Council.

This annual report provides evidence to inform progress against this outcome. In addition, recording and analysis of complaints received as set out in the report enables the Council to consider whether it is meeting the general Public Sector Equality Duty aims of eliminating discrimination and promoting equality of opportunity in its service provision.

Sukhi Biring, Corporate Equalities Officer, Tel: 454 4175

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

No further implications identified.

6. Background information and other papers:

The Adult Social Care complaint process adheres to the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.

The Regulations' publishing requirements for Local Authorities and complaints highlight that the following details should be made available annually:

I. The number of complaints received within a period 1st April – 31st March.

II. The number of complaints which were determined as well-founded.

III. The number of complaints referred to the Local Government Ombudsman.

IV. A summary of the subject matter of complaints received.

V. A summary of any matters of general importance arising out of the complaints or the way in which they were handled.

VI. Any matter where action has been taken or is to be taken to improve services as a consequence of those complaints.

VII. Ensure that the annual report is available to any person on request.

7. Summary of appendices:

Appendix 1 Adult Social Care Statutory / Corporate Complaints and Commendations Annual Report 2016/17.

8. 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)?

Yes/No

However, information that is publicly available is primarily identified within Adult Social Care's Annual Report.

9. Is this a "key decision"?

Yes/No

Leicester City Council

ANNUAL REPORT 2016 – 2017

ADULT SOCIAL CARE COMPLAINTS AND COMMENDATIONS

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APPENDICES

APPENDIX 1

Commendations by service area

Breakdown of complaint information received across the Department

APPENDIX 2

Performance indicators relating to the management of statutory complaints

APPENDIX 3

Outcomes for 2016/17 action plan

APPENDIX 4

2017/18 action plan

1. Executive Summary

- It is a statutory requirement for a Council's Adult Social Care department to produce an annual report in relation to complaints addressed under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. The minimum reporting requirements are published with Adult Social Care's Annual Local Account.

- Complaints, as well as commendations, provide valuable feedback about the services provided by a Council. They provide an indication of the areas that are performing well and highlight where further attention may be required to improve service delivery.

- For all complaints reviewed under the statutory Adult Social Care (ASC) procedure, investigations at the first stage of the process are based on the following timescales, set out to help guide investigations.

    - Up to 10 working days - recorded as 'green' complaints
    - Up to 20 working days - recorded as 'amber' complaints
    - Up to 65 working days - recorded as 'red' complaints

- Complaints that progress to the second (final stage) of the process are considered by the Local Government Ombudsman.

- The number of formal statutory complaints recorded in 2016/17 was 92: an increase of 14% compared to 81 received in the previous year.

- The 3 main reasons for complaints received last year were in relation to:

    - Challenging practice decision
    - Staff attitude / behaviour
    - Failure to undertake task

- Initial Enquiries recorded increased during 2016/17 by 12%, with 64 being received compared to 57 in 2015/16.

- During 2016/17, the Local Government Ombudsman (LGO) directed 19 contacts relating to ASC services to the City Council. Thirteen of these were subject to more formal investigation processes of which 9 complaints were concluded during 2016/17.

- A 59% increase in the number of commendations was noted in 2016/17, with 252 received compared to 158 in 2015/16.

- Some complaints fall outside the remit of the statutory complaint procedure but can still be investigated under the Council's corporate procedure, which is currently being piloted with a changed, one stage approach (similar to ASC). Six ASC related matters were reviewed under the Council's corporate complaint procedure last year (2 less than 2015/16).

- A breakdown of the complaints received across the Department's divisions and teams is included within the appendix of this report.

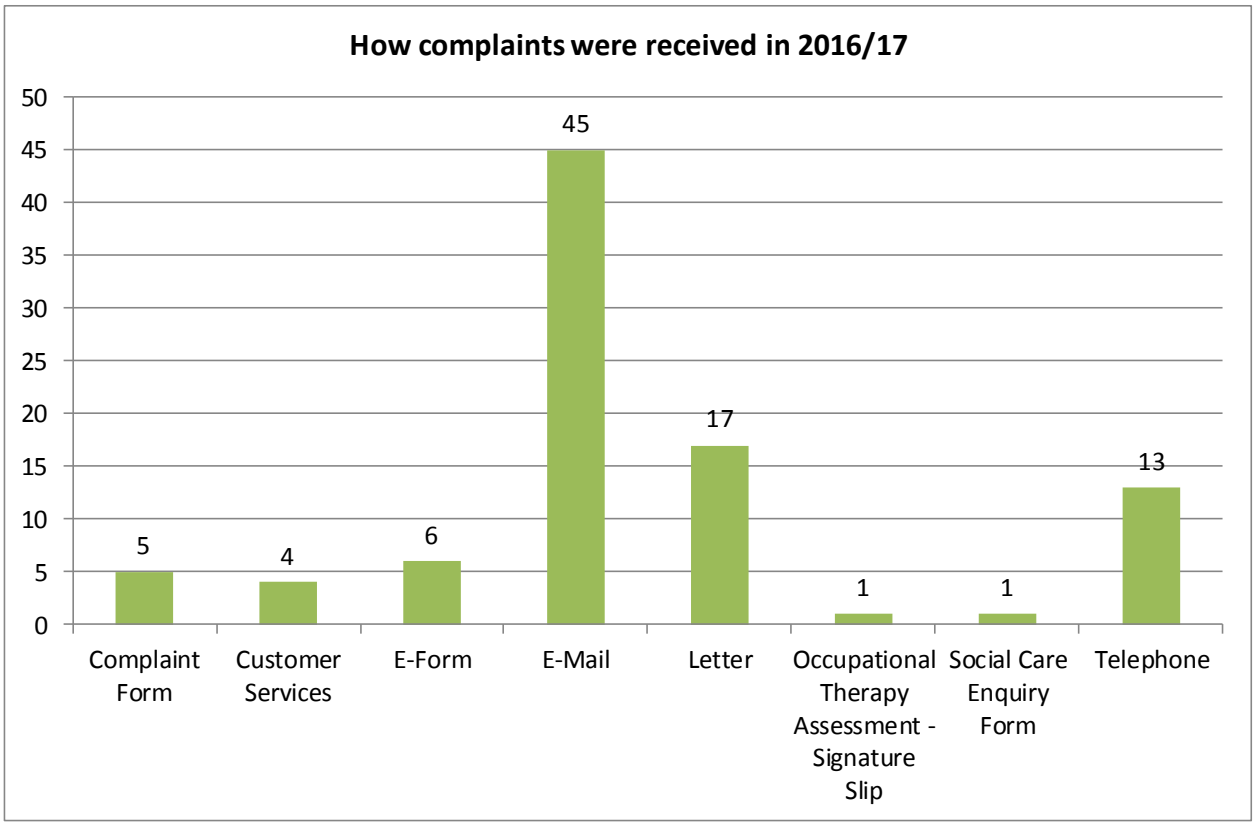
- Complaint information continues to be presented to ASC's Leadership Team on a quarterly basis.

2. Accessibility of the complaint procedure

2.1 Details relating to the Adult Social Care complaint procedure and how to make a complaint are available on www.leicester.gov.uk (including contact details): new service users are also advised of the complaint procedure by care management staff, as part of the initial care assessment process.

2.2 The top 2 ways of making a complaint in 2016/17 were by email (49 %) and by letter (18%).

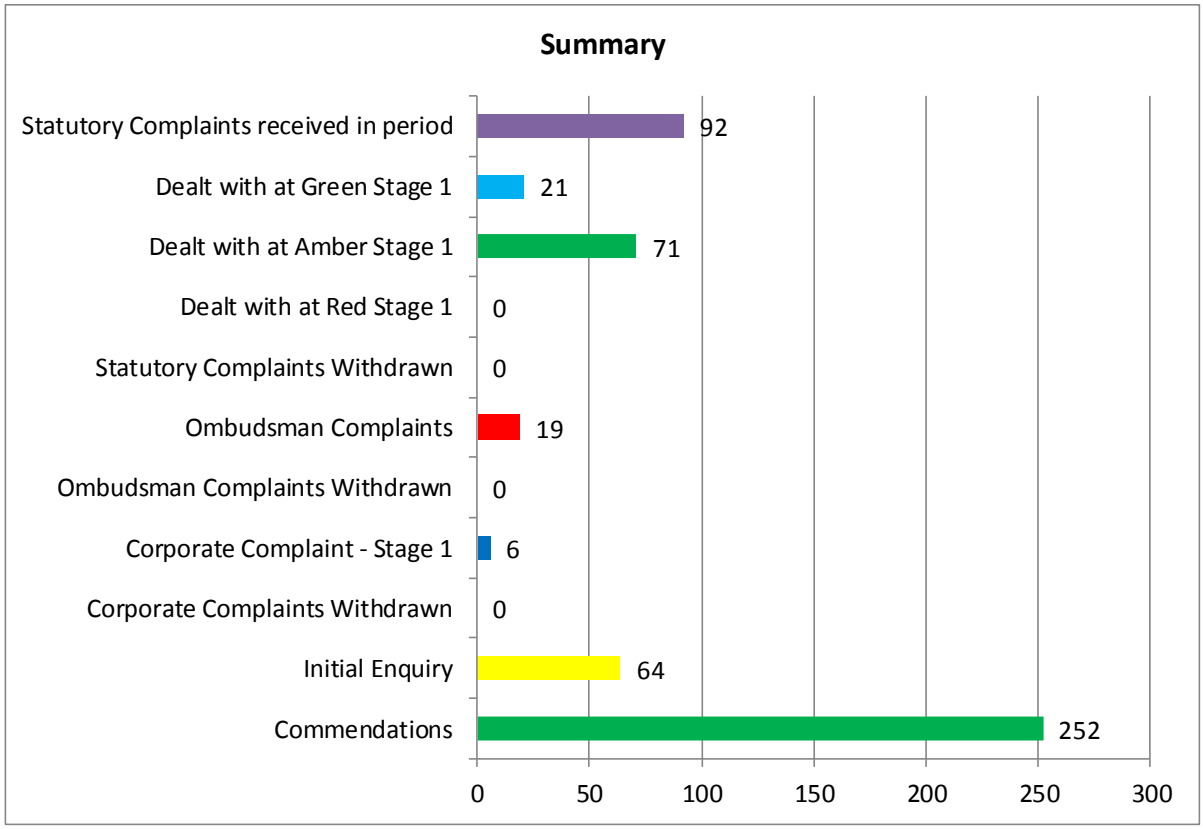
2.3 Complaint information signposts individuals to advocacy organisations for support but in practice most service users, relatives or carers make approaches directly. The percentage of complaints received via advocacy services was 11%, with other main sources of complaints being from relatives - 62% and from service users directly - 24%.



2.4 Complaints received concerning ASC services and other partner agencies, such as the NHS, University Hospitals Leicester, Leicestershire Partnership Trust and Leicestershire County Council are responded to under the same statutory complaint regulations. A local and jointly agreed protocol is in place to help the experience run more efficiently and effectively for the complainant. Two complaints were managed under these arrangements during the year 2016/17 (three complaints for the previous year).

3. 2016/17 complaint contacts

3.1 All contacts recorded in relation to complaints and commendations **received** during 2016/17 are highlighted in the graph as follows:



To explain further:

3.2 All contacts received were formally recorded during the reporting period, either as an 'Initial Enquiry'[1] or as a complaint. Ninety-two new statutory complaints were acknowledged during 2016/17 in total.

3.3 A substantial number of complaints (21) were reviewed and addressed within a revised 'green' timescale. The 'green' timescale was extended from 5 to 10 working days during 2016/17, allowing for a greater number of matters with less complex issues at heart to be addressed more swiftly. A further 71 contacts were determined as 'Amber' Stage 1 complaints and were allocated a 20 working day response timescale. No complaints were addressed under the more extensive 'Red Stage 1' timescale.

3.4 Out of the 92 statutory Stage 1 complaints recorded, 17 were upheld and 22 were partially upheld.

3.5 Six complaints were logged under the Corporate Complaint Procedure in 2016/17 and these required either a formal response or some further action to be taken. Two of these complaints were upheld; 1 partially and 3 not at all. One complaint was progressed by the complainant to the LGO but this was concluded with no further action.

[1] An Initial Enquiry is a contact that falls outside the definition of a statutory complaint as it has been resolved within one working day. Additionally, a concern may be classed as an Initial Enquiry when clarification is pending as to whether the complaint procedure is the appropriate route for addressing the matter further.

3.6 During 2016/17, the Local Government Ombudsman (LGO) directed 19 contacts relating to ASC services to the City Council. Thirteen of these contacts were subject to more formal findings by the LGO within 2016/17. Six LGO complaints were carried forward and are likely be concluded with 2017/18's figures.

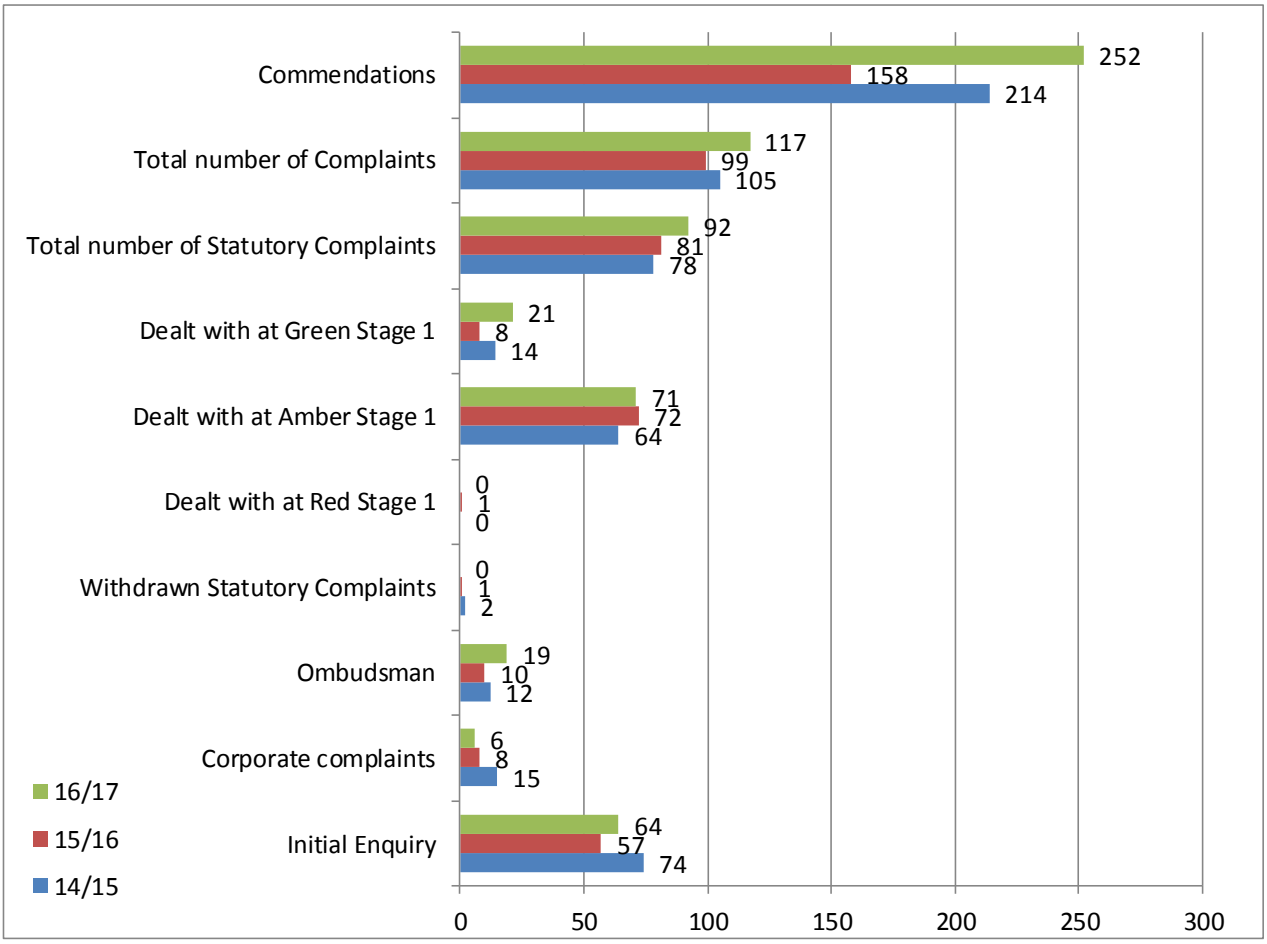
3.7 Regular contact is maintained with complainants and wherever appropriate a flexible approach is employed to address the issues being raised. On occasion open communication between the complainant and the Council encourages the situation to be resolved earlier on in the complaint process.

3.8 During the year ASC undertook 12 'alternate dispute resolution' actions (in the form of meeting with complainants directly) to try and resolve matters at a local level. Three of these contacts progressed to the Local Government Ombudsman: two were recorded as 'Not Upheld; no maladministration', the third complaint outcome is presently awaited.

3.9 Positively, there has been a 59% increase noted in the number of commendations received in 2016/17: **252** compared to 158 the previous year. The importance of reporting commendations has been encouraged by the Complaints Team throughout the year. All commendations received are highlighted in the Department's 'Just ASC' newsletter with significant customer feedback further acknowledged by the Strategic Director, to the individual member of staff concerned.

4. Comparison to previous years

To provide some general information about the nature of all contacts received over the past 3 years, a snapshot of the type of contacts recorded by the Complaints Team appears as follows:



5. Profile information in relation to 2016/17's complainants

5.1 Each complaint received by Adult Social Care is considered on an individual basis and in relation to the specific concerns being raised. Any resolution actions for individual complaints are usually addressed at the point of providing a full response to the complainant.

5.2 All complaints are subsequently analysed further, to identify any wider lessons and to identify any themes or common issues arising across the board. Although the overall number of complaints received is only representative of a small percentage of ASC service users, further analysis has been undertaken in terms of complainants' profiles, as recorded below, to ensure that the complaint procedure remains accessible and fair to all.

Complaints in relation to ethnicity

5.3 From available data (4883 service users were noted to be in receipt of long term support at the end of March 2017), 60% of cases were identified to be in relation to white service users and black and minority ethnic groups accounted for 39.9%.

5.4 The number of statutory complaints received concerning service users from black and minority ethnic (BME) groups increased in 2016/17 from 31 to 44 (an increase from 39% to 48%).

5.5 The following complaint outcomes were noted as follows:

Outcome	**BME**	**White**	**All complainants**
Not Upheld	29 (66%)	24 (52%)	53 (59%)
Partially Upheld	8 (18%)	14 (31%)	22 (24%)
Upheld	7 (16%)	8 (17%)	15 (17%)
Total	***44***	***46***	***90****

** 92 complaints received in total - data for 2 complainants unknown*

5.6 The top 2 complaint reasons identified for upheld complaints from BME and white groups were found to be the same and were as follows:

- Challenging practice decision
- Staff attitude/behaviour

5.7 The top primary service reasons for individuals from BME and white groups were also noted to be the same and were recorded as physical disability, mental health and frail/temporary illness.

Profile information according to age

5.8 The highest number of statutory complaints were received in relation to adults aged 25-50 (a total of 29) in 2016/17. The top 3 primary service reasons for this age group were identified to be Mental Health, Physical Disability & Learning Disability.

5.9 Twenty-one complaints concerned individuals aged between 51-64. The top primary service reasons for this age group were Physical Disability, Frail/Temporary Illness and Mental Health.

5.10 For those individuals in the age range of 75-84, the primary service reasons are Frail/ Temporary Illness, Physical Disability and Dementia.

The complaint outcomes determined by age range groups for 2016/17 were as follows:

Outcome	18-24	25-50	51-64	65-74	75-84[2]	85-94	95 +	All complainants
Not Upheld	3 (75%)	20 (69%)	15 (72%)	3 (33.3%)	6 (43%)	5 (46%)	1 (25%)	53 (58%)
Partially Upheld	1 (25%)	7 (24%)	3 (14%)	3 (33.3%)	4 (28.5%)	4 (36%)	0 (0%)	22 (24%)
Upheld	0 (0%)	2 (7%)	3 (14%)	3 (33.3%)	4 (28.5%)	2 (18%)	3 (75%)	17 (18%)
Total	*4*	*29*	*21*	*9*	*14*	*11*	*4*	*92 (100%)*

According to gender

5.11 In 2016/17, 49 statutory complaints concerned female service users and 44 complaints concerned male service users. One complaint was raised jointly in relation to a male and female couple. The leading primary service reason recorded for female complainants was physical disability and for males, both mental health and physical disability.

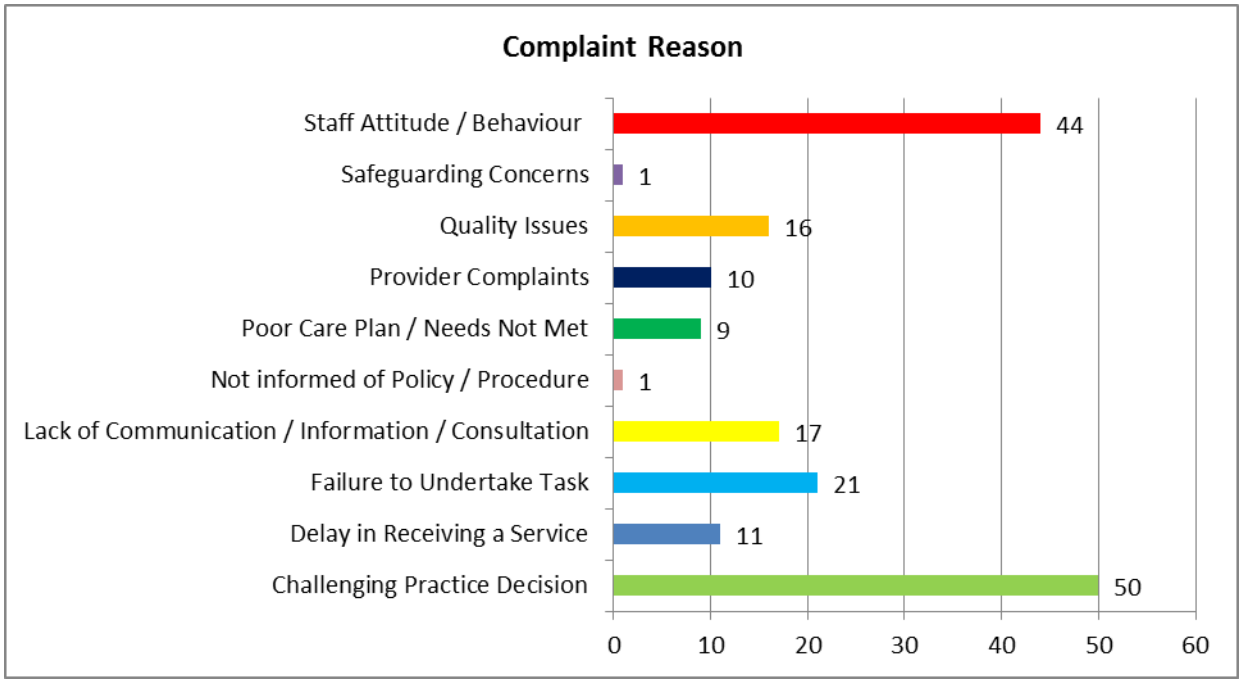
6. Complaint reasons

6.1 Adult Social Care's statutory complaint database currently highlights 10 possible reasons for making a complaint. The principle reasons behind a complaint are identified at the point of receipt, by the Complaints Team. More than one reason may be identified per complaint.

6.2 During 2016/17 the number of complaint reasons was reduced from 14 to 10 in order to streamline reporting information further.

The chart below shows a more detailed breakdown of the key complaint reasons identified during the last year:

[2] One complaint relates to two service users (both within the age range of 75-84)



For the top 3 reasons of complaint, the percentage of complaints upheld or partially upheld were as follows:

	Upheld	Partially Upheld
Challenging Practice Decision	12%	12%
Staff Attitude / Behaviour	20%	16%
Failure to Undertake a Task	38%	19%

7. Learning from complaints

7.1 It is expected that appropriate actions are undertaken locally at the point where they arose and in a timely way, to remedy matters as part of the complaint process. The investigating Head of Service is responsible for identifying and overseeing such action. Further to an investigation that highlights any specific findings of failure or error, the Head of Service is asked to follow up and provide an update on the actions that have been taken within their service; demonstrating how changes have been implemented as a result of complaint feedback.

7.2 All complaints received are also reviewed by the Complaint Team, in order to establish whether there are any common trends arising across the Department and to see if any previously identified themes are being repeated. This wholesale review of complaints is intended to provide the Department with a broader awareness of the issues arising for its services, to help identify the impact our actions are having on service users and to help identify any wider improvements that may need to be taken into account.

7.3 Key issues identified by complaints are now being considered in relation to other departmental sources of customer feedback, in order to capture any evident, shared themes. Progression of these issues will then be raised and discussed further for action, through other Departmental improvement mechanisms such as the Professional Standards and Governance Board or the First Line Supervisor's Forum.

7.4 The following points highlight some of the more common issues identified by theme, arising from complaints received during 2016/17. This information has been presented to Adult Social Care's Leadership Management Team during the course of the year and will be considered further in the context of 7.3 above.

8. Complaint themes in 2016/17

8.1 Some of the key themes emerging from complaints received in 2016/17 are considered to be around the following:

- Ensuring referrals are progressed and not overlooked
- Recording
  - Ensuring we record who we have communicated with and the context of the contact
  - Ensuring any specific actions/advice given are recorded with the case notes
  - Ensuring actions are recorded when completed (or not if significant)
  - Quality of recording – to consider the value of the recording in terms of other readers or future review
  - Ensuring that actions are followed up and appropriately recorded
- Ensuring that financial implications are fully discussed, appropriate information shared or signposting to other advice sources provided (and action noted).
- Managing the approach to communication if long term support is ending
- Maintaining a consistent approach to notice periods when reducing/stopping services
- Managing the service user or family members' understanding of who does what in the Department
- Managing difficult conversations and customer expectations
- Ensuring care placement and associated agreements paperwork are fully completed
- That additional consideration is given to balancing communication when there is a nominated NOK (not family) but when other family members are also involved too

9. Contact with the Local Government Ombudsman (LGO)

9.1 The total number of Ombudsman complaints determined for the **entire** City Council in **2015/16** was 104. Contacts recorded in relation to Adult Social Care services for Leicester City Council made-up a 16% share of this total. This percentage is reflective of the LGO's

national workload, where 16% of LGO complaints were noted to be against Adult Care Services in the 'Annual Report & Accounts 2015/16: Equipped for the future'.[3]

9.2 The LGO receives a number of contacts in relation to Leicester City Council and although reflected with their own statistics, not all of these contacts are directed to the Authority for further attention. Consequently, there is usually a difference in the data recorded around the number of enquiries by the LGO and the Local Authority for the year.

9.3 According to Adult Social Care's records, the Department recorded 19 new contacts from the LGO during 2016/17 (no complaints were brought forward from 2015/16). Thirteen of these contacts were concluded in 2016/17 as follows:

Complaint closed after initial enquiries, no further action	3
Complaint not upheld, no maladministration	5
Upheld, maladministration, no injustice	1
Upheld, maladministration and injustice	2
Premature complaint (subsequently addressed as stage 1 complaints)	***2***

9.4 Six outstanding complaints/contacts have been carried forward to 2017/18 for determination: three of these are being investigated by the Joint Working Team (the Team that works on behalf of the Parliamentary Health Service Ombudsman and the Local Government Ombudsman looking into matters that have joint Social Care and Health involvements).

9.5 The two complaints upheld with maladministration and injustice resulted in recommendations for follow-up actions, described below, to remedy the matters:

Complaint reference: 16 000 798

- The Council was asked to provide an apology to the complainant for the failures and the distress this caused; and
- To organise a meeting with the complainant to discuss these failures.

Complaint reference: 16 011 922

- The Council was asked to ensure that care providers know to seek advice when residents regularly refuse medication; and
- To make a payment of £300 to the complainant in recognition that the care provider acting on its behalf failed to comply with the service user's care plan.

9.6 One further complaint was also upheld with maladministration but without injustice. No recommendations arose from this complaint *(complaint reference: 16 002 611).*

9.7 The number of complaints upheld by the LGO with a maladministration finding reduced from 8 (2016/16) to 3 in 2016/17.

9.8 In 2016/17 the Complaints Team took on more of a leading role with the preparation of responses to LGO enquiries. It is considered that this action has been of benefit to the Department, providing additional support to services areas that would otherwise be involved in potentially time-consuming enquiries. It has also allowed for a further

[3] Information for 2016/17 not available from the LGO at the time of reporting.

'independent' overview of complaint issues to take place, prior to any response being returned to the LGO, as well as more timely responses being provided.

10. Report contacts

For more information relating to this report please contact:

Joanne Tansey, Customer Feedback & Complaints Manager or Paul Gardner, Complaints Admin & Business Support Officer

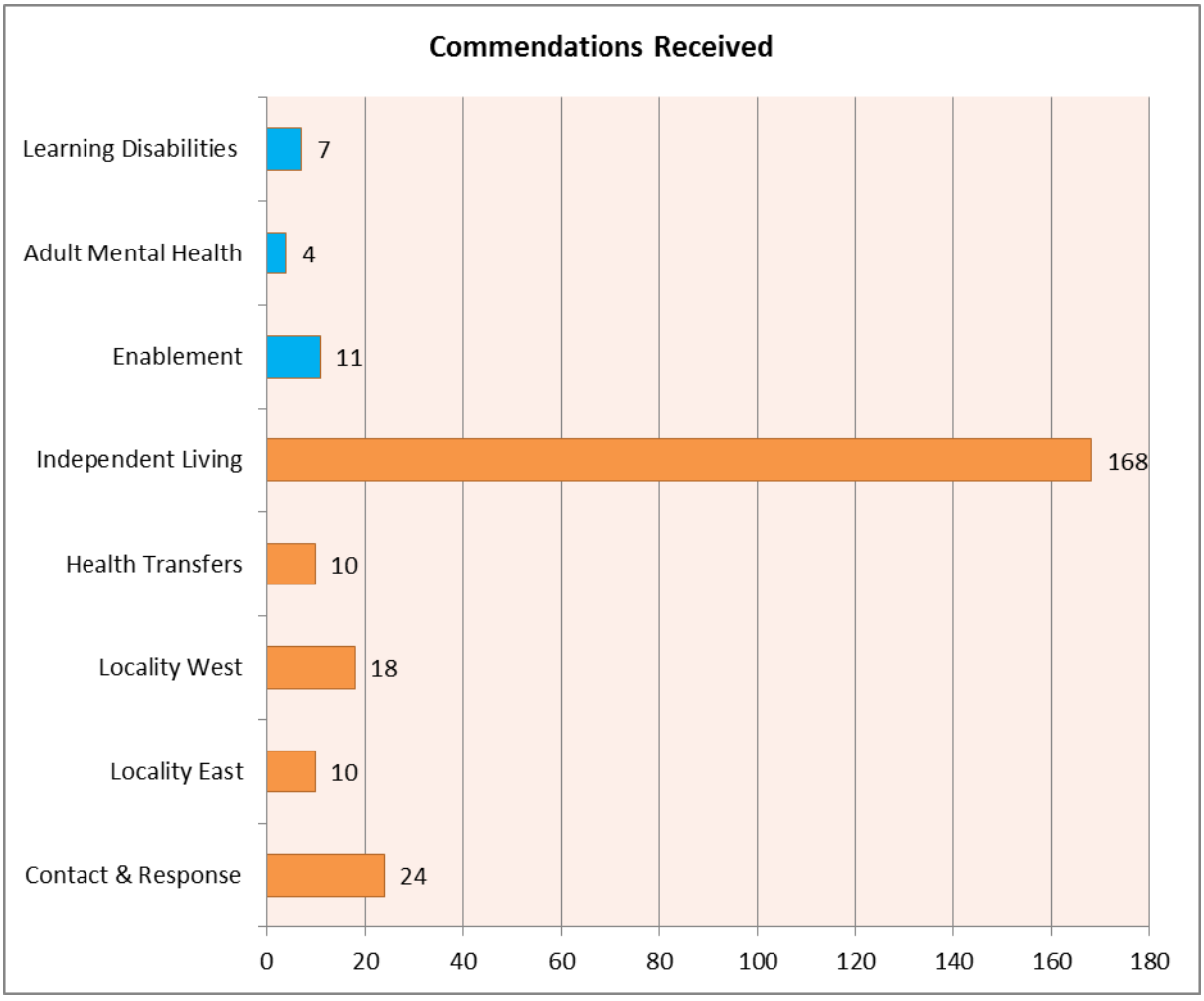
Safeguarding and Professional Standards
Adult Social Care
Bosworth House, 9-15 Princess Road West
Leicester
LE1 6TH

Email: Adultsocialcare-complaints@leicester.gov.uk

Tel: 0116 454 2470

APPENDIX 1

Commendations by service area



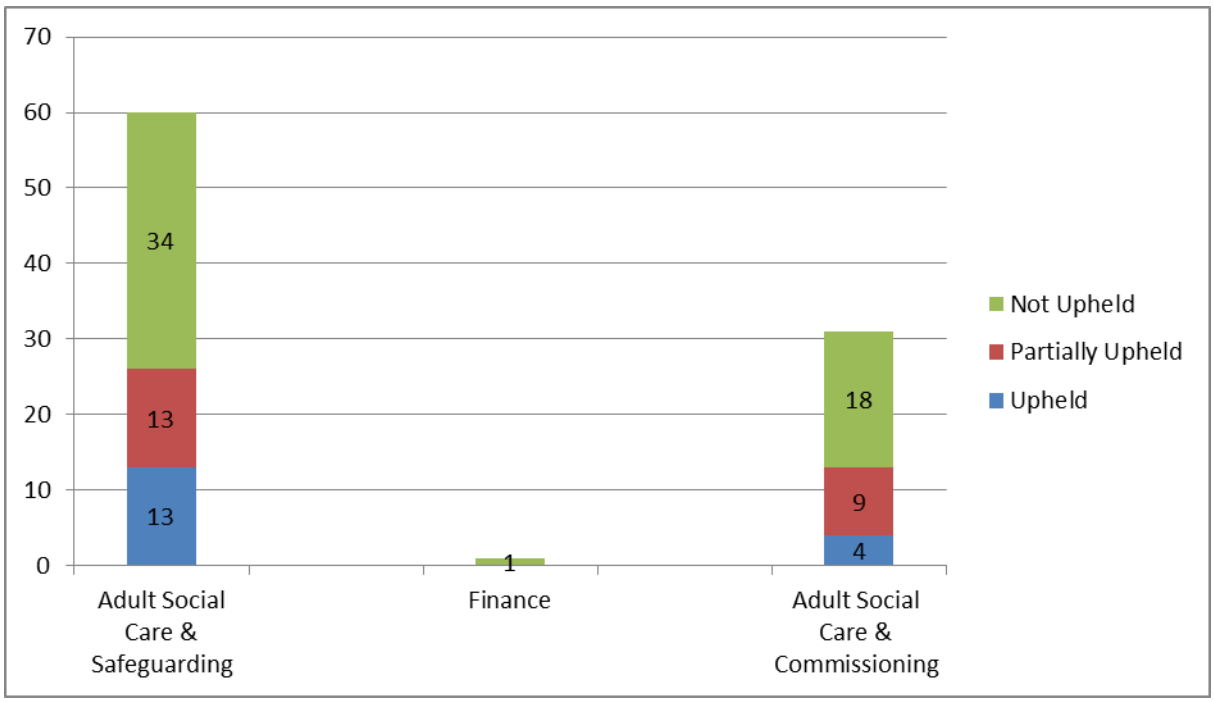
Breakdown of complaint information received across the Department

It is perhaps worth noting that teams receiving a higher number of complaints are not necessarily ones providing a poorer service than others. Higher numbers of complaints may indicate that staff are aware of their responsibilities in terms of recording and formally reporting matters, helping to ensure that the procedure remains open and accessible to all.

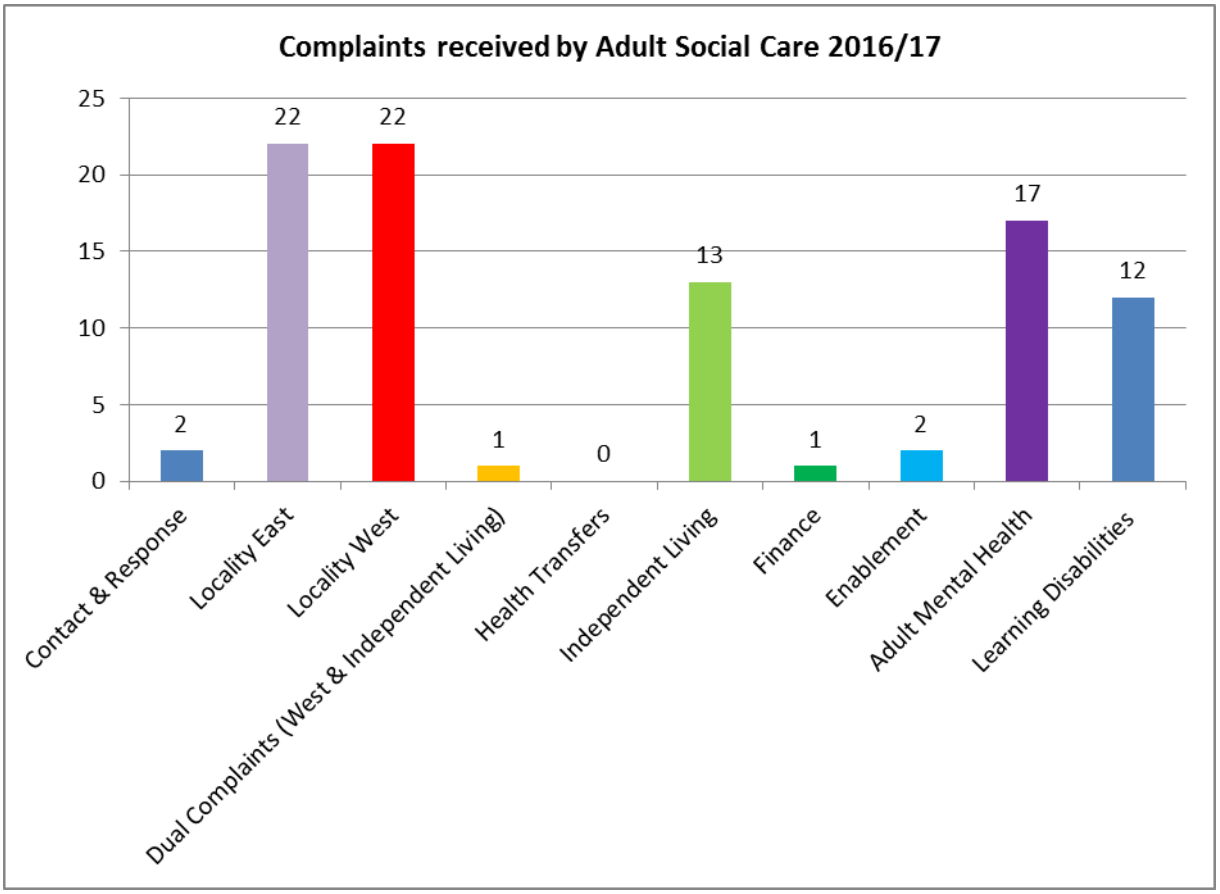
The distribution of Stage 1 complaints received in 2016/17 across ASC was as follows.[4]

[4] One complaint was a dual complaint between Locality West & Independent Living

By division:

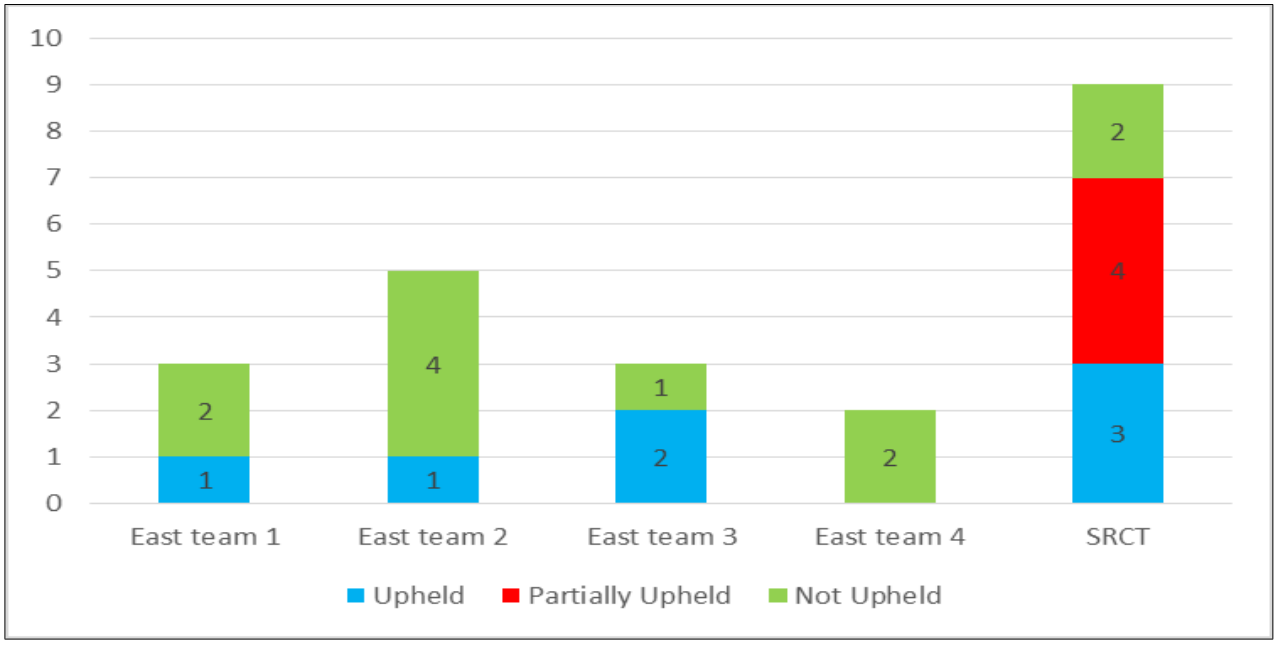


By service area:



Adult Social Care & Safeguarding

Locality East Teams & SRCT

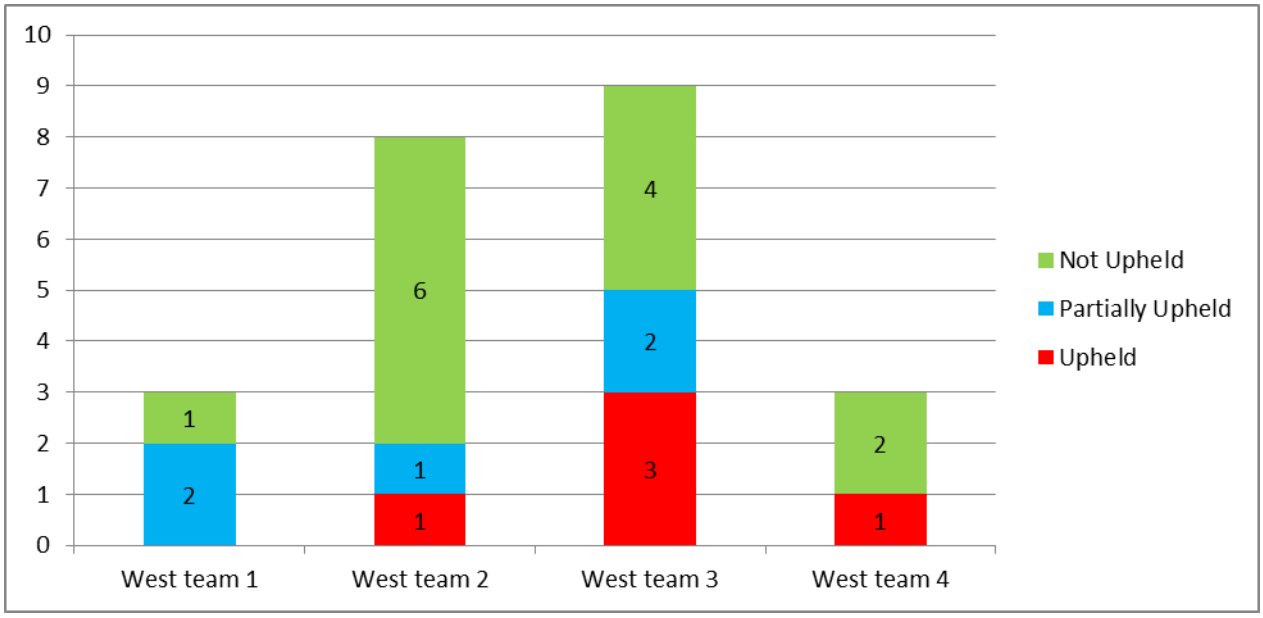


Locality East Teams (including SRCT) received a total of 22 complaints.

All 22 complaints were responded to within the agreed timescale.

In total 4 complaints out of 20 were partially upheld and 7 were upheld.

Locality West



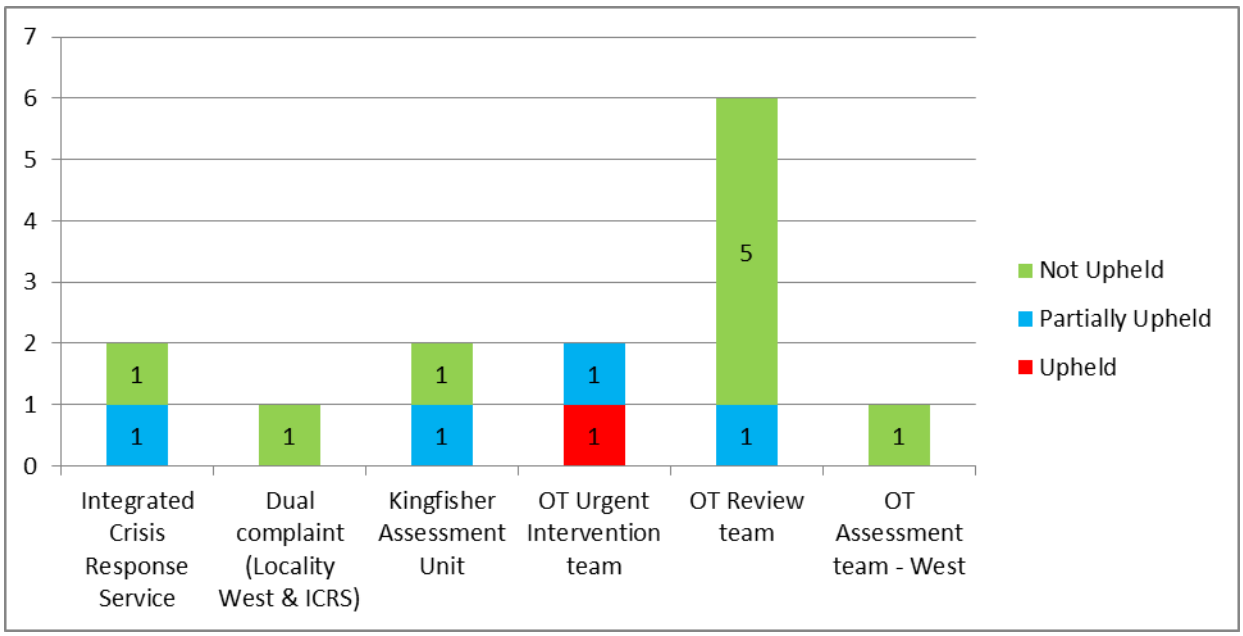
Locality West recorded a total of 23[5] complaints.

22 out of 23 complaints were responded to within the agreed timescale.

In total 5 complaints were partially upheld and 5 were upheld.

[5] One complaint was a dual complaint with Independent Living

Independent Living



Independent Living received a total of 14[6] complaints in relation to its services .

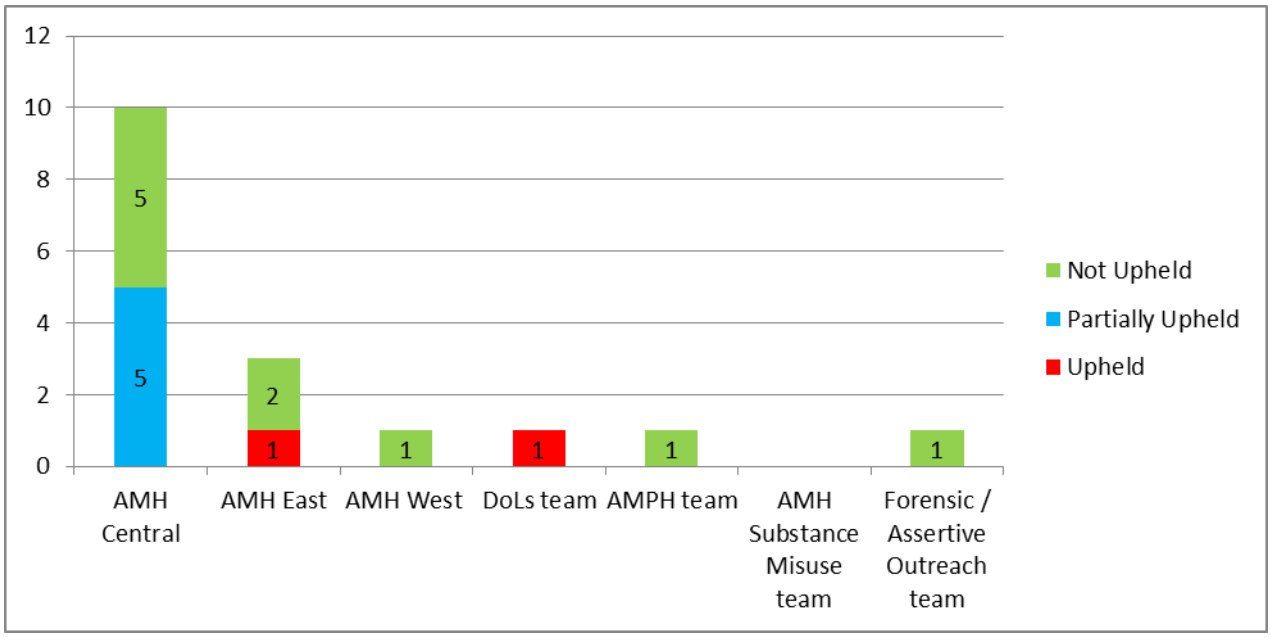
13 of the 14 complaints were responded to within the agreed timescales.

In total, 4 complaints out of 14 were partially upheld and one was upheld.

[6] One complaint was a dual complaint with Locality West

Adult Social Care and Commissioning

Adult Mental Health

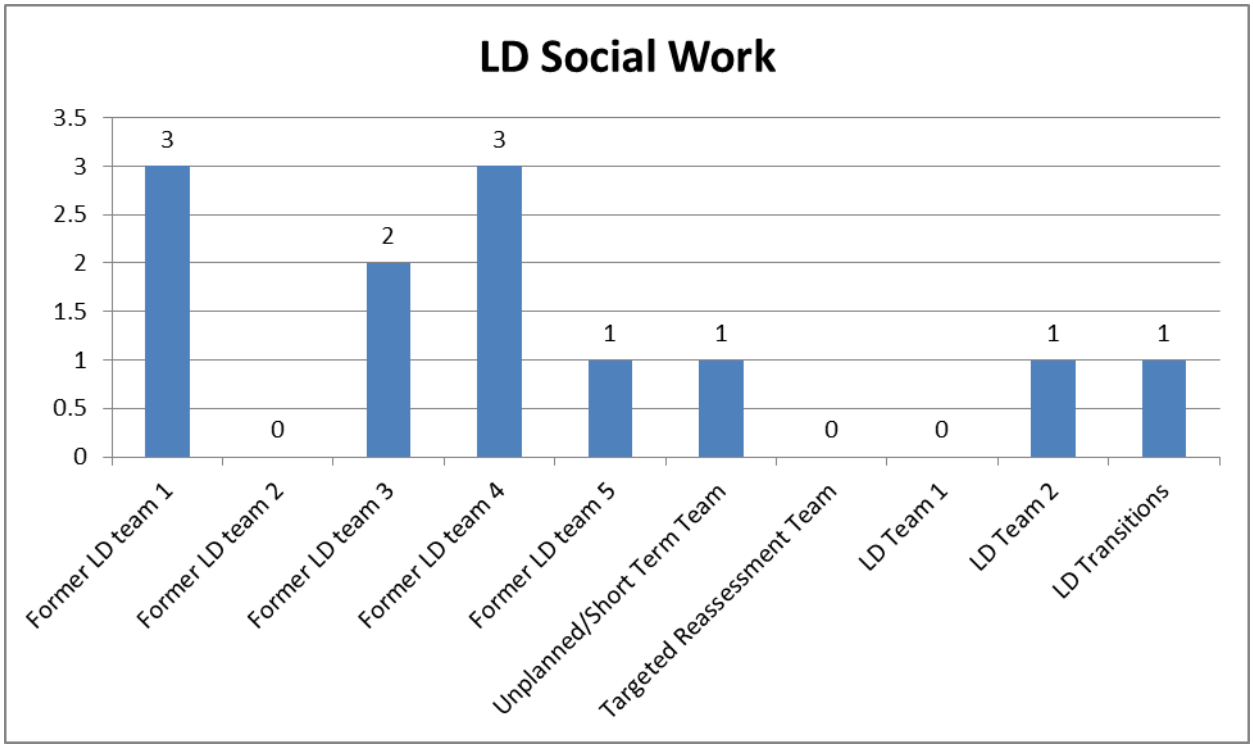


Adult Mental Health Services received 17 complaints.

All 17 complaints were responded to within the agreed timescale.

In total, 5 complaints out of 17 were partially upheld and 2 were upheld.

Learning Disabilities



Learning Disabilites received 12 complaints. 10 complaints were responded to within the agreed timescale.

In total, 3 complaints out of 12 were partially upheld and 1 was upheld.

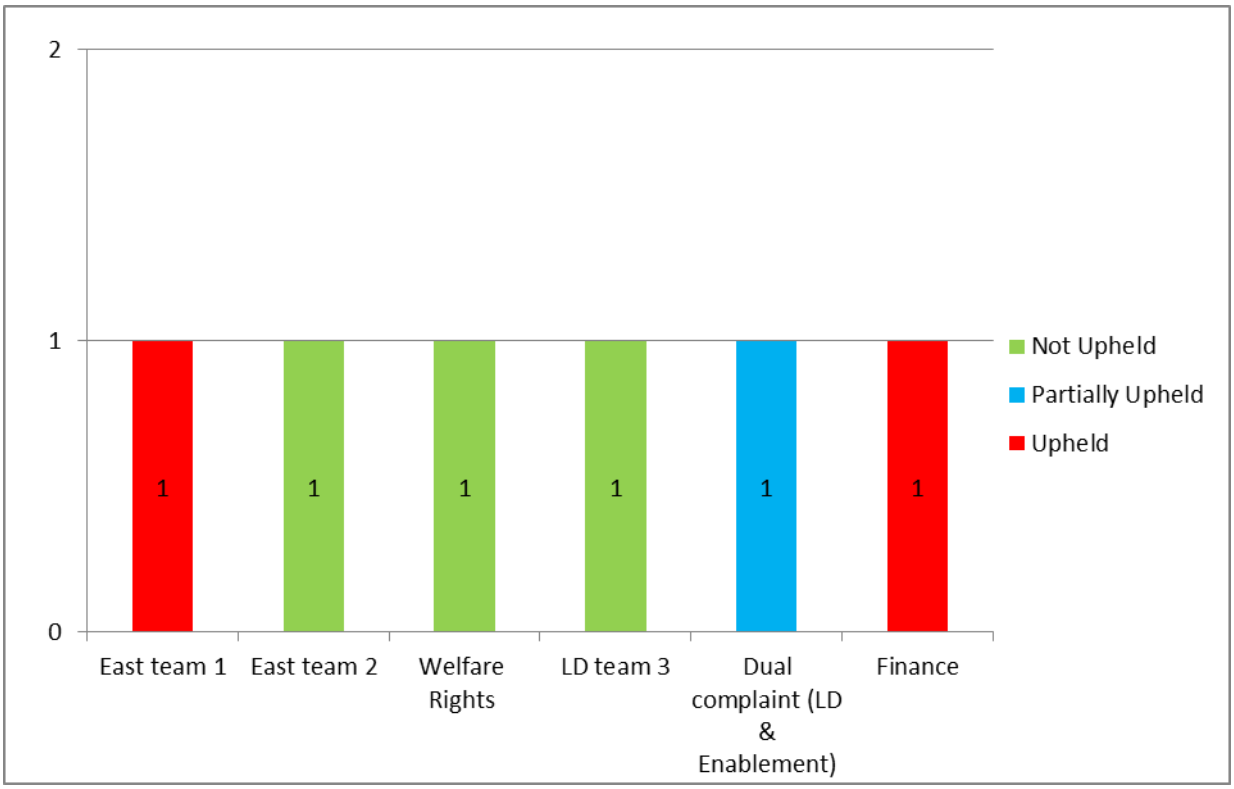
(Note – the graph accounts for the restructuring of teams within LD during 2016/17)

Social Care - Finance

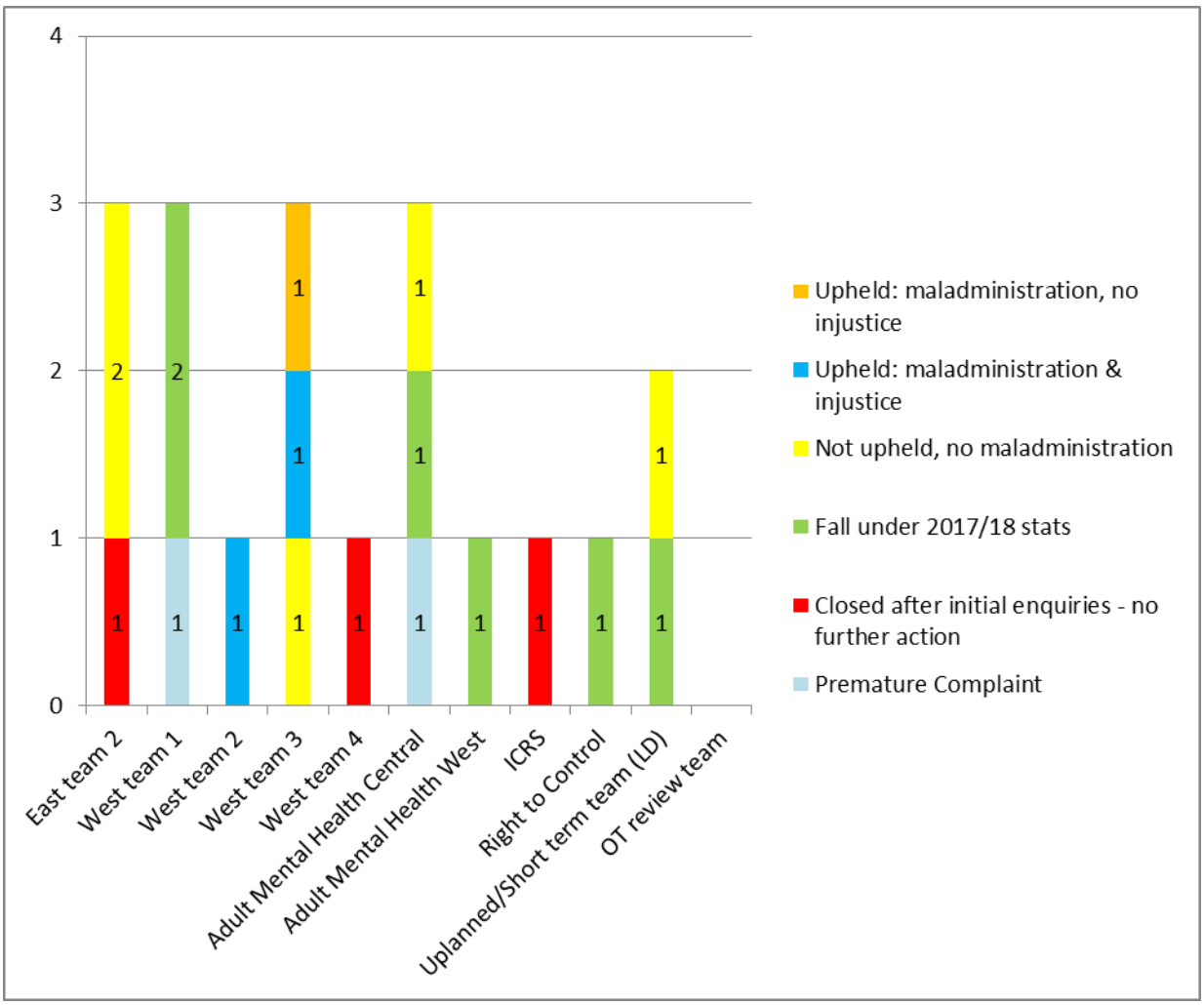
One statutory complaint was progressed in 2016/17 solely in relation to the Finance Team's actions. However, 7 complaints did concern financial aspects that had arisen subsequent to Care Management's involvement. Input from the relevant Finance Team was requested when responding to these complaints.

Corporate complaints

The following graph highlights the spread of corporate complaints that were received and addressed throughout the year.



LGO complaints received by teams



APPENDIX 2

Performance indicators relating to the management of statutory complaints

INDICATOR	2015/16	2016/17	Target for 2017/18
% Acknowledge Stage 1 complaints (combined) within 72 hours	99%	100%↑	100%
% Allocate Stage 1 complaints (combined) to investigating officer within 72 hours	100%	100%=	100%
Green % Completion of Stage 1 complaints within 10 working days	75[7]%	100%↑	100%
Green % Completion of Stage 1 complaints within agreed timescale extension	88%	N/A	100%
Amber % Stage 1 complaints completed within initial timescale of 20 working days (25 for joint protocol complaints)	82%	86%↑	90%
% Stage 1 complaints completed between 21-25 working days	10%	11%↑	-
% Stage 1 complaints completed between 26-35 working days	4%	1.5%↓	-
% Stage 1 complaints completed at 36 working days or over	4%	1.5%↓	-
% Completion of Amber Stage 1 complaints within agreed timescale extension	100%	100%=	100%
Red % Acknowledge Stage 1 complaints within 72 hours	100%	N/A	100%
% Allocating Stage 1 complaints to investigator within 72 hours	100%	N/A	100%

[7] Completed within 5 working days – timescales have changed to 10 working days in 2016/17

APPENDIX 3

Outcomes for 2016/17 action plan

Action identified	Action required	Anticipated Outcome	Timescale	Outcome
Review the number and categories of complaint reasons identified as part of current information gathering processes	Reduce the number of reasons recorded	Provision of more focused management information	30th June 2016	Achieved – the list of outcome options reduced from 14 to 10.
Workshop with Heads of Service on evidencing learning from complaints	Arrange Workshop	To reach an agreement on how learning is evidenced in the future and implement monitoring processes as appropriate	31st July 2016	Alternative approach taken as a number of learning events were running with the PSW throughout the year. Individual meetings offered/ held with Heads of Service on a quarterly basis to identify any lessons. Visit to Locality Away Days to discuss complaints and learning.
Evaluate effectiveness of complaint feedback processes	Consider alternative methods for seeking feedback from customers	Receive more targeted and effective feedback from customers to inform efficiency of complaint process	30th September 2016	Topic considered in conjunction with colleagues from the regional complaint officers group: conclusion drawn that requests do not generate useful feedback (if supplied at all) or add value to learning about the complainant management process. In line with other LA's actions, feedback around complaint handling processes is no longer requested.
Improvement in complaint response timescales	85% target set for 2016/17 stage 1 (Amber) complaints to	Performance improvement evidenced	30th September	Timescale met for 2016/17 and performance improvement noted. Revised target for 2017/18 in

	meet 20 working days timescale		2016	place.
Less repetition of complaint themes emerging.	Run an information comparator exercise against existing information	Links to evidencing learning	31st March 2017	Complaint Team continues to identify learning points, through quarterly reports to Leadership Team Meetings and through capturing and advising on emerging themes. Increased offers to Heads of Service to support work on this, from the Complaints Team.
Reduction in the number of complaints progressing to formal investigation, upheld by the LGO.	Run an information comparator exercise against existing information	Links to evidencing learning	31st March 2017	The overall number of enquiries going to the LGO remains difficult to influence, but a reduction in the number of LGO complaints upheld with maladministration during 2016/17 was noted. Further input into complaint responses have been undertaken by the ASC Complaints Team to ensure full, considered responses are being provided. Emphasis continues to be placed on encouraging proactive complaint resolution processes.

APPENDIX 4

2017/18 Action Plan

Action identified	Action required	Anticipated Outcome	Timescale
Encouraging better communication with complainants	HoS to ensure contact with complainants at the start of the investigation process to discuss concerns being raised directly.	Gaining an improved understanding around issues of concern being raised and fostering an improved customer relationship.	Review actions quarterly - August 2017
To encourage direct resolution actions	Options to be considered for further addressing complaints when it is apparent that matters remain unresolved for complainant.	To ensure that all options for resolving the complaint have been fully considered for each complaint.	Review actions quarterly with HoS – August 2017
Improvement in complaint response timescales	90% set for 2017/18 stage 1 complaints to meet 20 working days timescale	Performance improvement evidenced.	Review at 31st March 2018
Less repetition of complaint themes emerging.	Run an information comparator exercise against existing information	Links to evidencing learning	Review at 30th September 2017 and 31st March 2018
Reduction in the number of complaints progressing to formal investigation, upheld by the LGO.	Run an information comparator exercise against existing information	Links to evidencing learning	Review at 31st March 2018

Appendix C

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2017/18 - Quarter 2

Date: 12th December 2017

Lead Director: Steven Forbes

Useful information

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

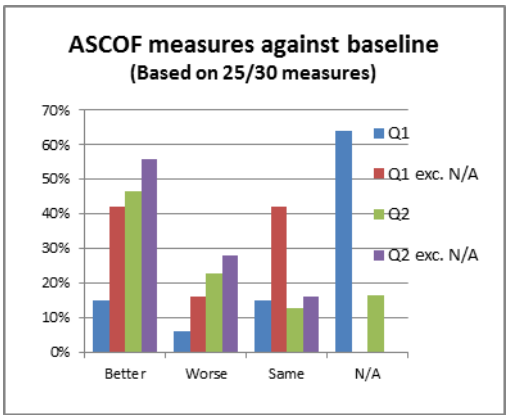
1. Summary

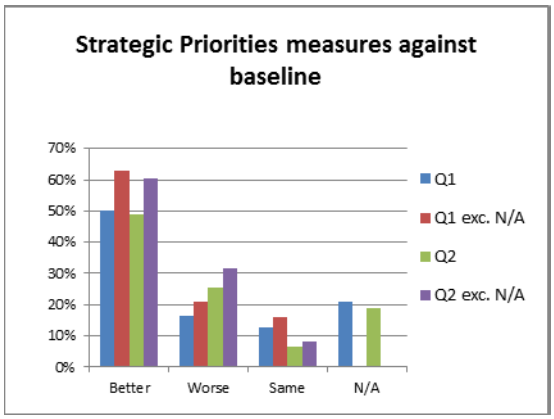
1.1 This report brings together information on various dimensions of adult social care (ASC) performance in the second quarter (first six months) of 2017/18.

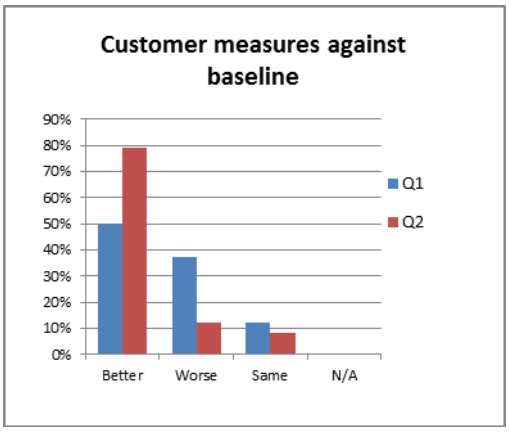
1.2 The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business. The report contains information on:

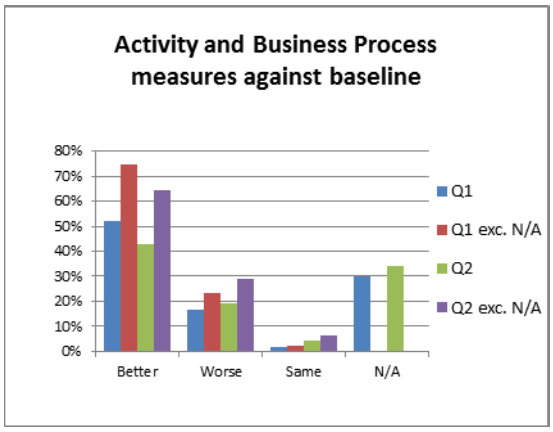
- our inputs (e.g. Finance and Workforce)
- the efficiency and effectiveness of our business processes
- the volume and quality of our outputs
- the outcomes we deliver for our service users and the wider community of Leicester

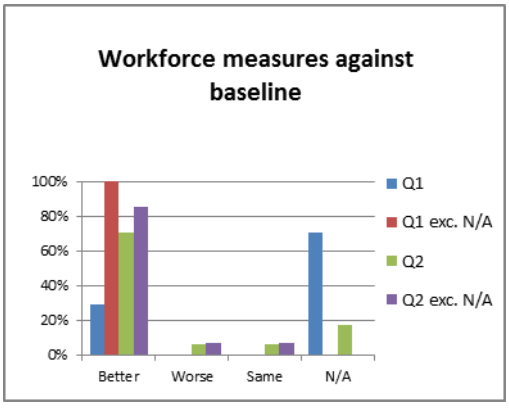
1.3 A summary of data based performance for the first and second quarters of 2017/18 is presented below:

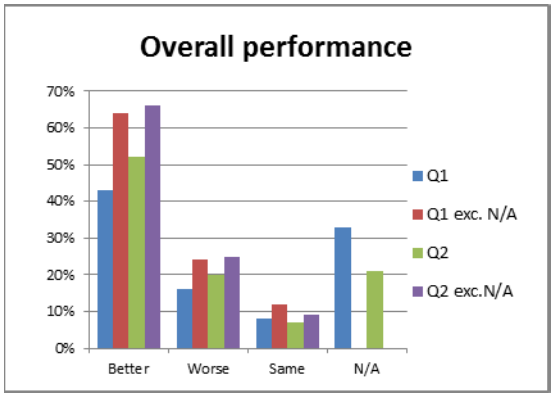












2. Recommendations

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 based on the final data published in October 2017. 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, 23 of our measures have shown improvement from our 2016/17 baseline, with 12 showing deterioration. This is a slightly poorer position to that reported at the end of Q1, but similar to the 2016/17 out-turn. Performance is consistently strong across all priorities except priority three (and priority five where we have no data. 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, 72% of service users said that their quality of life had improved very much or completely as a consequence of our support and services. 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.

3.1.4 Concerns:

Performance in priority three (promoting independence in the working age population) has dipped this quarter, with no measures showing an improvement from our baseline position. 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 Q2 2017/18, 87 individuals were involved in a safeguarding enquiry started in that period. Of these 42 were aged 18 to 64, with 45 aged 65 years or over. 60 of those involved were female and 27 were male. 62 were 'White', 9 'Asian' and 6 were 'Black.'

3.2.3 61 individuals who were involved in an enquiry have a recorded Primary Support Reason. 43% of these individuals (26 people out of 61) have 'physical support' as their Primary Support Reason, with 'mental health' and 'learning disabilities' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 2, the most commonly recorded category of abuse for concluded enquiries was "neglect" (48), then "psychological/emotional abuse" (31) followed physical abuse" (30). The most common location of risk was in care homes, with a total of 35, of these, 23 were residential homes and 12 nursing homes. The next most common abuse location recorded was the person's own home, 26 instances.

3.2.5 Quarter 2 performance:

Measure	Quarter2 2017/18
Number of alerts progressing to a Safeguarding enquiry (threshold met)	Alerts received in the quarter = **604** Threshold met in **103** cases
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	**85.2%** of enquiries begun within 24 hours of threshold decision being made
Completion of safeguarding enquiries – within 28 days target	**60%** of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	**94.6%** of individual who were asked for and gave desired safeguarding outcomes had these outcomes fully or partially met (fully met **52.1%** and partially met **42.5%**)

3.3 Managing our Resources: Budget

3.3.1 The department is forecasting to spend £3.6m less than the budget of £105.5m.

3.3.2 This underspend is one-off in nature as a result of making planned savings ahead of schedule. Care management and related staffing costs are targeted to reduce by £2.3m from 2019/20 and we have already identified £1.1m from voluntary redundancies and deletion of vacant posts against a target this year of £0.85m. Savings from the Enablement service of £0.7m have been identified from vacant posts a year ahead of schedule. The Kingfisher Intermediate Care Centre closed this year and a contract let for 12 beds with two independent sector providers giving savings a year ahead of schedule. There have also been a number of other staffing savings including in Contracts and Commissioning from posts which were not filled immediately following organisational reviews.

3.3.3 Following on from last year there has been no significant growth in net new service users. We are projecting that annual growth may be 1%, slightly less than the 1.2% seen in 2016/17.

3.3.4 The major issue for the service remains the increasing levels of need of our existing service users. This is forecast to add £5.3m to our gross package costs or 5.7% of the service user annual costs at the beginning of the year. The rate of increase has itself been increasing (in 2016/17 it was 3.4% and 2.5% in 2015/16). The increase in package costs is predominantly in the 75 year plus age group and also with older service users with a learning disability. We have conducted a number of case audits of package changes and are satisfied that any increases are justified and appropriate, as we would expect.

3.3.5 We have carried out projections of the likely increases in need over the next two years and are satisfied that they remain sustainable within the funding available, including the new improved Better Care Fund.

3.3.6 The additional cost of the increasing needs has been mitigated to a significant extent this year as a result of the impact of savings from planned reviews of care packages together with additional service user fees and income from the CCG for joint funded packages. The savings from targeted reviews carried out last year have been sustained into this year which gives us confidence that the changes were appropriate for the individual service users.

3.4 Managing Our Resources: Our Workforce

3.4.1 The reporting functionality of the new HR system was not working at the end of Q1. This has largely been resolved, with only data for establishment and vacancy rates not available. Where available, Q1 data has been retrospectively included in this report. Overall performance at the end of Q2 is very strong, with12 of the 14 measures where we have data showing improvement. A condensed overview of progress is shown at **Appendix 2**.

3.4.2 <u>Achievements:</u>
For the first time since reporting on our workforce commenced, we are able to report an improvement in sickness levels, both short and long term across both divisions. Spend on agency and sessional staff and overtime is lower than the corresponding period in 2016/17 as indeed is the overall staff costs for the department.

3.4.3 Concerns:
There are no significant areas of concern from the 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. See **appendix 3** for a snapshot of our ASCOF performance.

3.5.2 Summary:
As reported in Q1, there continue to be data issues which impact on our ability to make a judgement on overall performance for the year to date. There is no carers survey this year and results of the 2017/18 users survey won't be available until May 2018. We have received no further guidance on the issues affecting data for: Delayed Transfers of Care (2Ci and ii); the proportion of older people provided with reablement following discharge from hospital (2Bii); and the measures based on the new Mental Health dataset (1F and 1H). ASCOF data for 2016/17 was published on 25th October and some minor changes from the provisional data are reflected in the data table (appendix 3). Our Q2 performance summary incorporates this final data for measures derived from the 2016/17 surveys to confirm the direction of travel from 2015/16.

3.5.3 Achievements:
The published ASCOF data for 2016/17 allows us to benchmark our performance against all other local authorities in England with social care responsibilities. The results show that we have improved our national ranking for 15 measures, with 3 unchanged and 8 declining. No data for the two mental health measures referred to above was published.

From the limited data available for 2017/18 there are some areas of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains strong. The outcomes of short-term services (reablement and enablement) (2D) are marginally lower than in Q1, but are still 20% better than the same period in 2016/17 and forecast to meet our target. Final results for the ASCOF measures derived from the annual ASC user survey are broadly positive, 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 signs that performance against a number of key measures is worsening and appear unlikely to meet the targets we have set. Permanent admissions to residential care for 18-64 year olds (2Ai) and those over 65 (2Aii) are both markedly higher than in Q2 last year when compared on like for basis (although a revised method of calculating admissions means we are on track to meet our 2017/18 targets). The proportion of older people at home 91 days after hospital discharge (2Bi) has improved marginally since Q1, but remains well below the 2016/17 baseline. Both measures for delayed transfers of care (2Ci and 2Cii) are showing deterioration based on published data up to August.

Performance against both learning disability measures (1E and 1G) has dipped slightly from the Q1 position, a further decline from our baseline. The percentage of mental health service users living independently (1H) had improved from the baseline in Q1, but has now slipped back to below the baseline and remains well off-target.

3.6 Activity and Business Processes

3.6.1 We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. The KPIs will also support the overall approach to managing workflow and workloads within services and teams. See **appendix 4** for a summary of activity and business process performance, with commentary provided by Heads of Service.

3.6.2 Summary:
Overall performance is very encouraging, if not quite as strong as Q1, with more than 64% of measures where a judgement can be made showing improvement, more than twice 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 signed-off by Leadership and relate to a 2017/18 year-end position.

3.6.3 Achievements:
We can be increasingly confident 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 (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 over 78% 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 based on the final data published in October 2017. See **appendix 5** for a snapshot of customer performance.

3.7.2 Summary:
Performance on 19 of our customer measures is showing improvement from our 2016/17 baseline, with two showing no significant change and 3 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 we are being to see more change during the year.

3.7.3 Achievements:

The final published results from the 2016/17 national ASC user survey are broadly positive. The overall quality of life score climbed from 18.1 to 18.5, 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 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 Q2 continue to be extremely positive with 74.4% (up from 73.4% in Q1) of service users saying that there needs were very much or completely met and 72% (up from 67.3% in Q1) said that their quality of life had improved very much or completely as a consequence.

There was a marked decrease in the number of complaints received during Q2 compared to Q1. Our current position is now on a par with 2016/17.

3.7.4 Concerns:

The only minor concern about our performance relating to the customer experience and their satisfaction is that the number of staff commendations have dropped significantly in the second quarter, although it the numbers for the year to date are similar to the mid-point of 2016/17.

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 (Ext. 372251)

4.4 Equalities Implications

From an equalities perspective, the six strategic priorities including the new priority on our commitment to keeping people safe are in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity, and the information related to the outcomes delivered for service users

and the wider community. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and socio-economic inequalities, experienced by many adults across the city. 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 equalities (as set out in the adults JSNA)

Sukhi Biring, Equalities Officer (Ext. 374175)

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

None

5. Background information and other papers: None

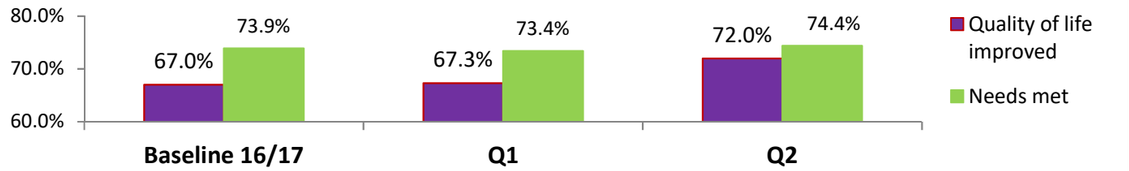
6. Summary of appendices:

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

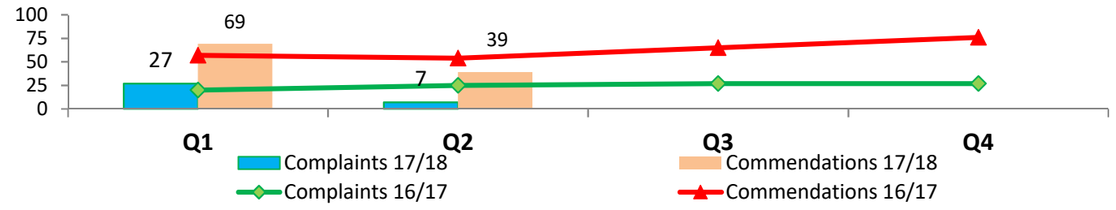
ASC Strategic Priorities - Highlight Dashboard 2017/18 Quarter 2 Appendix 1

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

Customer satisfaction with impact of support and services (very much / completely) met (SAQ)

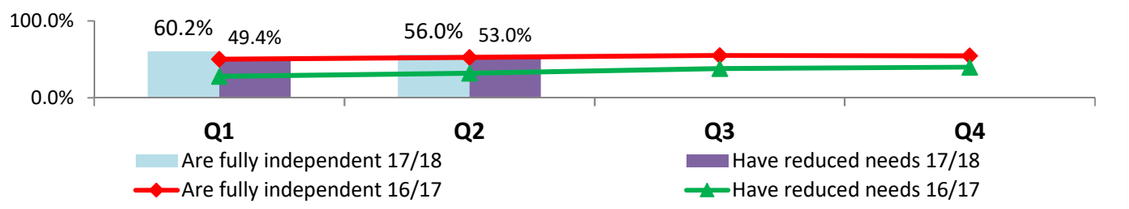


Number of complaints and commendations received

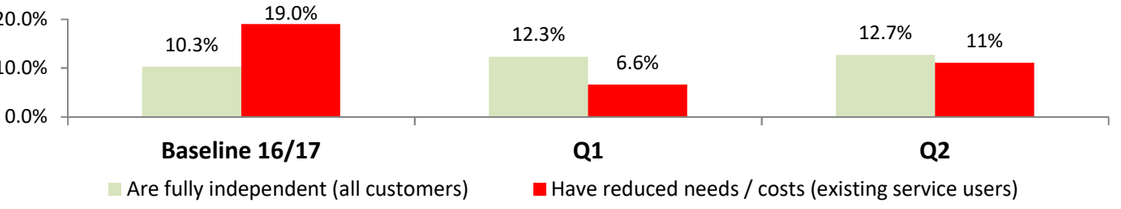


2) We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence

Percentage of customers who, following reablement

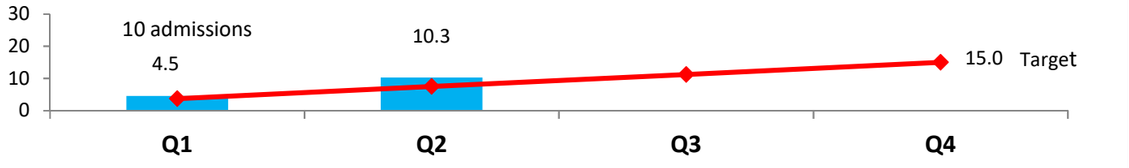


Percentage of customers who, following enablement

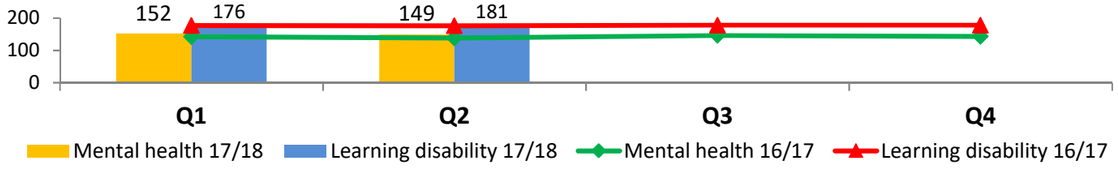


3) We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care

Adults aged 18-64 admitted on a permanent basis to residential or nursing care (per 100,000 pop.)

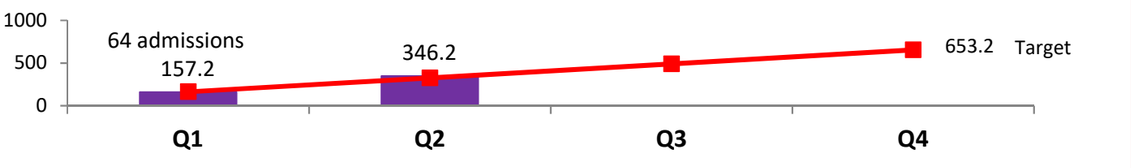


The number of people (18-64) with a learning disability or mental health needs in residential care



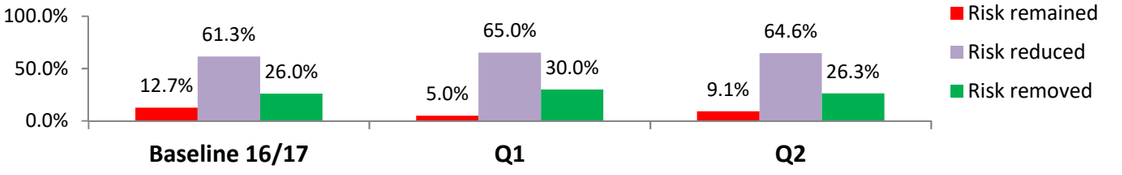
4) Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care

Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care per 100,000 pop



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

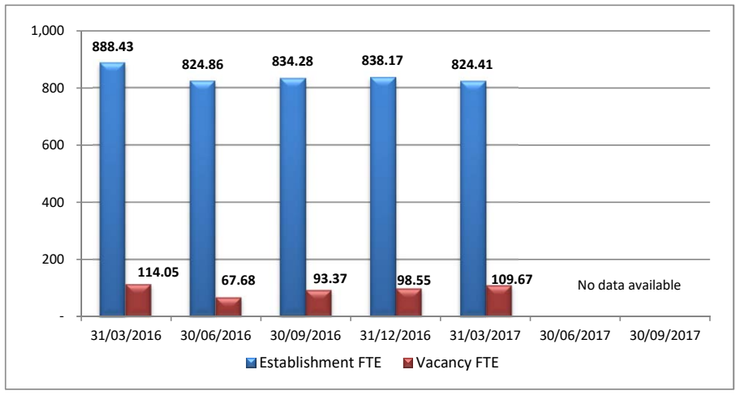
Where a risk was identified, the outcome / expected outcome when the case was concluded was



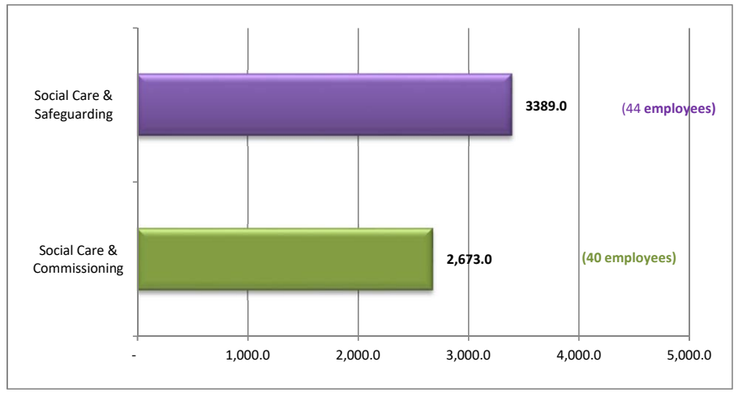
ASC Workforce Measures 2017/18 Quarter 2

Appendix 2

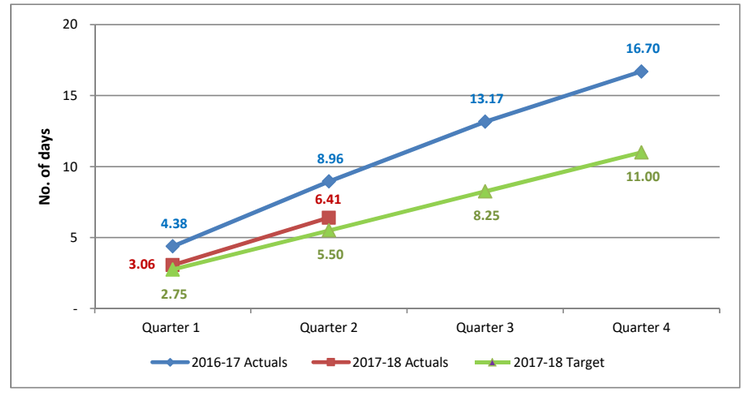
WM1 & WM2 - ASC Establishment & Vacancy Numbers (FTE)



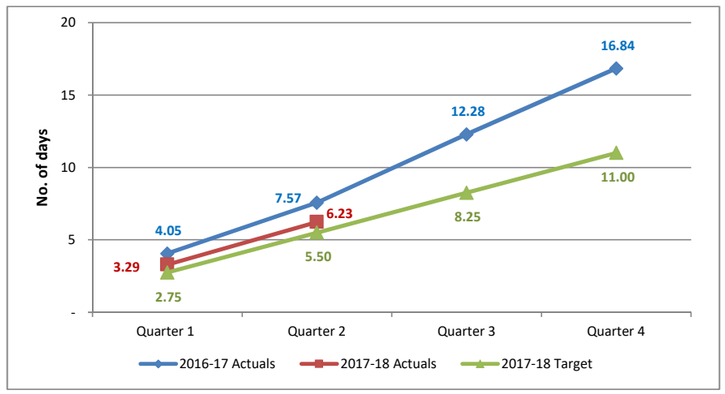
WM3 - 30+ Days Sickness Caseload (Total working days lost and no. of employees with 30+ days sick (October 2016 - September 2017))



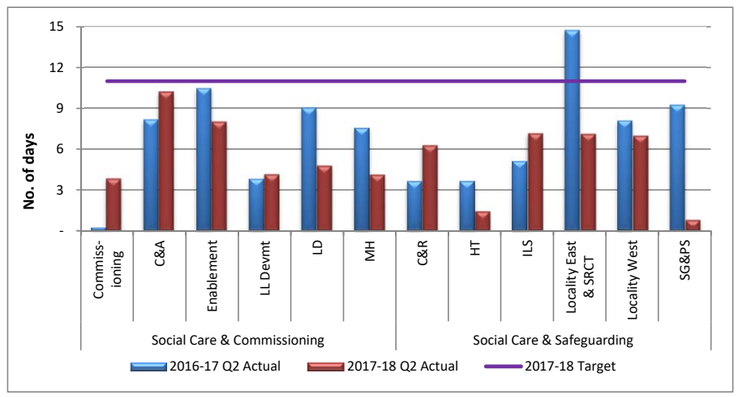
WM4 - Quarterly Sickness Reporting (Actuals vs Target) Social Care & Commissioning



WM4 - Quarterly Sickness Reporting (Actuals vs Target) Social Care & Safeguarding

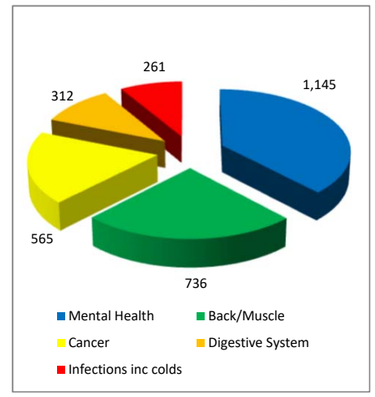


WM4 - Quarterly Sickness Reporting by Service (Actuals vs Target)

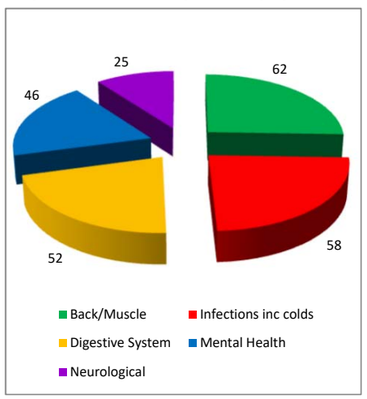


WM4 - Quarterly Sickness Reporting

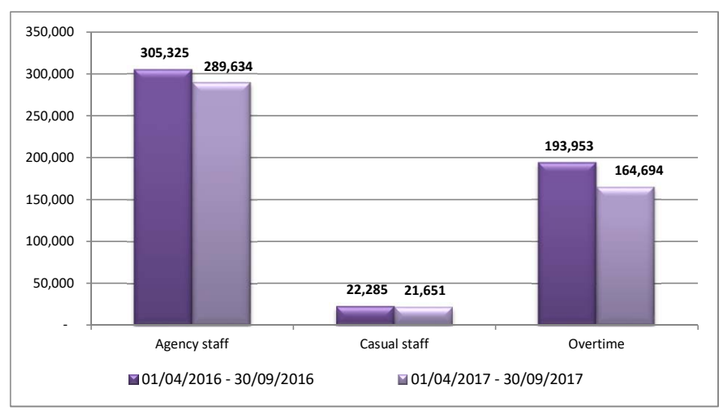
Top 5 sickness reasons by days lost



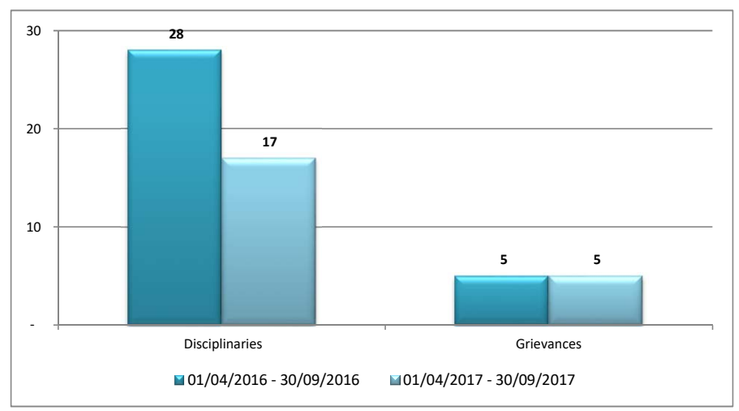
Top 5 sickness reasons by no. of employees sick



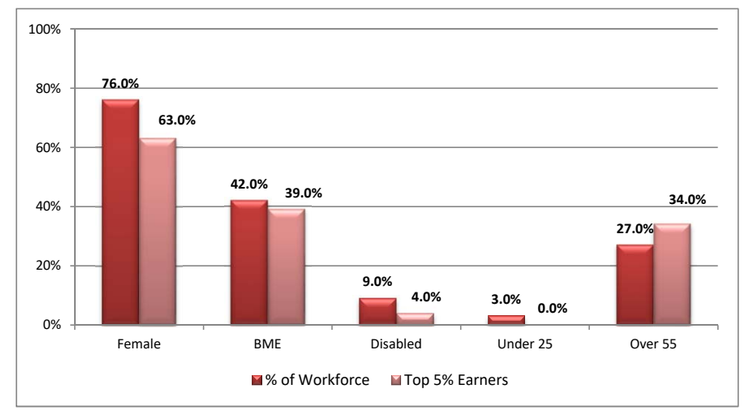
WM6, WM7, WM8 - Agency Staff, Casual Staff and Overtime Costs (£)



WM10 - Case Management (No. of Disciplinaries & Grievances)



WM11, WM12 - Total Workforce & Top 5% Earners (@ 30/09/2017)



Appendix 3.

Adult Social Care Performance: 2017/18 – Q2

Adult Social Care Outcome Framework

Indicator	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Target	Rating	Comments
			England Average	England Ranking	England Rank DoT					
1A: Social care-related quality of life.	18.1	18.5	19.1	126/150 (=)	↑ From 147/150	N/A	**N/A**	18.8	From 2015/16 ↑	17/18 user survey results available May '18
1B: Proportion of people who use services who have control over their daily life.	70.5%	76.2%	77.7%	100/150	↑ From 138/150	N/A	**N/A**	75.0%	From 2015/16 ↑	17/18 user survey results available May '18
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	98.7% (3763/3812)	99.7% (3,689/3698)	89.4%	28/152 (=)	↑ From 31/152	99.7% (3,682/3,694)	**99.8% (3,683/3,689)**	99.0%	↑ **G**	Position at Q2 2016/17: **99.6% (3,828/3,844)**
1Cib: Carers receiving self-directed support in the year.	100% (147/147)	100%	83.1%	1/150 (=)	↔	100% (86/86)	**100% (96/96)**	100%	↔ **G**	Position at Q2 2016/17: **100% (131/131)**
1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date.	44.4% (1693/3812)	46.8% (1,733/3,698)	28.3%	7/152	↑ **From 8/152**	47.3% (1,746/3,694)	**49.7% (1,834/3,689)**	46.1%	↑ **G**	Position at Q2 2016/17: **45.1% (1,735/3,844)**
1Ciib: Carers receiving direct payments for support direct to carer.	100% (147/147)	100%	74.3%	1/150 (=)	↔	100% (86/86)	**100% (96/96)**	100%	↔ **G**	Position at Q2 2016/17: **100% (131/131)**

Indicator	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	Target	Rating	Comments
			England Average	England Ranking	England Rank DoT					
1D: Carer reported quality of life.	No carers survey	7.2	7.7	127/151 (=)	↑ From 145/151	N/A	**N/A**	N/A	From 2014/15 ↑	No carers survey in 2017/18
1E: Proportion of adults with a learning disability in paid employment.	5.2% (41/793)	4.7% (37/785)	5.7%	85/152	↔	4.6% (33/721)	**4.4% (33/754)**	6.6%	↓ R	Position at Q2 2016/17: **4.8% (37/764)**
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.9%	2.4% (19.5/820)	No national data published			2.9%	**2.5%**	5.2%	↑ R	April / Aug average data Position at Q2 2016/17 – **2.1%**
1G: Proportion of adults with a learning disability who live in their own home or with their family.	71.8% (569/793)	74.4% (584/785)	76.2%	97/152	↑ From 98/152	72.0% (519/721)	**71.5% (539/754)**	73.8%	↓ R	Position at Q2 2016/17: **72.6% (555/764)**
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	62.3%	36.6% (300/820)	No national data published			41.4%	**35.3%**	68%	↓ R	April / Aug average data Position at Q2 2016/17 – **36.3%**
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like. **Users**	37.2%	35.9%	45.4%	148/150	↓ From 142/150	N/A	**N/A**	42.6%	From 2015/16 ↓	17/18 user survey results available May '18
Carers	No carers survey	31.0%	35.5%	105/151	↑ From 123/151	N/A	**N/A**	N/A	From 2014/15 ↑	No carers survey in 2017/18
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.	0.396 (Category C)	0.372	0.403	131/150	↓ From 123/150	TBC	**N/A**	N/A	From 2015/16 ↓	New measure for 2016/17 (with retrospective scores). Derived from user survey.

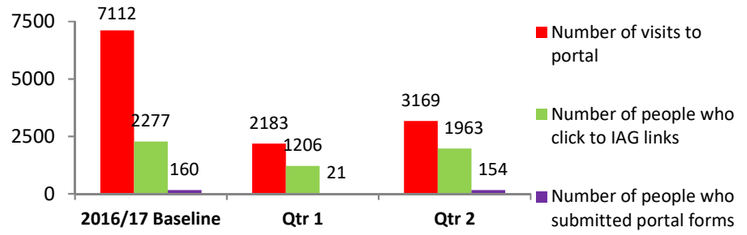
Indicator		2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT					
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)		16.3* 36 admissions	17.8* 40 admissions	12.8	121/152 (=)	⇩ From 111/152	2.7 6 admissions	**5.8** **13 admissions**	15.0	⇔ **R**	Cumulative measure: Position at Q2 2016/17: **5.89 (13 admissions)*** Forecast based on Q2 = **26** admissions ***2015/16 & 16/17 over counted**
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).		644.1* 258 admissions	692.4* 282 admissions	610.7	99/152	⇩ From 82/152	167.0 68 admissions	**304.5** **124 admissions**	653.2 266 admissions	⇔ **A**	Cumulative measure: Position at Q2 2016/17: **289.9 (119 admissions)*** Forecast based on Q2 = **248** admissions ***2015/16 & 16/17 over counted**
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	**Statutory**	91.5%	91.3%	82.5%	22/152 (=)	⇩ From 19/152	N/A	**N/A**	90.0%	From 2015/16 ⇔	Statutory measure counts Oct – Dec discharges
	Local	*88.2%*	*92.3%*	*N/A*	*N/A*	*N/A*	*85.8%* *(200/233)*	***86.0%*** ***(370/430)***	*90.0%*	⇩ **R**	Position at Q2 2016/17: ***93.3%*** (Local measure counts full year)
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	**Statutory**	3.1% (200 in reablement)	3.1%	2.7%	64/152	⇧ From 72/152	N/A	**N/A**	3.3%	From 2015/16 ⇔	Statutory measure counts Oct – Dec discharges
	Local	*3.0%* *(939 in reablement)*	*2.7%*	*N/A*	*N/A*	*N/A*	*3.4%* *(233 in reablement)*	***3.5%*** *(430 in reablement)*	*3.6%*	⇔	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)		6.0	8.9 (282 delays)	14.9	46/152	⇩ From 34/152	8.9 (per 100,000 pop - total (All) DTOC bed delays)	**10.2** **(per 100,000 pop - total (All) DTOC bed delays)**	16/17 target in BCF plan	⇔	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. **Data up to August 2017**

Indicator	2015/16	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	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)	1.7	Published data: 2.9 (92 delays) Local data: 2.6 (82 delays)	6.3	Published data: 47/152 Local data: 42/152	From 37/153	2.5 (per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)	**3.4 (per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)**	1.4	⇔	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. **Data up to August 2017.**
2D: The outcomes of short-term services (reablement) – sequel to service	60.5%	61.9%	77.8%	127/152	From 129/152	71.4%	**69.4%**	68.0%	**G**	Position at Q2 2016/17: **56.9%**
3A: Overall satisfaction of people who use services with their care and support.	61.7%	65.4%	64.7%	64/150	From 104/150	N/A	**N/A**	63.7%	From 2015/16	17/18 user survey results available May '18
3B: Overall satisfaction of carers with social services.	No carers survey	43.5%	39%	24/151	From 116/151	N/A	**N/A**	N/A	From 2014/15	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.	No carers survey	70.7%	70.6%	70/151	From 105/151	N/A	**N/A**	N/A	From 2014/15	No carers survey in 2017/18
3D: The proportion of service users and carers who find it easy to find information about services. **Users**	61.7%	67.4%	73.5%	142/150	From 150/150	N/A	**N/A**	69.0%	From 2015/16	17/18 user survey results available May '18
Carers	No carers survey	57.3%	64.2%	134/151	From 144/151	N/A	**N/A**	N/A	From 2014/15	No carers survey in 2017/18
4A: The proportion of service users who feel safe.	60.8%	65.4%	70.1%	125/150	From 144/155	N/A	**N/A**	**66.0%**	From 2015/16	17/18 user survey results available May '18

Indicator	2015/16	2016/17	2015/16 Benchmarking			2017/18 Q1	2017/18 Q2	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.	80.7%	77.6%	86.4%	139/150	↓ From 117/150	N/A	**N/A**	85.0%	From 2015/16 ↓	17/18 user survey results available May '18

Forecast to meet or exceed target - 7	**Performance within 0.5% of target - 0**	**Forecast to miss target - 5**	**N/A - No data on which to make a judgement – 16**
Improvement from baseline - 14 ⇧	**No significant change from baseline - 4 ⇔**	**Deterioration from baseline - 7 ⇩**	**N/A - No data on which to make a judgement - 5 ⇔**

APB1a - ASC Portal (JM)



DATA - Due to additional new on-line OT forms there is a marked increase as well as use of the IAG links. As always, the figures may be skewed due to vigorous testing required and it is not possible to distinguish between "real" users from testing.

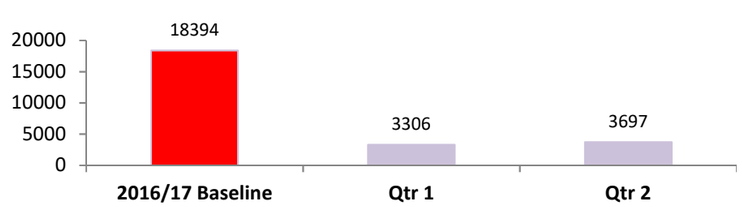
REVIEW - The underlying figures show an increase in the use of the portal as well as use of the IAG links that provide information for the public. Since individuals should not be fully tracked on any websites it is not possible to determine if the individuals subsequently make personal contact to request an assessment or services.

Since the recent addition of further forms, there has been an increase in on-line submissions from customers as well as professional referrals requesting OT services.

ACTION - In recognition of on-line OT submissions, work is now focused on referrals from other organisations, including providing information and links to more appropriate services / organisations, as well as requesting sufficient details.

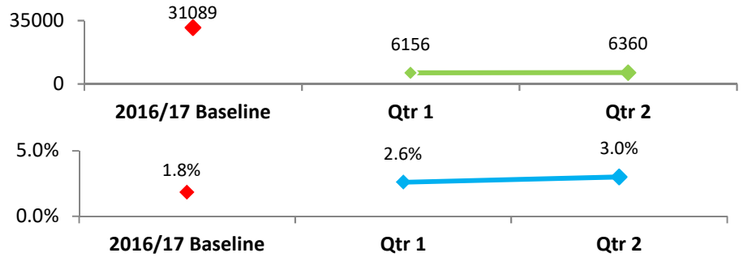
The work to use the ASC portal to communicate with established service users, for example to review a Support plan, will follow work in progress for core ASC system and portal enhancements due in Q4 from the ASC systems supplier before further work can be done locally, including establishing good practice and guidelines for social care staff for such on-line communications.

APB1b - Total number of ASC contacts received (HM)



DATA - Indicates a downward trend in contact volumes . In this period in 2016/17 the figure was 8695. This year's total so far (7003) is 1059 fewer. To continue to monitor and to request data split by the three front door services (C&R, Hospital Discharge and ICRS) to understand where there are differences both up and downward. Some changes will be due to better coding of outcomes following changes to IC/Contact earlier this year. Growth in volume appears to be from hospital discharge and will monitor jointly with HT and ICRS Hs o S to understand if increase is genuine i.e. results in support or if the IDT pilot is generating inappropriate contacts.

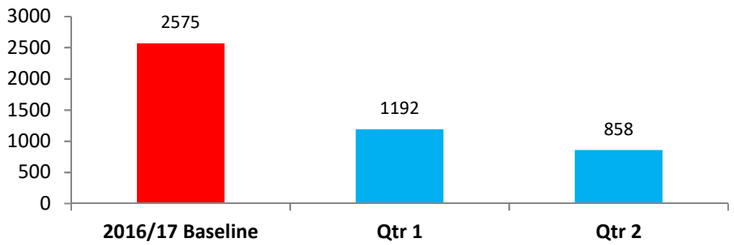
ABP1c - Effectiveness of call handling: (HM)



DATA - Indicates deterioration in call handling performance. Not necessarily related to staff performance but also effectiveness of ACD and call queueing which has been poor in last few months.

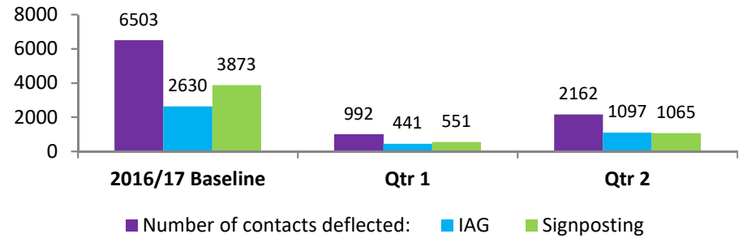
ACTION - Migration of first line call handling and simple queries to Corporate Customer Services delayed until end Feb 2018 which will impact on this dataset.

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



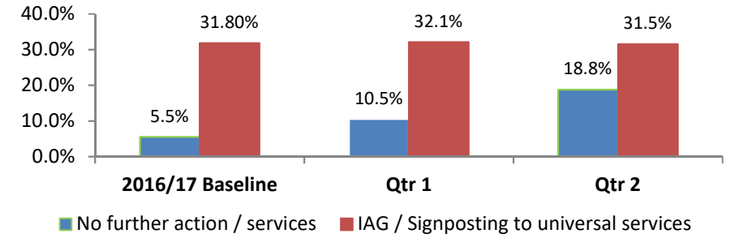
DATA - Even taking into account the new parameters for this report there appears to be an increase in the volume of repeat referrals. HM to request report to check data to understand if this is a trend or reporting issue.

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



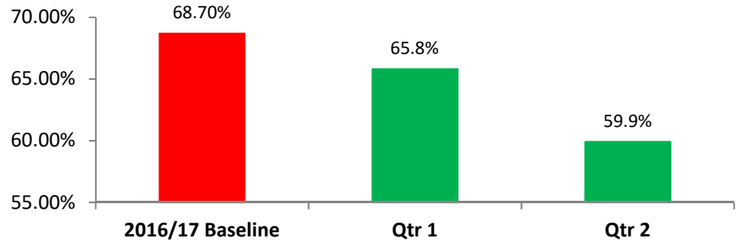
DATA - Will be impacted by better guidance re coding of outcomes. Looks as if fewer people are deflected of the total cohort - potentially means that people are contacting at a point of crisis or need which cannot be immediately deflected. HM to obtain report to check data further

ABP1f - Percentage of contacts leading to: (HM)



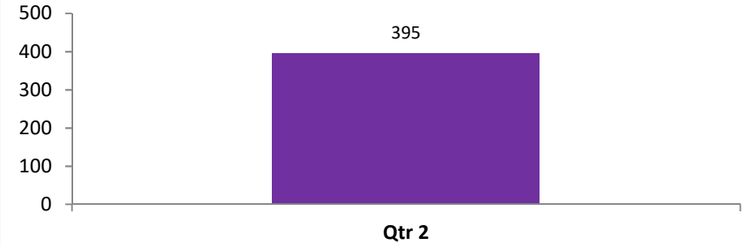
DATA - Indicates a change in use of the contact form to end involvement rather than the need for a contact assessment to do the same. HM to obtain report to understand increased use of "NFA" outcome

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



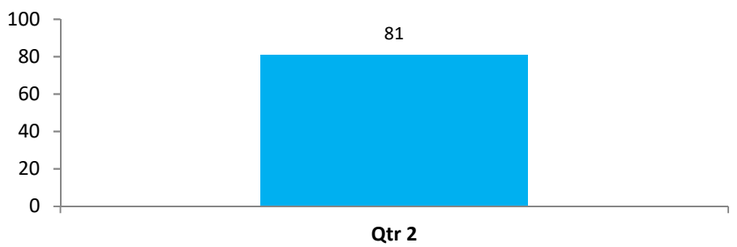
DATA - Indicates deterioration of performance with cases being held open for longer. In fact this now incorporates two formerly individual processes (contact + contact assessment) so is a more accurate measure of end to end timescale. Target needs to be revisited as no longer appropriate.

ABP1h - Preventative POCs - enablement, reablement, ILS Short-term/preventative services (HM)



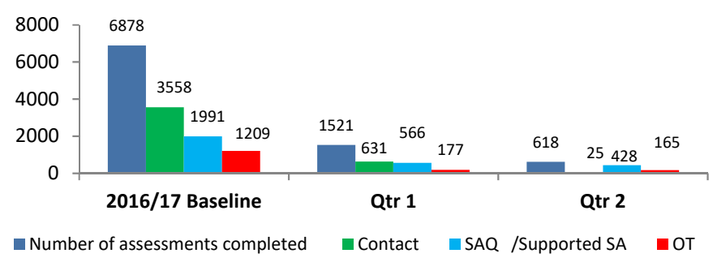
DATA - This is a new measure and doesn't yet have a comparator

APB1i - Other services- POC via a private agency, placements. Short term/preventative service- commissioned home care (HM)



DATA - This is a new measure and doesn't yet have a comparator

APB2a - Number of assessments completed by type (MW)

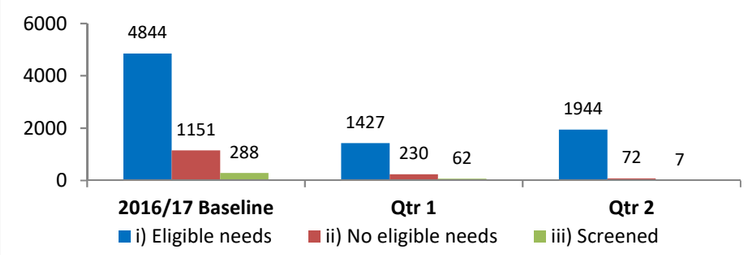


DATA - Contact Assessments were replaced with Initial Contacts at the beginning of Q2 - hence them almost disappearing completely from the figures. However, there has been no change to the OT assessment or the SAQ/SSA and figures for both of these have also fallen in Q2.

REVIEW - Cannot compare with baseline from 2016/17 as it stands given that that figure included Contact Assessments. However, it is unclear how the number of SAQ/SSA assessments can be falling when the number of Service Users going on to receive a long term service (for which an SAQ/SSA is required) is falling.

ACTION - To discuss with Performance Team and Managing Demand Project board to better understand this apparent anomaly.

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

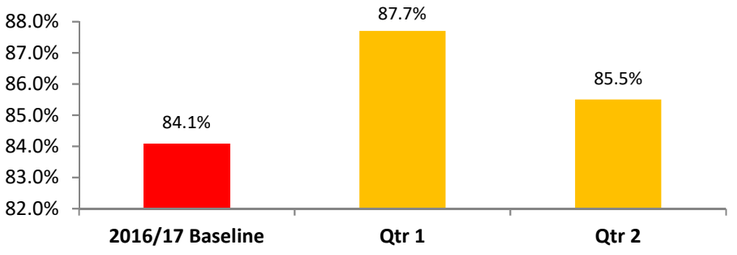


DATA - Since the number of assessments has fallen (as per ABP2b), the overall numbers of people being found eligible for services has also fallen from Q1 to Q2. However, as a proportion of total assessments completed, the percentage of people being assessed and found eligible has increased (from 71% to 84%).

REVIEW - The decrease in the total number of people found eligible from Q1 to Q2 is positive, as is the increase in the percentage of those we're assessing subsequently being found eligible. This indicates that the we are becoming more effective at screening out ineligible people pre-assessment and as such the process is becoming more efficient.

ACTION - Continue to refine the Initial Contact to ensure this trend is ongoing.

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

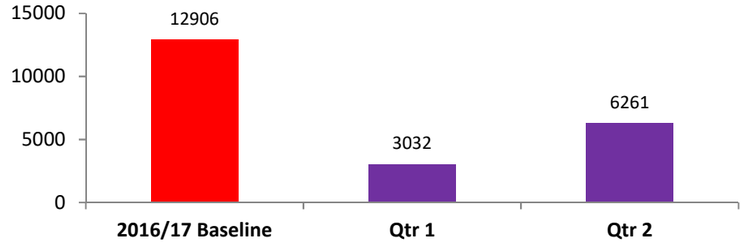


DATA - 16/17 Q1 - 75.8%
Q2 - 79.7%
Q3 - 77.5%
Q4 - 84.1%
Avg - 79.3%

REVIEW - Despite a slight fall from the Q1 figure, Q2 for this year is still an improvement on last year's Q2 and the average for this year (86.7%) also remains higher than last year. As posts continue to be deleted, this will be an increasingly difficult level of performance to maintain. However, the increased throughput of cases seems to be becoming embedded in staff consciousness which may go some way to mitigating staffing reductions.

ACTION - Team Leaders to continue to maintain emphasis on throughput.

ABP2e - Number of requests for new clients broken by route of access (RoA) and Outcome to that request for support (AO)

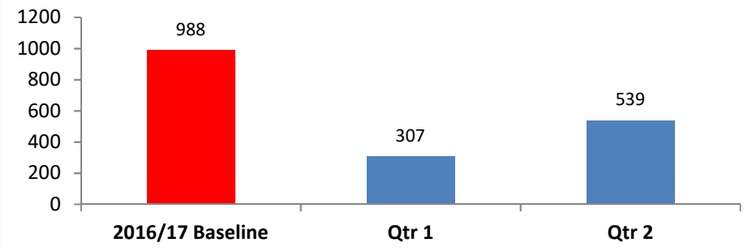


DATA - A more detailed analysis identified primarily an increase in Reablement referrals and hospital discharges, whilst the numbers of those being referred for ongoing services in the community, Nursing and Residential care are down.

REVIEW - Whilst there were slightly more referrals for new service users in Q2 than in Q1, the forecast for end of year based on the first two Qs is still less than that posted last year.

ACTION - Refocus Hospital Discharge Team on screening out and diverting people at the point of discharge - although this may lead to increased DToC figures if patients/families are not happy with this line.

ABP2f- Number of people entering ASC to receive a long term-support (LTS) package of care – new starters (AO)

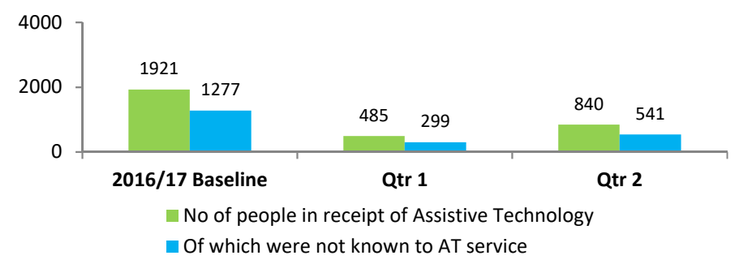


DATA - Q2 represents a slight Increase in numbers from Q1 and has also caused the end of year forecast to come in at higher than last year's baseline. However, figures last year were likely undercounted due to data recording issues, whereas this year data capture has been amended and is now likely showing an over-estimate. This will be corrected manually at year end.

REVIEW - It is unclear exactly how significant the increase is due to the issues around data capture and reporting. However, front door services need to be alert to this as a potential issue.

ACTION - Refocus Reablement Care Management Team on screening out and diverting after period of Reablement/Assessment Bed stay.

ABP2g - Number of people in receipt of Assistive Technology (JS-B)

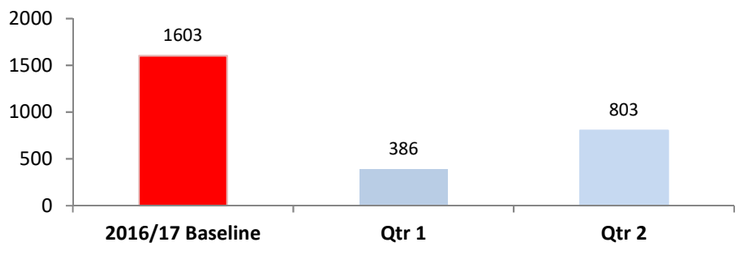


DATA - The overall number of service users supported via AT has been maintained for Q2 during a transition period further to an Organisational Review.

REVIEW - This year the Assistive Technology Service has undertaken an Organisation Review which is resulting in new methods for delivery of AT. The AT Service is currently recruiting and training staff with the intention to streamline processes and enhance capacity to deliver AT.

ACTION - Continue to progress the OR/Recruitment for the AT Service, with the intent to have a stabilised staffing situation as from early in the new year. A multi team AT Implementation Group has also been established during Q2 to raise the branding and awareness of AT.

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

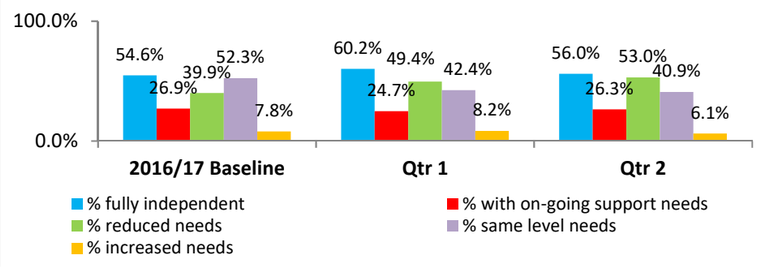


DATA - 417 increase from Q1, making it a very positive quarter.

REVIEW - Significant improvement from first quarter. Proactive work has been undertaken with Contact and Response to encourage those appropriate to come on to the Reablement pathway do so from the from door. Other referrals have also remained steady.

ACTION - To continue to ensure that the service runs to maximum capacity at all times.

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

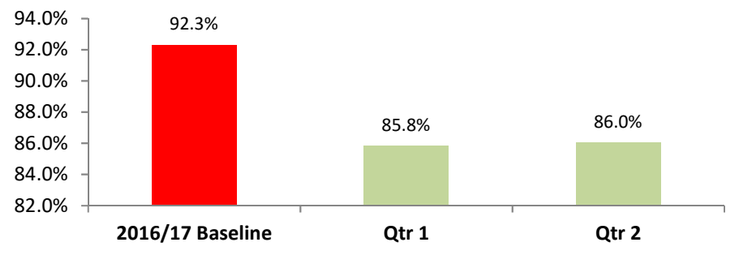


DATA - % Reductions compared to Q1 for fully independence.

REVIEW - In sync generally with the base line data. A better quarter in terms of the % of reduced needs.

ACTION - To continue to monitor the outcomes each month.

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

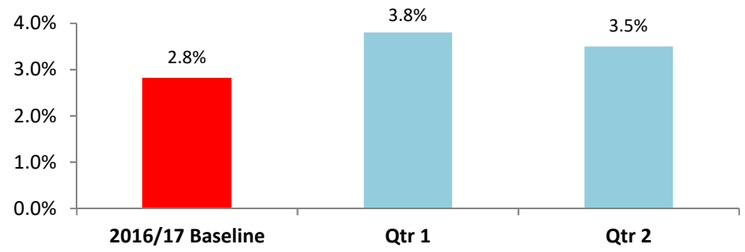


DATA - Very small increase but falls short of the target.

REVIEW - Discussions with respective heads of service to help understand the adverse impact on this Metrix with the wrong type of service user being referred in. Other issue about re-admissions also being looked into with Health partners.

ACTION - Departmental guidance also being prepared to help get message across all teams in relation to the 91 day check.

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

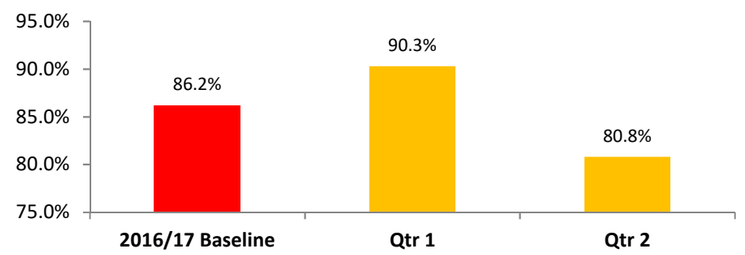


DATA - Compared to the base line the figure is positive but falls slightly short from Q1

REVIEW - At the same time we are trying to be more clear that only the right cohort of users come on to the Reablement pathway irrespective of age.

ACTION - To continue to closely monitor the target.

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

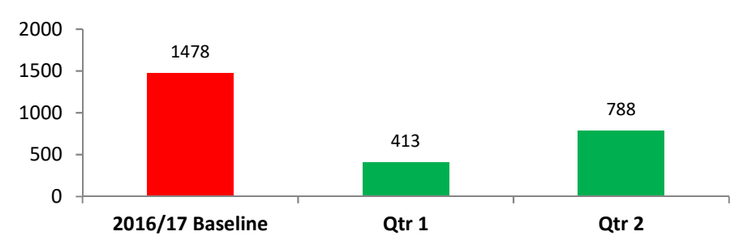


DATA - Against the baseline at 86.2%, Qtr 1 of 90.3% shows a 4.1% increase, with Qtr 2 showing a 5.4% decrease from baseline.

REVIEW - Enablement is not a crisis/urgent service and as such allocation within 48 hours is not critical. However, it is important the target doesn't slip below 80%.

ACTION - To closely monitor within the next Qtr

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

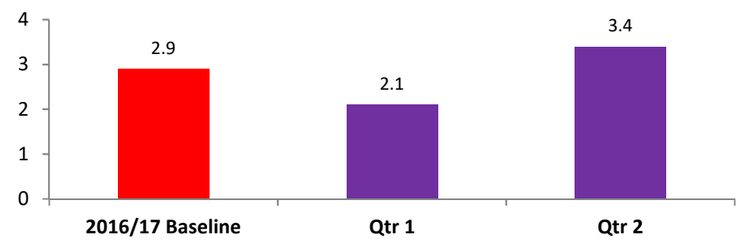


DATA - The baseline of 1478 is a total difference of 1065 to Qtr 1 and 690 in Qtr 2 which shows an improvement. The increase in Qtr 2 being a total of 375.

REVIEW - The data is collected on a number of outcomes with 2 services collated, one being E a significantly smaller cohort (MM). The need to separate the two service areas for a better understanding and more targeted approach (JSB).

ACTION - E continues to be scrutinised with data being verified which will alter the cohorts and outcomes going forward (MM). To continue to monitor the target (JSB)

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

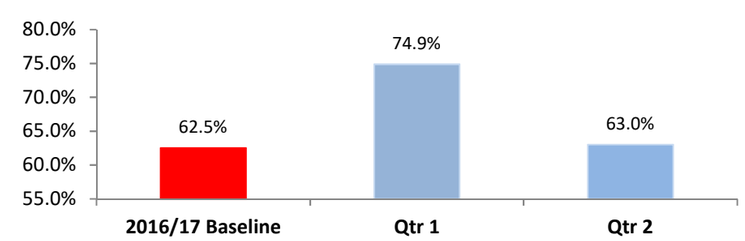


DATA - The figures are not like for like due to changes in counting methodology introduced by NHS England. The figures show an increase from Q1.

REVIEW - The figures, whilst agreed jointly with the NHS, are taken from UNIFY (NHS database) and we are currently challenging the veracity of these figures, as they do not tally with what had previously been agreed.

ACTION - All DToC figures to be, literally, signed off by representatives from LPT and UHL in future so that we are able to challenge subsequently published figures.

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

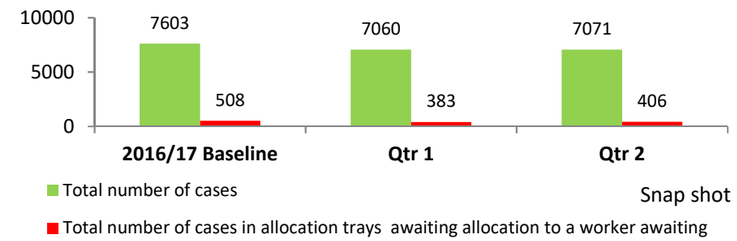


DATA - Service Users discharged: 345
Discharge Notices received: 128
63% of SU's were discharged without a discharge notice
We have discharged less service users in Q2 (345 as opposed to 398 in Q1) and received more Discharge Notices (128 as opposed to 100 in Q1)

REVIEW - The only significant change from Q1 to Q2 this year has been the implementation of the IDT. Perversely, this was hoped to cause an increase in discharges and a reduction in Discharge Notices.

ACTION - Although IDT continue to pilot different approaches to achieve their aims, should this trend continue into Q3, LCC commitment to IDT may need to be looked at again.

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

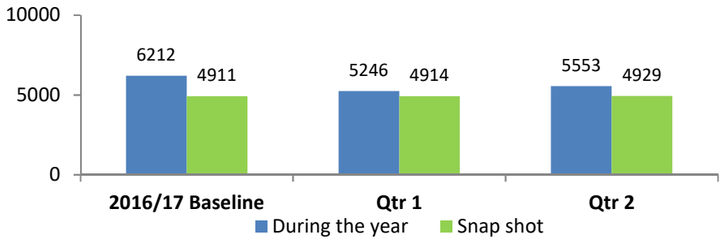


DATA - Number of cases allocated to ASC is 7071 which is lower than the previous year. Total number of cases in allocation trays awaiting allocation is 406.

REVIEW - Cases are prioritised in terms of how urgently they need to be allocated • safeguarding concerns • need to establish capacity/Court of Protection work required • level of risk, including health and safety risks, i.e. moving and handling, MDT cases where the risks are identified by health colleagues and the planned review should be arranged • Service user's situation with informal support network balanced with risk of carer strain, carers breakdown or sudden hospitalisation, deteriorating health • Outstanding debt/contribution or mismanagement of DP/inappropriate use of services • adequate services are in place or not, • preventative services and the need for statutory involvement, i.e., enablement – establishing baseline/levels of independence/strengths etc. before assessing

ACTION - Team Leaders are checking the allocation trays regularly and prioritise the cases. This is also reported to the programme board once a month

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

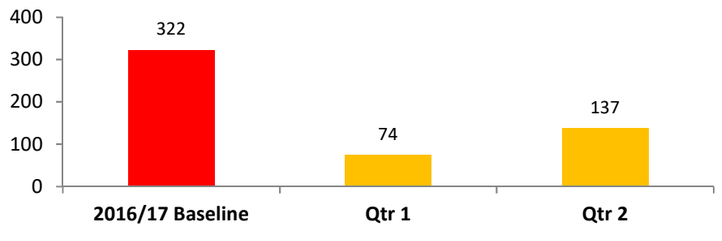


DATA - Overall, direction of travel is positive , with 84 LESS people receiving support in the first six months compared to last year. However the forecast for end of year based on the first 2 quarters indicates that we are likely to hit about 6167

REVIEW - Whilst we are endeavouring to achieve financial efficiencies through targeted review savings and support out of residential care, the above data indicates that the net number of people is not likely to reduce significantly

ACTION - To continue to divert away from the front door using sign posting and preventative services. To ensure that the enablement and reablement offer is maximised to reduce longer term dependency on ASC.

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

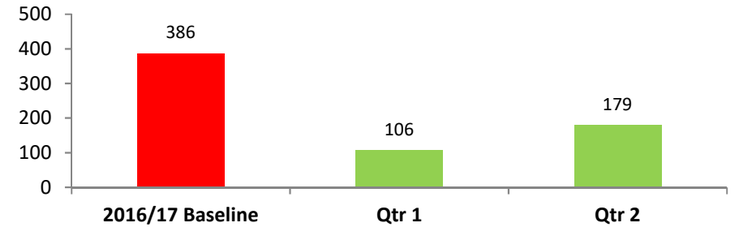


DATA - We have acknowledged that we should no longer count certain placements as ASC placements as they were placed under fast track or 100% CHC. Once these have been discounted we are now going to hit our target Number of permanent admissions from 1/4/17 to 30/9/17 is 137. Based on this activity the year-end forecast would now be 274 for those 18+.
This broken down by age band would be:
18-64 – No of permanent admissions for those aged 18-64 are 13 (5.79 per 100,000 population). Year-end forecast would be 26. Hence year-end target is on course to be met
65+ - No of permanent admissions for those aged 65+ is 124 (304.48 per 100,000 population). Year-end forecast would be 248. Hence year-end target is on course to be met.

REVIEW - The leavers in res/nurse care is also increasing demonstrating the demography of people who are placed.

ACTION - All HOS to monitor permanent placements and will also check the data that's reported on SALT.

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

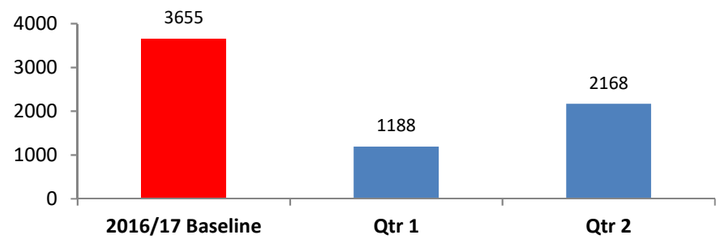


DATA - Q2 has seen an increase in numbers of leavers compared to this time last year.

REVIEW - Out of the 179 leavers 139 were deceased (76%) and 19 (26%) became self-funding or 100% CHC. The numbers have increased in comparison to the quarter this time last year which demonstrates that a large number of service users are placed with deteriorating health.

ACTION - HOS to continue to monitor.

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

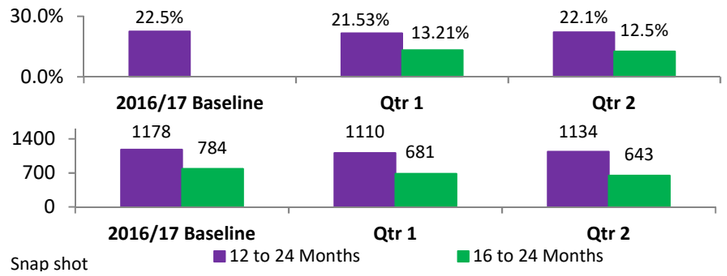


DATA - Slightly fewer people were reviewed during the second quarter than the first. However, we are on track to meet and improve on 2016/17s performance

REVIEW - There has been a slight fall off in the number of people receiving a review . This has been due to A/L over this Summer months and absences in some teams.

ACTION - Team leaders use Liquid Logic to identify cases requiring reviews. HoS report to Programme Board each month and the LL dashboard will be updated to include reviews information to give TLs even more information on cases requiring a review. Work is underway to consider the use of proportionate reviews to increase the numbers receiving reviews

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

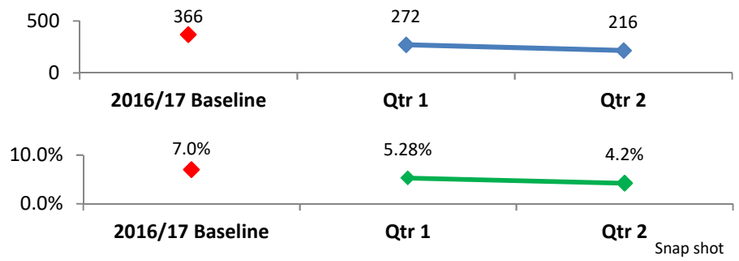


DATA - We continue to see a decrease in the numbers who have not had review for 16-24 months but there has been a slight increase in the numbers not having a review between 12 -24 months

REVIEW - At the Programme Board in October it was agreed to review the situation again at he end of the month as TLs are confident of their ability to get back on track.

ACTION - TLs to continue to use LL reports to ensure that reviews are prioritised. Programme Board to review progress at next meeting and work is underway to include review data within the LL dashboard which will make it easier for TLs to check on annual reviews that need to be allocated, and cases within workers' caseloads that haven't been reviewed.

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

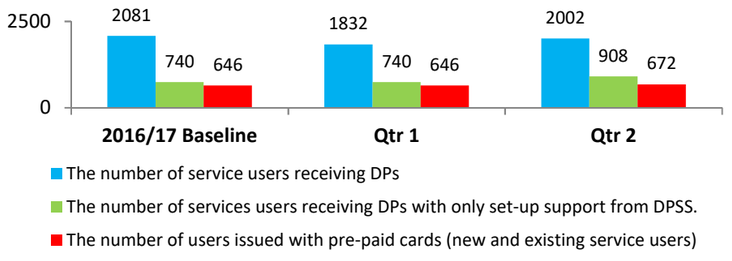


DATA - These numbers continue to come down and should be minimal by the end of the year.

REVIEW - These cases are being prioritised for reviews and monthly reports are provided to TLs to allow them to check cases and ensure that any data tidy up required is done.

ACTION - TLs to continue to use LL reports to ensure that reviews are prioritised. Programme Board to review progress at next meeting and work is underway to include review data within the LL dashboard which will make it easier for TLs to check on annual reviews that need to be allocated, and cases within workers' caseloads that haven't been reviewed.

ABP5j - Direct Payments: (SD)

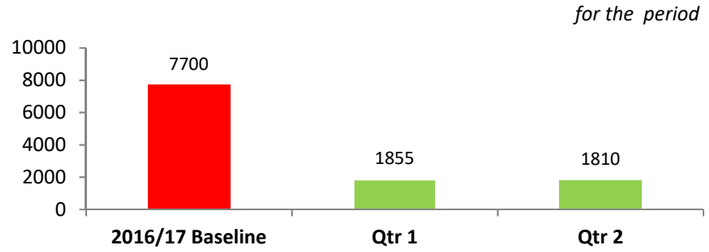


DATA - Total number of people receiving DP is 2002
Although 840 cards have been issued, currently 672 are activated and being used. The increase on the DPSS managed account is due to the Support Plans being updated by the Care Management Teams. Previously the managed account supplement was paid by finance. The total number of DP cases increased steadily by 10% from the last quarter.

REVIEW - Current PFS PPC cards provider will be switched to ALLPAY (840 cards). Continued monitoring.

ACTION - DP working grouped will be revising the DP Guidance, Protocol for the Finance, DPSS, CaAS and Care Management .PPC CMOs secondment will end in March 2018 and the Care Management Teams will need to deal with activating the PPC cards.

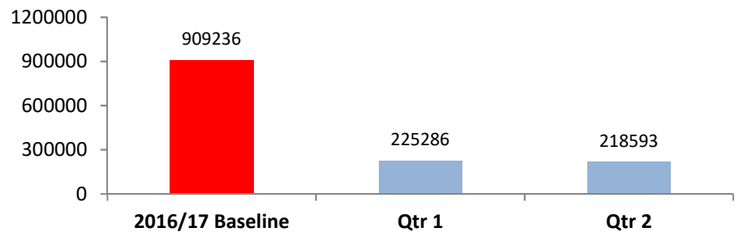
ABP5k - Number of people receiving domiciliary care (TS)



DATA - The consistent decrease across 2016-17 in terms of the number of individuals in receipt of directly commissioned Dom Care, has continued into Q2 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.

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

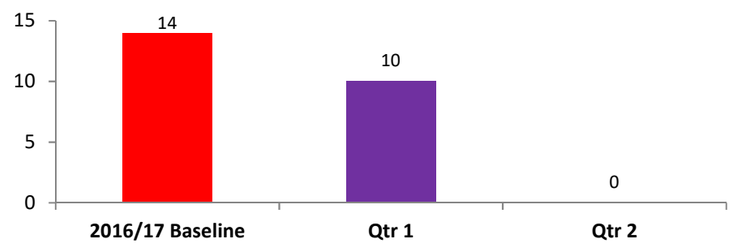
ABP5l - Number of domiciliary care hours delivered (TS)



DATA - The figure for Q1, is nearly an exact match for Q1 2016/17 - 224,909, which could have indicated that for the rest of 2017/18 will follow the same trend as 2016/17.
However, Q2 2017/18 has seen a decrease, where as Q2 2016/17 increased.

ACTION - 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)

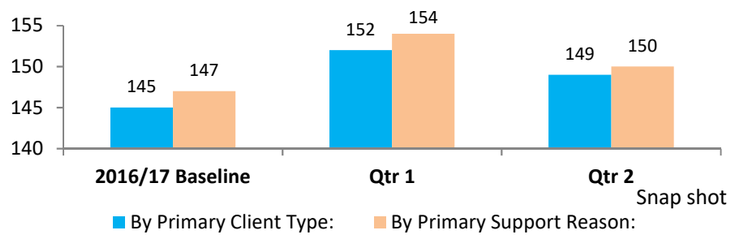


DATA - A total of 32 people are targeted to move over the year. Q1 was positive following the momentum of last years activity. There was a lull in actual moves in Quarter 2 primarily due to a delays in 2 SL schism not being ready on schedule for service users to move into. This has not been resolved and we are anticipating a further 14 moves in Q3 which will bring us closer to the anticipated target..

REVIEW - We are also adding a further level of scrutiny to the cases that are selected for potential move stop SL from residential (this is to ensure that longer term costs do not increase as a result of this work)

ACTION - To ensure that the current cases that are being considered for SL are progressed in a timely way.

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

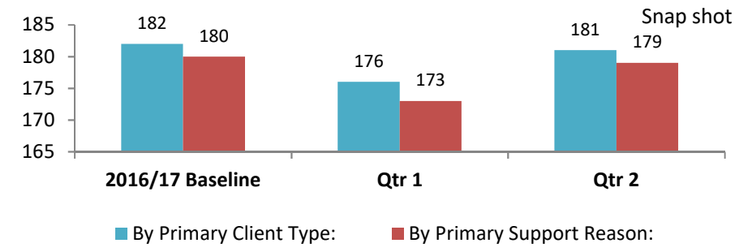


DATA - There has been a slight reduction in these numbers over this quarter, although not back to the level at the start of the year.

REVIEW - It is pleasing to see this slight reduction. Admissions have been due to discharges from long stay hospitals, people moving from being fully health funded to joint funded, or older people with MH problems who have developed physical health conditions. Recently there have been a few successes in moving people out of res care into independent living.

ACTION - All admissions have to be agreed by the HoS, conversations happening in service meetings about the importance of prioritising moves into independent living. Discussions are happening with Supported Living and Commissioning colleagues to consider the gaps in accommodation and how these might be resolved.

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

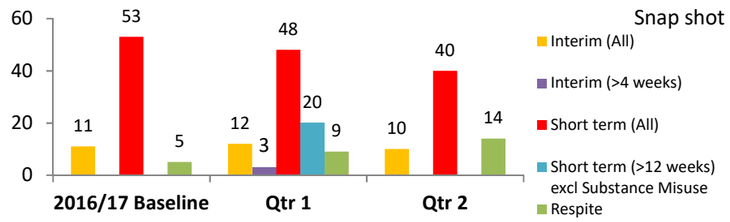


DATA - Whilst there was some improvement in Q1, figures seem to be rising again, which indicates a negative direction of travel.

REVIEW - Whilst the increases are not huge, there is a need to closely monitor all new placements including short term crisis placements. Further analysis is required to determine how many of these placements are attributable to a change in CHC funding.

ACTION - All new placements long term and short term are approved by a HOS to ensure that all other options are explored prior to making a placement. Also to ensure that the Res to SL cohort are actively progressed (as per ABP5m)

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

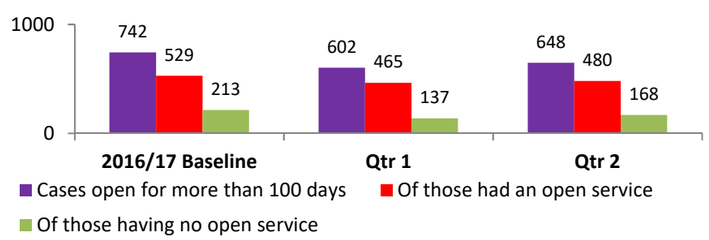


DATA - There has been good progress on this in Q2. There are now no interim over 4 weeks or short term over 12 weeks.

REVIEW - HOS to review their service areas figures.

ACTION - HOS monitoring their cases and information from TLs feed into an understanding of reasons.

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

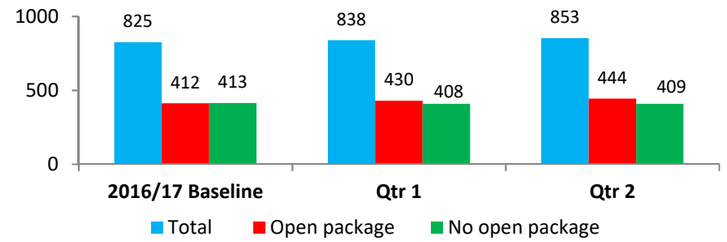


DATA - Q1 saw a dip however Q2 numbers have risen again. Regular list are coming to HOS to check with their TLs. This performance will stay around the 2016/17 baseline figure at around 10% of all open cases in ASC.

REVIEW - HOS to review their service areas figures.

ACTION - HOS still monitoring their cases and information from TLs feed into an understanding of reasons.

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

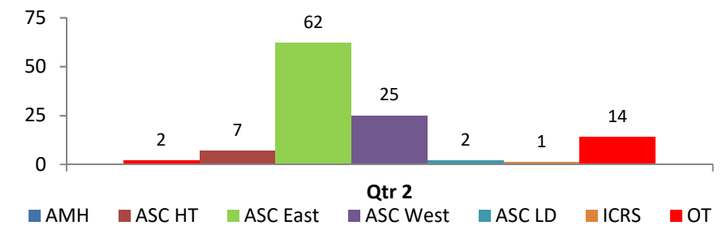


DATA - The numbers continue to increase which is indicative of improved data recording.

REVIEW - The numbers of people subject to S117 is determined by the numbers admitted to hospital under specific sections. This is not something that can be influenced by Care Management. However, it is important that people no longer eligible are identified and discharged.

ACTION - There is close working with Legal to consider cases that could be discharged and advice and guidance provided to workers. Health have been asked to support in identifying those no longer eligible for S117

ABP5t - Number of current non-planned services (SM)

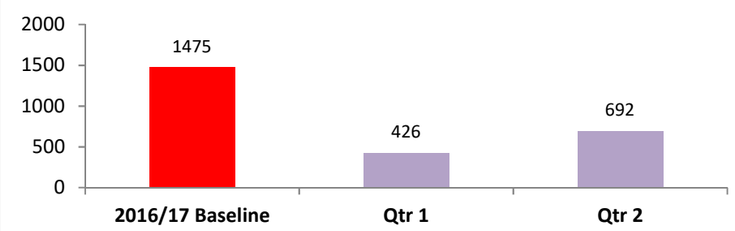


DATA - A data today up exercise was undertaken over the Summer and the numbers have considerably reduced.

REVIEW - Work is still required to tidy up non-planned services that should be closed or pulled into service plans

ACTION - HoS has e-mailed all teams asking them to remember to check and tidy up these cases. The new version of Liquid Logic, which should go live in early 2018 will reduce this problem significantly as the data will be more obvious, on one screen and it will be much simpler to pull that non-planned service into a support plan.

ABP6a - Number of Carers receiving needs assessment (SD)

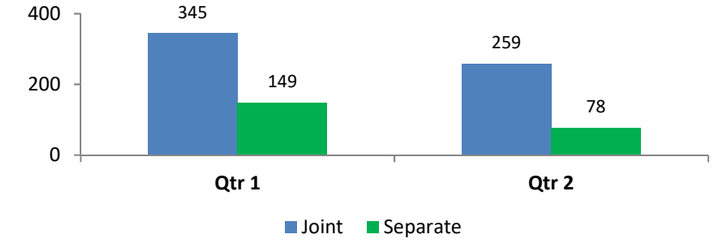


DATA - The number of carers received needs assessment is 692 which was 30% lower from 2016 Q2 (1081). The services provided for carers such as sitting service and respite care or any additional domiciliary care are recorded as part of a joint assessment.

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

ACTION - Further enquiry and analysis needs to be undertaken in view of the services provided for carers which are not capturing the commissioning activities for carers. There is a task and finish carers group to look at the ways of improving the data capturing.

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

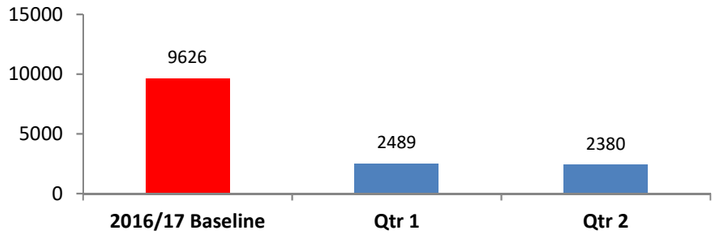


DATA - The number of separate and joint assessments are decreasing in comparison to the last years figures

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. There is a task and finish carers group to look at the ways of improving the data capturing.

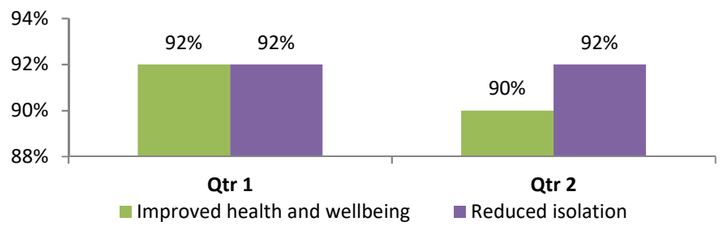
ABP6c - Take up of targeted carers services delivered by commissioned voluntary sector activity (KG)



DATA - Please note that this is representative of the total number of instances where service users have accessed services within the quarter. This may therefore include individuals on multiple occasions, either where they accessed the same service more than once within the period, or where they accessed more than one service within the period.

ACTION - Overall, there has been a slight decline in terms of the total number of contacts within the quarter. However, this is not noted as an issue at this stage, given overall healthy levels of activity. This will continue to be monitored by CaAS.

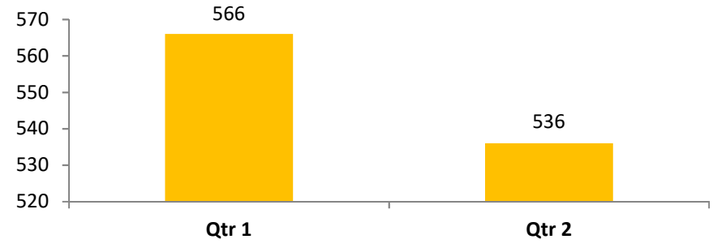
ABP6d - Improved health and wellbeing and Reduced isolation (KG)



DATA - We measure 'Outcomes' to gauge how effective services are at meeting presenting needs. Within the Carers Support sector, our standard Outcome target stands at 90%. As we can see from the graph, performance overall has been positive.
- Age UK have met or surpassed their targets across all areas in both Q1 and Q2. This is indicative of positive outcomes for service users.
- CLASP have not met targets for 'Improved Health and wellbeing' or 'Increased ability to make choices' in either Q1 or Q2 2017-18. However, performance has improved in the latter 'choice' outcome measure, and also compliance was achieved in relation to 'reduced isolation'.
- Ansaar have met all targets in Q2 2017-18. This is very positive, and shows significant improvement in relation to the 'Increased ability to make choices' indicator, as the provider didn't achieve the target outcome rate for this measure in Q1.

ACTION - Within CaAS, we will continue to monitor and work with providers to ensure that they comply with their contractual terms, including meeting expected performance. We will table a report focussing on Carers Support Services to the upcoming EIP group, and actions from that report will be progressed by officers within the team.

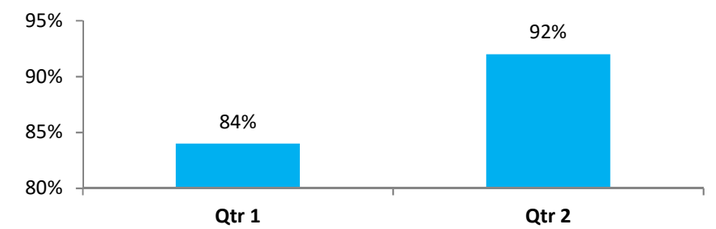
ABP6e -Number of carers assisted by IAG (KG)



DATA - There has been a slight decrease in terms of the 'Total Number of Carers Assisted by IAG' in Q2 2017-18. However, overall activity engagement here remains healthy, with 536 carers accessing IAG in the period. Of those providers that have targets attached to this indicator, all have surpassed target levels

ACTION - Within CaAS, we will continue to monitor and work with providers to ensure that they comply with their contractual terms, including meeting expected performance. We will table a report focussing on Carers Support Services to the upcoming EIP group, and actions from that report will be progressed by officers within the team.

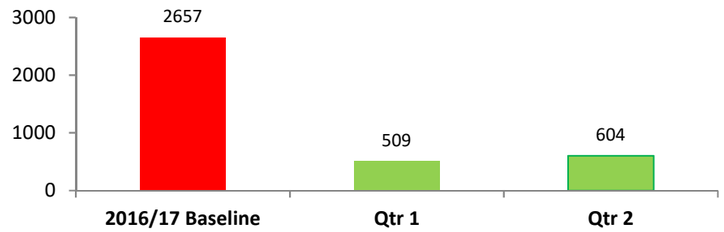
ABP6f - Increased ability to make choices and decisions about their support and how to access additional support if they need to (KG)



DATA - We measure 'Outcomes' to gauge how effective services are at meeting presenting needs. Within the Carers Support sector, our standard Outcome target stands at 90%. As we can see from the graph, performance overall has been positive.
- Age UK have met or surpassed their targets across all areas in both Q1 and Q2. This is indicative of positive outcomes for service users.
- CLASP have not met targets for 'Improved Health and wellbeing' or 'Increased ability to make choices' in either Q1 or Q2 2017-18. However, performance has improved in the latter 'choice' outcome measure, and also compliance was achieved in relation to 'reduced isolation'.
- Ansaar have met all targets in Q2 2017-18. This is very positive, and shows significant improvement in relation to the 'Increased ability to make choices' indicator, as the provider didn't achieve the target outcome rate for this measure in Q1.

ACTION - Within CaAS, we will continue to monitor and work with providers to ensure that they comply with their contractual terms, including meeting expected performance. We will table a report focussing on Carers Support Services to the upcoming EIP group, and actions from that report will be progressed by officers within the team.

ABP7a - Number of Alerts received (JB)

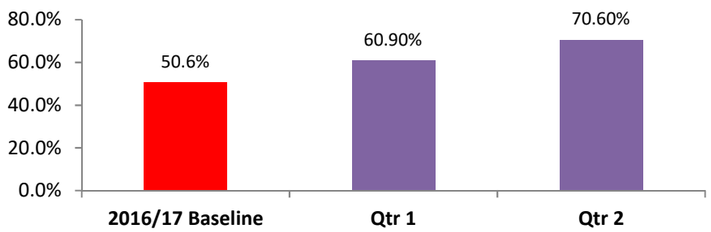


DATA - YTD -1113, compared to Q2 position in 16/17 - 1376.

REVIEW - The metric provides simple volume data and is largely outside the control of ASC. There is awareness raising work being undertaken in the community by the LSAB Engagement Officer that might lead to an increase in the number of alerts made. Alongside this, there is work being undertaken at the front door aimed at a greater understanding and consistency of approach by staff and managers, and also work with providers, which is likely to impact on the number of alerts received going forward .

ACTION - It is too soon to draw any definitive conclusions from the data available. Continue to monitor over the 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)

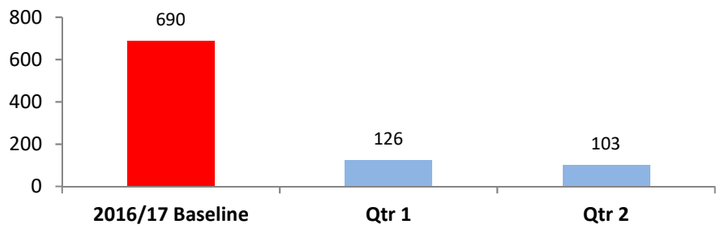


DATA - This is a newly introduced measure for 17/18, focussing on the timeliness of threshold decisions being made.

REVIEW - The recently introduced process change at the front door whereby threshold decisions are made at the earliest opportunity, whilst still adhering to the principles of MSP and ensuring that there is sufficient information available to make a robust and professionally defensible decision, will need time to fully embed and impact. However, it is noted that performance is steadily moving in the right direction.

ACTION - Continue to monitor performance over next quarter to determine impacts of process changes and whether any further remedial action is required.

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

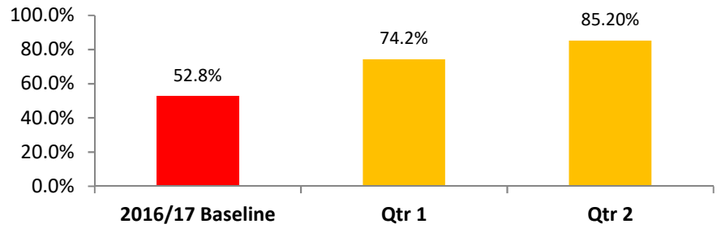


DATA - This is a simplified measure introduced for 17/18 and alongside this, the refreshed thresholds guidance has been circulated to staff, with several awareness raising sessions held in key areas.

REVIEW - A number of process and procedural changes have been introduced to ensure that safeguarding activity is appropriately captured and responded to. Further work is planned in this area with providers, and as a result, it is anticipated that this measure might be volatile during 17/18, requiring caution in reaching definitive conclusions around apparent variations in performance.

ACTION - Continue to monitor performance over next quarter. A further drill down into data might be required to establish causes of any fluctuations in performance.

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

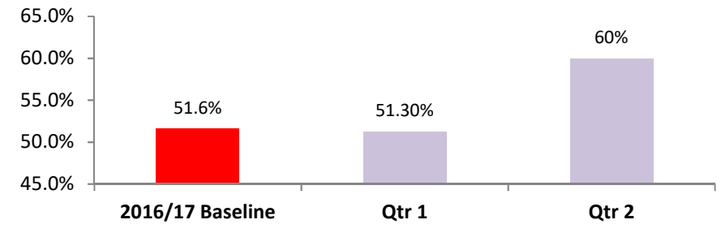


DATA - This is a newly introduced measure for 17/18

REVIEW - Although still short of the 95% target, significant improvement is noted and there is a high level of confidence that the figure is related to reporting rather than practice. The PSW is focussing on this issue as part of a suite of LL improvements and practice awareness and it is anticipated that reported performance in this area will continue to improve.

ACTION - Continue to monitor over next quarter, including audit sample. Investigate any specific issues identified.

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

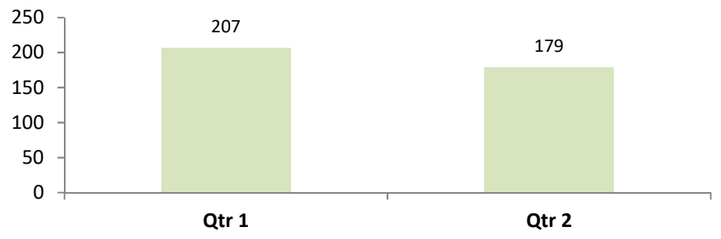


DATA - This is a new measure for 17/18 - introduced to measure timeliness of concluding a safeguarding enquiry.

REVIEW - Alongside the introduction of this measure, a process has been established to run a monthly report identifying S42 enquiries that have been open for longer than 28 days -aimed at identifying key causes. The findings from 3 months will be analysed and evaluated and if required, a process change considered. To date, however, there has been a marked improvement without the need for any change of process.

ACTION - Continue to monitor over next quarter. and evaluate results from 3 month report

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

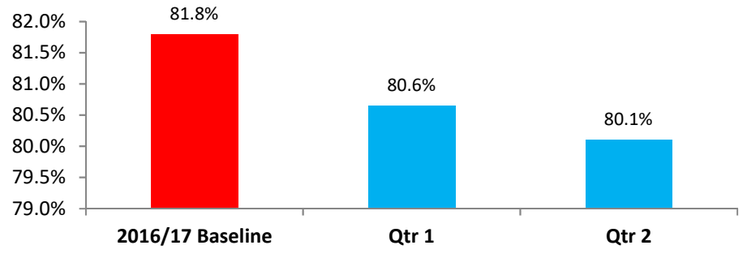


DATA - This measure considers data over a rolling 12 month period. As such, it is important to note that any changes in performance will only become apparent relatively slowly over the timeframe.

REVIEW - A desk top audit was undertaken by the PSW on those people who had 3 or more alerts. No specific issues of practice concern were identified, although a couple of process /recording amendments are under consideration and if agreed, will be implemented early in 2018.

ACTION - Continue to monitor, with the option for further desktop audit if indicated.

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

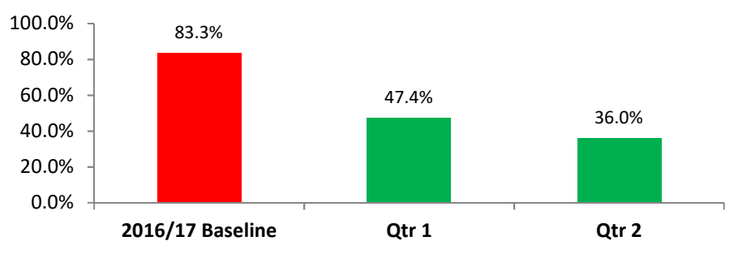


DATA - In Q2 2017-18, we have seen a continuation of a slight decrease in terms of the total rate of QAF eligible QAF providers to be compliant with the QAF process (80.1% compliance). This trend continues a slight downturn we saw in the previous quarter, but at this time is insignificant.

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

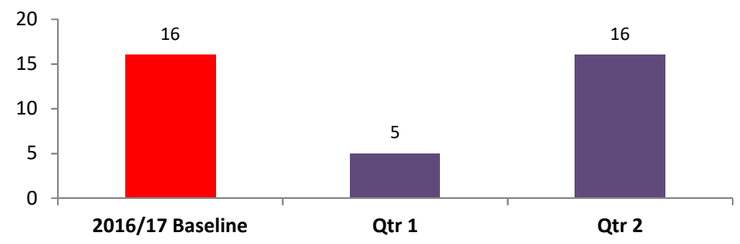
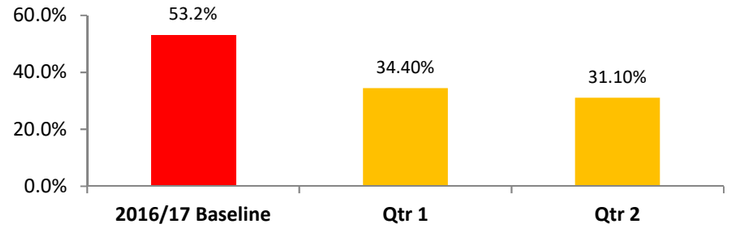
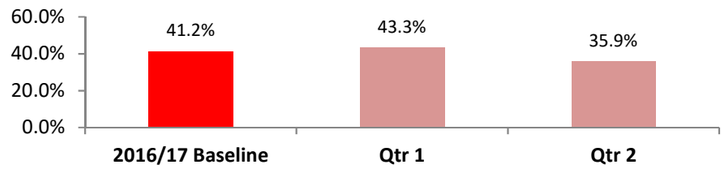
ACTION - All providers deemed to be non-compliant with the Quality Assurance Framework (QAF) will be subject to a follow up process by CaAS, which will include action planning and subsequent QAF reviews. It is expected that following this intervention by CaAS, all providers should be compliant within 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 - With the change in reporting (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 process is still embedding and figures may fluctuate until settling down and a baseline can be established.

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.

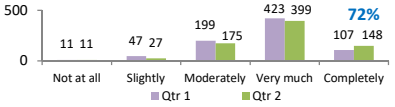
ABP8c - Proportion of contracted providers to be compliant with Quality Assurance Framework within 12 weeks of initial QAF evaluation (TS)	ABP8d - Proportion of all QAF evaluations completed within 13 weeks of the start date (TS)	ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within the target period, based on complexity (TS)
		
DATA - Q2 has seen a large increase in contract breaches compared to Q1. With increases reported in Residential/Nursing Care (8 separate providers), Domiciliary Care (2) and VCS (2). This increase may be a 'one-off' in recorded breaches - the next quarter (Q3) should be able to confirm a trend or not. **ACTION -** In Q2 (September), a Termination of contract was recorded and was issued with a fundamental breach informing them that the contract will be terminated (once the last City funded/self funded service user leaves). This provider was in residential/nursing care homes. In Addition, a reminder to all Officers has been issued reminding them of the correct procedure to follow when recording issues that may constitute a breach.	**DATA -** After the decrease in Q1 2017-18 compared to the 2016-17 baseline, which coincided with the launch of the new CaAS structure following a recent Organisational Review. Q2 returns even lower percentage figures for the evaluation completion within 13 weeks, with the exception in Non-regulated, which increased to a 77.7% overall completion within the timeline.	**DATA -** Overall, we have seen a decrease in terms of the overall proportion of IMR cases that have been closed within 28 days, which does not follow on from the good start to the year in Q1. The biggest fall is in Residential/Nursing care (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 -** Data cleansing during Q1 and Q2 has been led by the MAIPP team, with the aim of closing historical cases. Therefore, there is a larger percentage of cases closed after 28 days due to be historical cases.

ASC Customer Measures Dashboard 2017/18 Quarter 2

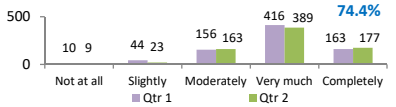
Appendix 5

Quality of Life Outcomes

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

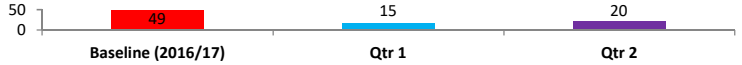


The % of service users who felt their needs had been met in their previous assessment (Re-Assessments)



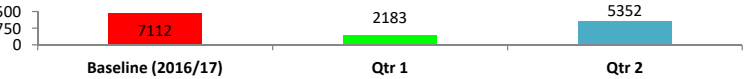
Help and support from ASC Services

Number of complaints received by the department concerning challenging practice decisions

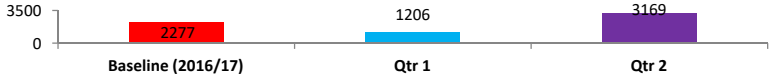


Number of complaints received concerning delay in receiving a service

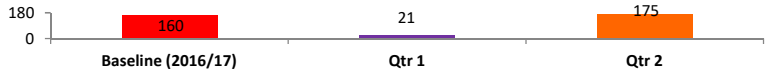
Number of visits to ASC Portal



Number of people who click on IAG links

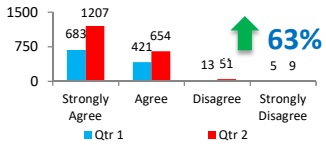


Number of people who submitted a portal eligibility form

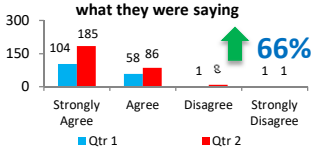


Quality of interaction with ASC Services and staff (285 Responses)

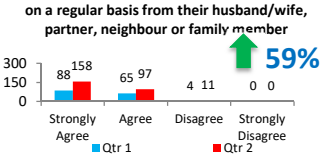
% of service users satisfied/ highly satisfied with quality of interaction with ASC staff



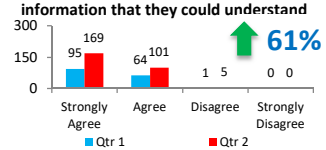
% of service users who felt that their social worker who spoke with them understood what they were saying



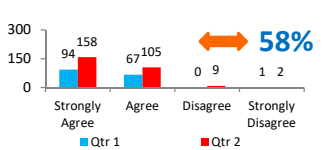
% of service users who felt that their social worker discussed any practical help they receive on a regular basis from their husband/wife, partner, neighbour or family member



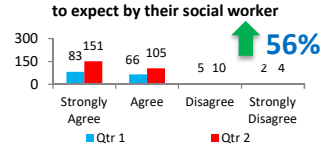
% of service users who felt that their social worker provided them with clear information that they could understand



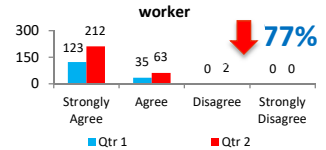
% of service users who felt their social worker explained what would happen next



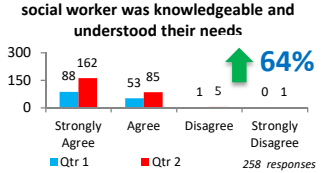
% of service users who felt their experience of the process matched what they were told to expect by their social worker



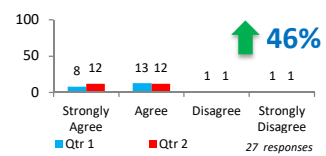
% of service users who felt they were treated with respect and dignity by their social worker



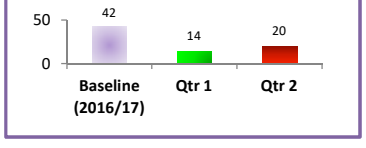
***(A) % of service users who felt that their social worker was knowledgeable and understood their needs**



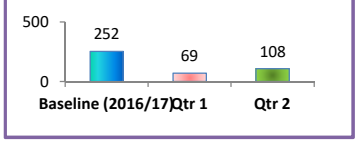
***(B) % of service users who would not have changed anything in the process**



Number of complaints received regarding staff attitudes/behaviour



Number of commendations received



*(A) User experience of ASC services
(B) User experience of ASC via contact & response team
Direction of travel compared to Qtr 1

Appendix D

Adult Social Care Scrutiny Commission Report

Transforming Care Programme

Lead Director: Steven Forbes

Date: 12th December 2017

City Mayor

Useful information

- Ward(s) affected: All
- Report author: Tracie Rees
- Author contact details: tracie.rees@leicester.gov.uk ext. 37 2301
- Report version number: 1

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the Transforming Care Programme.

2. Summary

2.1 The Transforming Care Programme (TCP) is a national programme, which aims to move people with a learning disability out of specialist hospitals into the community. This includes supporting people in their own accommodation, in residential care or with family/carers.

2.2 The TCP was introduced following the abuse of people with a learning disability at the Winterbourne View hospital in 2011. The hospital closed and the government placed a requirement on health and social care services to work together to move people out of hospital if they do not require clinical treatment and are ready for discharge.

2.3 The Agnes Unit is the specialist hospital for people with a learning disability in Leicester. Currently there are 16 people in the Agnes Unit, of these 5 are ready to be discharged (of these 4 are City residents) and are classified as fulfilling the criteria as a TCP case. Generally the criteria relates to those that have been in a specialist hospital for more than 2 years,

2.4 Whilst the numbers are small, these people have complex needs and behaviours that challenge. Some have been in hospital for a number of years, so there needs to be careful planning to ensure their ongoing support and care needs are effectively managed.

2.5 The TCP also places a requirement on health and social care services to have a locally agreed plan to ensure that people ready for discharge are re-housed as soon as possible and systems in place to prevent people being admitted wherever possible.

2.6 Leicester, Leicestershire and Rutland Council's and the three Local Clinical Commissioning Groups (CCG) have worked together to create a local plan, which details how organisations can work together to improve service delivery. The delivery of the plan is overseen by the TCP Executive, which includes key staff across health and social care and NHS England.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to note the report and to provide feedback/comment.

4. Background Information

4.1 Following the Winterbourne View review, the government placed a requirement on health and social care organisations to work together to reduce the amount of people with a learning disability in specialist hospitals and to take action to prevent people from being admitted wherever possible.

4.2 The national Transforming Care Programme (TCP) was created in 2015 and it was agreed that Leicester, Leicestershire and Rutland (LLR) Council's with the three Clinical Commissioning Groups agreed to work together to develop an LLR plan that details how the reductions will be made and sustained. As the Leicestershire Partnership Trust (LPT) who provide the learning disability services for health, work across LLR, it makes sense for the City, County and Rutland to work together.

4.3 The aim of the TCP is to ensure that people with a learning disability are supported in the community, this can include supported living, residential care or with family/carers. People should also be able to get the help they need close to home, including crisis support and only go into hospital if they cannot be treated in the community. Monies saved from the closure of hospital beds should flow either to ASC or the CCG depending who is responsible for the long term support of the individual.

4.4 NHSEngland are responsible for overseeing the reduction of people in hospital settings and are responsible for monitoring the delivery of the LLR plan.

4.5 The delivery of the plan is overseen by the TCP Executive, which includes key staff across health and social care, NHSEngland and a patient by experience representative. Steven Forbes is the Systems Leader for the programme and Chair of the TCP Executive.

4.6 The plan has 4 work streams that are tasked with delivering the local plan;

1. **Accommodation** – (Lead Leicester City Council) to ensure the provision of good quality accommodation
2. **Admissions and Discharge** – (Lead Leicestershire Partnership Trust) to ensure that admissions and discharges are properly planned
3. **Service Re-design** – (Leicestershire County Council) to ensure that the right support services are in place across health and social care and other organisations
4. **Workforce** – (Leicester West Clinical Commissioning Group) to ensure that people providing the care and support are experienced and properly trained

4.7 Driving this national agenda locally presents some key challenges for Leicester which are;

1. Ensuring the availability of appropriate accommodation, particularly for those with behaviours that significantly challenge, or for those with Ministry of Justice (MOJ) restrictions;
2. Ensuring that staff in provider services have the right level of skills and support to support people with behaviours that challenges
3. Supporting providers to stabilise their workforces, under a time of considerable

challenge in recruitment and retention in health and social care

4. For the city, a higher than regional average readmission rate to Agnes ward

CCG	2017	2016	2015	2014	Total
Leicester City	11	9	5	2	**27**
West Leicestershire	2	3	0	0	**5**
East Leicestershire & Rutland	1	1	1	1	**4**
Total	**14**	**13**	**6**	**3**	**36**

5. Projecting future need accurately

4.8 Currently there are 16 people in the Agnes Unit, of these 5 are ready to be discharged (of which 4 are City residents) and work is currently in progress to find suitable accommodation. On average there are 5 people per year who would be classified as a TCP cases in need of accelerated discharge.

4.9 Since the TCP began in 2015 there have been a number of successes, including increasing the Outreach Team provided by health, which operate 7 days a week. This means that more people are now able to get support at home, which has resulted in the closure of 4 of the beds at the Agnes Unit.

4.10 Challenges include the development of a crisis response service, which needs to be provided by health. This is currently being considered and likely to be available for 2018/19 as part of the LPT remodelling of learning disability services.

4.11 There is also a need to increase the availability of suitable accommodation, especially as some people will need a specialist designed property or in specific locations due to environmental sensitivities. However, the City Council is likely to have been awarded nearly £900,000 in capital monies from NHSEngland to purchase and build several specialist properties.

4.12 The following web links provide short clips, relating to the TCP programme and some individual's experiences.

TCP introduction

https://www.youtube.com/watch?v=x2hyf_fzKkg

Adult experiences

https://www.youtube.com/watch?v=z5RnuOnRaaM

5. Details of Scrutiny

5.1 Information to be presented on 12th December 2017.

6. Financial, legal and other implications

6.1 Financial implications

6.1 The financial impact of the TCP will be a revenue cost shift from the NHS to CCGs and local authorities as service users move from hospital settings into the community. The extent of the additional costs is difficult to estimate as it depends whether or not the case is a continuing health care service user (in which case the CCG will fund the place) or, a joint funded case where the costs are split between the CCG and the local authority. NHSEngland will be providing some ongoing grant funding for high need cases where the person has been in hospital greater than five years.

6.2 Grants bids have been made to cover the cost of new accommodation for named service users transferring into the community where nothing suitable exists currently. There should be no financial impact on the council in this regard.

Martin Judson, Head of Finance

6.2 Legal implications

6.2 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

6.3 Climate Change and Carbon Reduction implications

6.3

6.4 Equalities Implications

6.4

7. Background information and other papers:

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		

Meeting Date	Topic	Actions Arising	Progress
12th Dec 2017	1) Transforming Care (relating to development of STP) 2) Development of integrated teams relating to • Hospital discharge • Locality; and • Points of access 3) ASC complaints annual report 2016-17 4) Safeguarding Adults Board annual report with LASB strategic plan 5) Performance Report – Quarter 2 6) Work programme		
23rd Jan 2018	1) Budget 2) Loneliness among Older People – interim report 3) Dementia service update 4) End of Life Task Group update 5) Work programme		
20th March 2018			

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21st November 2017

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 allowance	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	
Detailed examination of procurement of ASC services	Cllrs to meet Tracie Rees to discuss content and timing	TBC

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