Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: **TUESDAY, 20 MARCH 2018**
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, Pantling and Thalukdar

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

For Monitoring Officer

Officer contacts:

Angie Smith (Democratic Support Officer),
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Leicester City Council, Granby Wing, 3rd Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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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 **Appendix A**

The Minutes of the following meetings of the Adult Social Care Scrutiny Commission are attached, and Members are asked to confirm them as correct records of the respective meetings:

a) the meeting held on 12 December 2017 (Appendix A1); and
b) the meeting held on 23 January 2018 (Appendix A2) (inquorate for consideration of minutes).

4. PROGRESS ON ACTIONS

5. PETITIONS

The Monitoring Officer to report on any petitions received.

6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

7. JOINT LLR DEMENTIA AND CARERS STRATEGIES - UPDATE **Appendix B**

The Strategic Director for Adult Social Care and Health submits a report to provide an update to the Commission on the two LLR Joint Strategies for Dementia and Carers which are in the consultation phase.

The Commission is recommended to note the report and are invited to comment.

8. JOINT COMMISSIONING OF DOMICILIARY CARE SUPPORT SERVICES **Appendix C**

The Strategic Director for Adult Social Care and Health submits a report to provide the Commission with an overview of the process to jointly commission/procure a new domiciliary support service across health and social care, and on how the new services have been operating since October 2017.

The Commission is recommended to note the report.

9. LEICESTER AGEING TOGETHER - INTERIM REPORT **Appendix D**

The Strategic Director for Adult Social Care and Health submits a report to outline the aims, ambitions and progress of the Leicester Ageing Together programme.

The Commission is invited to note the report, and provide comments as it sees fit.

10. RE-PROCUREMENT OF DIRECT PAYMENTS SUPPORT SERVICE **Appendix E**

The Strategic Director for Adult Social Care and Health submits a report to provide the Commission with an overview of the re-procurement of the Direct Payment Support Service framework. The Commission is recommended to note the report and provide any feedback.

11. ASC INTEGRATED PERFORMANCE REPORT 2017/18 - QUARTER 3 **Appendix F**

The Strategic Director of Adult Social Care and Health submits a report which brings together information on various dimensions of adult social care (ASC) performance in the third quarter (first nine months) of 2017/18. The Commission is requested to note the areas of positive achievement and areas for improvement.

12. END OF LIFE TASK GROUP UPDATE

The Scrutiny Policy Officer will provide a verbal update on the End of Life Task Group.

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

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

14. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 12 DECEMBER 2017 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Vice-Chair in the Chair)

Councillor Dr Chowdhury
Councillor Thalukdar
Councillor Pantling

In Attendance:
Councillor Dempster, Assistant City Mayor - Adult Social Care and Wellbeing

Also Present:
Councillor Unsworth

* * * * * * * *

43. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Chaplin and from Karen Chauhan, Chair of Healthwatch.

44. DECLARATIONS OF INTEREST

No declarations of interest were made.

45. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission be confirmed as a correct record.

46. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING

Further to minute 37, "Adult Social Care Integrated Performance Report 2017/18 Quarter 1", the Chair reminded Members of the concerns that had been raised that funding from the Better Care Fund (BCF) could be reduced if the Council failed to achieve a stretched target relating to Delayed Transfers of Care (DTOC). She invited the Strategic Director for Adult Social Care and Health to update the Commission on this.

The Director reported that, having agreed a NHS England compliant trajectory for DTOCs in the BCF plan, the potential threat of the health transfers monies (around £10m) had been removed and that the Council had been advised that its performance had been good enough for its funding from the Better Care Fund to be maintained in 2018/19.

On behalf of the Commission, the Chair asked the Director to thank all staff involved for the hard work that had been done to secure this position.

47. PETITIONS

The Monitoring Officer reported that no petitions had been received.

48. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

49. THANKS FOR CARE PROVIDED DURING RECENT BAD WEATHER

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing, thanked all staff for continuing to deliver care to vulnerable people in the city despite the recent bad weather conditions. Some of these members of staff had had very early starts to their work, when weather conditions were very poor, but the service had not been interrupted significantly.

This thanks was endorsed by the Chair on behalf of the Commission, as she had not been aware of any complaints or problems arising during this difficult time.

The Strategic Director of Adult Social Care and Health reminded the Commission that some of these members of staff were employed by the Council, but many were contracted by independent care providers, so he would share these comments with those external providers and contractors.

50. LEICESTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17

Jane Geraghty, the Independent Chair of the Leicester Safeguarding Adults Board (LSAB) submitted the Board's Annual Report 2016/17 and Strategic Plan 2017 – 2020.

Attention was drawn to the following points:

- The LSAB had received a peer review since its last annual report;

- In contrast to the situation two years ago, the LSAB's sub-groups now were all chaired by members of the Board;

- It was recognised nationally that this was an area where it was difficult to collect meaningful data. However, in Leicester a very good data set had been established;

- The LSAB was generally in compliance with the duties within the Care Act, but was not complacent;

- In over 75% of instances where risk was identified, that risk either was removed or reduced. 100% would not be achievable, as adults with capacity had the right to decide whether to change a risky situation;

- Feedback showed that 89% of people achieved the outcomes that they wanted. In cases where this was not achieved, it could be for a number of reasons, including some over which the LSAB had no control. For example, people could want someone prosecuted, but the Crown Prosecution Service could decide that this would not be done; and

- The Performance, Effectiveness and Quality subgroup also had considered this, in the context of a Making Safeguarding Personal multi-agency audit across Leicester, Leicestershire and Rutland. Recommendations from this included what to do when it was not possible to achieve the outcomes desired by the person. In recent activity, approximately 70 cases were investigated and the person's desired outcomes had not been achieved in four of them. In two of these cases this was because prosecutions had been wanted by the people concerned and in two the people had disengaged from the process.

Ms Geraghty confirmed that there was very good attendance at Board meetings and partner engagement was reviewed every year, with assurances from partners that people would be safeguarded from harm being challenged. Good work was being done by the partners, with a multi-agency audit on making safeguarding personal having received national recognition. It was recognised that this was a journey, but all participants were aware of their responsibilities and they were pushed, challenged and praised where needed.

Members enquired what the extent of problems were due to issues identified in the partner statement by Leicestershire Police. In reply, officers advised that they had not been a significant feature of formal safeguarding enquiries. Many were emerging issues and their inter-relationship was not always straightforward. For example, someone could need to be kept safe, but not as a safeguarding issue. The Care Act was very specific about who safeguarding applied to, so a lot of individuals were not included in the definition. It was hoped that, through training, staff would understand what incidents needed to

be reported and to whom.

Ms Geraghty explained that partner agencies were expected to do their own awareness raising and training. However, they recently had been asked to tell the Board of perceived gaps in training and some training had been provided to bridge these. One example of this was a recent two-day course in relation to vulnerable adults who made risky choices, such as remaining in a situation when offers to remove them had been made. Awareness raising included improving awareness of matters that mainly related to issues in some minority communities.

To ensure that service users could be heard directly by the Board, an engagement group had been established and was gaining momentum. Some members of that group were service users and other were engagement officers from key partners. Challenges set by the group had included providing information in plain English for anyone entering the system, (to help them to know what to expect), and simplifying the previously complex names of the Board's sub-groups to one-word names. The LSAB continued to try to find ways to talk to service users and carers, but this could be difficult, as not all users wanted to discuss their experiences and the Board had limited resources. It was working closely with Healthwatch on this, with Healthwatch holding focus groups to help identify ways forward.

With regard to knowledge gaps, the priorities set out in the LSAB Annual Report related to individual learning by individual agencies. Where gaps in knowledge were identified that affected a larger number of agencies, written guidelines could be produced, or seminars held. Consideration also needed to be given to how the findings of serious case reviews would be disseminated.

It was noted that there had been an increase in the number of referrals from partners. The Board welcomed the awareness that this showed, but the number of cases that could be dealt with by single agencies also had increased. Standardised thresholds for referrals therefore would be examined by the LSAB, as it was recognised that different agencies could have different thresholds.

It was questioned whether front-line staff had the right training to make judgements about whether a case should be referred and whether information could be shared between agencies without breaching client confidentiality. The Strategic Director for Adult Social Care and Health assured Members that all partner organisations tried to work together as one system. However, they did not share the same databases and there were data sensitivities that could lead to access to a partner's database being restricted. This could make it difficult to respond to a particular situation.

The Commission also suggested that the Council could make it clearer what action it could take in relation to safeguarding. Many people did not understand the concept of "pathways" of care, so it would be useful if clear steps could be described.

It was noted that a backlog of DoLS assessments remained, but this situation was not unusual across the country. Additional staff would be required to clear the backlog, but they currently were not available and the Council did not have the resources to employ them. As this meant that the Council was unable to fully meet its obligation to undertake DoLS assessments, it placed the Council at risk of being taken to court. However, as no-one in England had yet undertaken such a prosecution, the actual level of risk was unclear.

In considering the role of the Principal Social Worker, it was noted that this was a key lead practitioner role, supporting, encouraging and sharing good practice. The post-holder also supported the development of multi-agency training and provided an interface between care providers. In addition, they spent time with social worker teams and provided support through reflective practice discussions. Moving forward, it was expected that the Principal Social Worker would continue to work closely with all partners, including those at county and regional level, and would have a direct role in supporting the LSAB.

The Commission also discussed the development of the LSAB's Strategic Plan. Ms Geraghty noted that, although the Board was very clear what its priorities were, the Plan would provide a framework for them. As the Plan was developing, the Board was considering whether any of its priorities could be addressed through cross-boundary working.

Ms Geraghty also confirmed that a priority for the Board was to find ways to help improve awareness of what could constitute "risky" behaviour in another person and provide clear information on resources, such as specific services, that were available to help in such situations.

AGREED:

1) That the Leicester Safeguarding Adults Board's Annual Report 2016/17 and Strategic Plan 2017 – 2020 be welcomed;

2) That the Independent Chair of the Leicester Safeguarding Adults Board be thanked for attending this meeting and asked to convey the Commission's thanks to all involved for their contributions to the Board's work; and

3) That the Leicester Safeguarding Adults Board be asked to consider how awareness can be raised of what can constitute "risky" behaviour in another person and how to ensure that clear information on services that are available to help in such situations is provided.

51. ADULT SOCIAL CARE STATUTORY / CORPORATE COMPLAINTS AND COMMENDATIONS ANNUAL REPORT 2016/17.

The Director for Adult Social Care and Safeguarding submitted a report detailing information about statutory and corporate complaints and commendations received by Adult Social Care (ASC) services during 2016/17. In introducing the report, the Director reminded Members that the Council was

required to publish an annual report on statutory and corporate complaints received.

It was noted that the number of complaints and commendations received about ASC services during 2016/17 had increased and there was a slight increase in the number of complaints upheld. The number of complaints referred to the Local Government Ombudsman had fallen slightly. Overall, complaints were now dealt with more swiftly than previously.

The Director stressed that complaints were not unwelcome, as they provided valuable feedback on services, and the outcomes were shared with management teams and front-line teams. The number of complaints received varied from year to year, but were a very small proportion of interactions made with ASC services.

The Commission noted that there could be conflict between what the law allowed the Council to do, what the Council felt it should do, and what members of the public felt the Council should do. When this conflict could not be resolved, people could complain to the Local Government Ombudsman. Those complaints often resulted from people having too high expectations of what the Council could offer, or wanting the Council to respond to something that had to be defined as a "want", rather than a "need".

Some common themes could be identified in complaints made and those for 2016/17 were set out in the report. These themes were used to learn from. For example, work was being done with teams to ensure that decisions were fully evidenced, to enable full responses to be made to people unhappy with the outcomes of assessments. As a result of this work, the number of complaints being upheld was reducing overall.

As the Council worked with various partners, complaints sometimes were received that encompassed ASC services and services provided by partner agencies. As the Council could only investigate its own services, multi-agency complaints were processed through a jointly agreed local protocol.

It was recognised that it was important to use compliments positively. They were received by ASC in various ways and were gathered as effectively as possible. For example, when a formal compliment was received, the Strategic Director for Adult Social Care and Health sent a commendation letter to the member of staff concerned. It was hoped that Team Leaders passed on verbal compliments. Reflective supervision also could be an important way of acknowledging things that had gone well, as it was important for staff to be confident in their own skills and to acknowledge them. A staff survey was planned, which would provide useful information on how supported staff felt.

Members suggested that officers should be more proactive in publicising their successes. Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing, endorsed this, suggesting that activities such as a 24 hour Twitter feed could be considered. She reminded Members that a significant proportion of the Council's budget was for ASC, so it was very important to let people

know what services were being provided and to recognise the work being undertaken by ASC staff.

AGREED:

1) That the report be noted;

2) That the Strategic Director for Adult Social Care and Health be asked to pass the thanks of the Commission to all Adult Social Care staff for the work they do and to let them know how highly the Commission values this work;

3) That the suggested 24 hour Twitter feed be endorsed as a positive way of promoting the work being done by Adult Social Care staff; and

4) That, further to 3) above, the Strategic Director for Adult Social Care and Health be asked to work with Adult Social Care staff and the Scrutiny Policy Officer to identify ways in which staff can be shown they are valued and to report back to the Commission on this.

52. ADJOURNMENT OF MEETING

The meeting adjourned at 7.18 pm and reconvened at 7.24 pm

53. ASC INTEGRATED PERFORMANCE REPORT 2017/18 QUARTER 2

The Strategic Director for Adult Social Care and Health submitted a report bringing together information on various aspects of Adult Social Care (ASC) performance in the second quarter (first six months) of 2017/18.

The Strategic Director drew attention to the forecast budget underspend, stressing that this was a one-off situation and did not imply that pressures on the budget had been removed. On current growth demand, an increase of around £5million per year for care packages was the likely projection for the period to 2019/20.

The Business Improvement Manager (Adult Social Care and Safeguarding) noted that:

- Overall, ASC performance was improving year on year. Despite this, some areas of concern remained, which were highlighted in the report;
- Measures for the six priorities identified in the report had been devised;
- This was the first time since these performance reports had been introduced that both long and short term sickness levels had fallen;
- Expenditure on agency and sessional workers was lower than in the corresponding period in 2016/17;

- The Council's national rankings in 15 measures had improved. This was particularly welcome given the challenges faced by ASC services; and

- ASC was very interested to understand service users' experiences, both positive and negative. Various surveys were being used to help with this.

The Commission welcomed the improvement in sickness rates and stressed the importance of maintaining good staff morale in continuing this improvement.

Members queried how staff cuts were balanced against the reduction in agency workers and whether this was sustainable. Officers agreed that it was preferable to have staff employed in substantive posts, but compromises had to be made between what it was felt was the right way forward and what it was possible to do in particular staffing groups regarding recruitment challenges. Changes in ways of working also were being undertaken to reduce the workload on remaining staff. For example, increased use was being made of processes such as telephone reviews, and it was expected that the need to consider such compromises would increase.

It was noted that the number of permanent admissions to residential care for 18 – 64 year olds and those over 65 were higher than in the corresponding period in 2016/17. The Director for Adult Social Care and Commissioning explained that work was ongoing in ensuring that younger people had earlier contact with ASC services, so they could make informed choices. In addition, transitions from children's care services were being improved. Proposals for Extra Care also were being examined, although two units would not now be brought in to use within previously anticipated timescales. Work with other organisations also was on-going to identify where support could be given.

Although it could involve difficult decisions, the management of demand (at the 'front door' / access) was improving. This included a significant move towards capping demand, which included pilot work on a strength-based approach, so that responses moved away from ASC automatically providing any support required.

The Commission noted achievements from the period covered in the report. The Director for Adult Social Care and Safeguarding explained that an important benchmark arising from these was the data gathered from new assessment form questions about whether services had met the needs identified in the initial assessment and whether the user's quality of life had improved as a result of their care package.

AGREED:

1) That the report be received and welcomed; and

2) That the Strategic Director for Adult Social Care and Health be asked to pass the thanks of the Commission to all Adult Social Care staff for the quality of the work they do.

54. TRANSFORMING CARE PROGRAMME

The Strategic Director for Adult Social Care and Health submitted a report providing an overview of the Transforming Care Programme (TCP).

The Director for Adult Social Care and Commissioning presented the report, explaining that the TCP was a national programme, monitored by NHS England, which aimed to move people with a learning disability out of specialist hospitals and in to the community. This only applied to people who had been in specialist hospitals for over two years, so there were small numbers, but they usually had very high and/or complex needs. The TCP also placed a requirement on health and social care services to prevent people from being re-admitted wherever possible.

If someone wanted to live in the community or with their own family members, an assessment would be completed to determine what support was required. Due to the complexity of some individual's needs, bespoke training was made available to providers to enable them to provide the required support. The Council funded some of this, but health services also could provide some assistance.

The Strategic Director confirmed that it was not known yet why more Leicester residents were admitted to the specialist hospital ward than residents from the rest of the county and Rutland. The needs of people admitted from Leicester were of the same complexity as those of others admitted. It was not felt that more preventative work was available for residents from areas outside of the city, as those services were jointly commissioned across the city, county and Rutland. The amount spent by the City Council on services for people with learning difficulties was average, so this would not account for the different admission rates either.

The Director for Adult Social Care and Commissioning confirmed that a request had been received from NHS England for offers to discuss the provision of specialist properties in to which people being moved under the TCP could be placed and the allocation of these properties.

AGREED:

That the Director for Adult Social Care and Commissioning be asked to write to the government expressing the Commission's concern that the Council has a responsibility under the Transforming Care Programme to find appropriate accommodation for people with learning disabilities, but is not being provided with the funding to enable it to do this effectively.

Councillor Dr Chowdhury left the meeting at 7.51 pm, during discussion on this item.

55. PRESENTATION ON THE DEVELOPMENT OF INTEGRATED TEAMS

The Director for Adult Social Care and Safeguarding gave a presentation on the development of integrated models of care. A copy of this presentation is attached for information at the end of these minutes.

During the presentation, the Director drew particular attention to the following points:

- In the city the focus was on a joined up experience for people using health and care services, not the organisational structures;

- Integration was a key area of the Leicester City Better Care Fund Plan and the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan;

- No additional resources had been allocated for local integration projects, but available resources were combined;

- Improved processes, including the sharing of best practice, was helping to avoid delays, including formal discharge delays;

- Access to on-line patient information systems had improved;

- Adult Social Care services in the city and county were very engaged with, and committed to, this model of care;

- Anyone from the partner organisations could make assessments;

- Much of the integrated community response was funded through the Better Care Fund;

- The improved falls pathway was working well. Out of over 1,000 people who had fallen last year and been visited by the integrated Crisis Response Service, only 11 had been conveyed to hospital, the majority being supported at home;

- Integrated locality teams were based around GP populations and each was supported by a named social work team;

- One challenge being faced was maintaining the consistent engagement of partners, partly due to the capacity of those partners;

- It was hoped that integrated teams could be co-located, as this would improve ad hoc and less formal liaison between partners; and

- Although the City Council had stepped back from establishing integrated points of access, it was maintaining dialogue with the County Council and Leicestershire Partnership NHS Trust in order that it could participate if

appropriate.

See also minutes 56, “Inquorate Meeting”, and 57, “Presentation on the Development of Integrated Teams – Continued”, below.

56. INQUORATE MEETING

Councillor Thalukdar left the meeting at 8.15 pm, making the meeting inquorate.

The remaining Members decided to continue considering the remaining items on the agenda, noting and commenting as considered appropriate.

57. PRESENTATION ON THE DEVELOPMENT OF INTEGRATED TEAMS – CONTINUED

Consideration of the presentation on integrated models of care resumed.

The Strategic Director for Adult Social Care and Health confirmed that the driver for this integration had been from governments over many years.

The Director for Adult Social Care and Safeguarding confirmed that a report on progress with removing barriers to integrated models of care locally was due to be considered in the new year. Until all information for this report had been prepared, it was not possible to give an estimated timescale for the further development of integrated models of care.

The Chair drew the discussion to a close, thanking officers for a very informative presentation.

58. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

All members of the Commission were invited to pass suggestions for items for inclusion in the work programme to the Chair.

59. SEASON'S GREETINGS

The Chair thanked everyone for attending and wished them a happy Christmas.

60. CLOSE OF MEETING

The meeting closed at 8.20 pm

ASC Scrutiny Commission
12th December 2017

Integrated Models of Care

What is integration?

- Essentially joined up working
- Range of ways to help this happen:
  - Collaboration
  - Joint strategies and plans
  - Commissioning
  - Structural change
- In Leicester we focus on a **joined up experience** for people who use health and care services

Drivers for Integration

Legislation	• Health and Social Care Act 2012 • Care Act 2014
National Policy	• NHS Five Year Forward View • Better Care Fund
Population pressures	• Ageing population, rising health needs • Over-use of emergency and urgent care
Local Strategy	• Leicester City Better Care Fund Plan • LLR Sustainability and Transformation Plan

Local Integration Projects

Home First
- Integrated Discharge
- Integrated community responses

Managing Complex Need
- Integrated Locality Teams

Contacting Health and Care Services
- Integrated Points of Access

Integrated Discharge

- Collaborative approach – councils and acute / community health staff
- Colocation within LRI
- Testing models on key wards around timely discharges
- Live since July2017 – early days

Better care together | Integrated Discharge Team

What does IDT aim to do?

- Share information and integrate skills and processes
- Attend board rounds, supporting ward staff where required in planning straightforward discharges and identifying patients who need the involvement of the integrated team
- Help drive dates for discharge and improve the number of people achieving this
- Increase the number of people returning to their usual place of residence rather than having to be discharged into a 24 hour care setting
- Ensure peoples' independence is promoted throughout their stay and discharge journey from hospital
- Reduce delays – including formal discharge delays (DTOC)

What is working well?

- Closer working between City and County ASC
- Improved processes to avoid delays
- Building relationships with clinical ward staff
- Understanding barriers to timely discharge
- Improved access to IT / information due to honorary NHS contracts
- Better communication

What are the challenges?

- Early days and some way from the aims as yet
- Limited engagement / commitment in some areas
- Trusted assessment progress
- Impact of new approach on capacity
- Joining up systems inc IT
- Making a significant culture shift

Mr D

- County IDT worker attended board round – alerted City to proposed discharge
- City attend board round on Saturday – concerns identified re fitness for discharge and health needs not fully identified
- IDT approach used to review and challenge ward decision
- Formal discharge notification received 9 days after work commenced however -
- Planning already well underway because of IDT input to wards
- Successful and timely transfer to a care setting with appropriate NHS funding

Integrated Community Response

- Collaborative approach – City ASC, community health staff, commissioners (CCG / Council)
- Co-location within Neville Centre
- Range of rapid responses to unplanned health and care concerns
- Focus on Home First

What is available?

- 24/7 response within 2 hours to crisis care – "Integrated Crisis Response Service"
- Rapid access to reablement / rehabilitation
- For people at home or in hospital
- Home or bed based care
- Social care, nursing care, therapy input, equipment & technology, handypersons

What is working well?

- Established services through BCF
- Well integrated pathway
- Excellent outcomes – people staying at home
- Improved falls pathway
- Holistic reviews not treatment of symptoms
- Multi-professional trust
- National recognition of model and impact

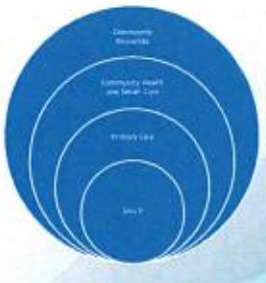
What are the challenges?

- Moving to a more integrated service (to build on the pathway)
- Using the right skills in the system
- Consolidation through a commissioning approach
- Filling gaps in diagnostic and medical cover

Mr & Mrs S

- Mr S caring for his wife – end of life
- Struggling to cope – DN visits and calls in ICRS
- ICRS attend and;
- Provide care
- Resolve equipment / bed
- Give carer support / relief
- Facilitate Mrs S to stay at home until EoL
- Leave Mr S with a more positive experience to remember

Integrated Locality Teams



- Based around GP populations
- Collaborative approach
- Supported by specialists and the voluntary and community sector
- Focus on high risk population
- Aiming to reduce crisis, support self care and condition / independence management
- Outcomes sought are to improve health and well being, increase our citizens, clinician and staff satisfaction and at the same time moderate the cost of delivering that care.

What is working well?

- Multi-disciplinary meetings
- Good outcomes for complex cases
- Building trust and relationships
- Sharing the same footprint
- Starting to make links to wider community support
- Linking with other projects

What are the challenges?

- Consistent engagement
- Capacity – time, location
- Administrative burden
- Making best use of IT systems
- Information governance
- Co-location ambitions
- Moving beyond the priority cohort to business as usual

Mr R

- Living at home with wife, multiple health problems, carer strain, Mr R feels he is a burden
- Brought by GP to MDT discussion
- Review of care – extra support offer / family input
- Surgery –further post-op review
- OT intervention due to stair risk
- Carer assessment – no services needed but valued discussion
- Mr R / wife report feeling supported by local team
- Mr R less depressed / more able to manage his health conditions

Integrated Points of Access

- Leicestershire BCF ambition
- To deliver a single access route for everyone
- Business case → Gateway Challenge → New business case
- But money, function and form, IT = challenge
- LCC has stepped back for now
- Position to be reviewed if a IPOA is developed by others

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 23 JANUARY 2018 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Vice-Chair in the Chair)

Councillor Aldred

Councillor Chaplin

In Attendance

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

Also Present:
Councillor Cutkelvin

* * * * * * * *

61. INQUORATE MEETING

The meeting was inquorate. The Chair and Councillor Chaplin decided to continue to consider the items on the agenda, noting and commenting as considered appropriate, but see Minute 69 below.

62. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dr. Chowdhury, Pantling and Thalukdar.

63. DECLARATIONS OF INTEREST

No declarations of interest were made.

64. MINUTES OF THE PREVIOUS MEETING

The Chair asked, as she was the only Member present who had been at the previous meeting, that the minutes of the previous meeting be taken to the next meeting of the Adult Social Care Commission for confirmation.

65. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING

The Chair informed those present that progress on actions would be covered by the agenda items.

66. PETITIONS

The Monitoring Officer reported that no petitions had been received.

67. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

68. DEMENTIA SERVICE UPDATE

At the request of the Chair the following agenda items were heard out of order to allow those present to deliver the Dementia Service update to leave the meeting.

The Strategic Director, Adult Social Care and Health submitted a report which provided the Commission with an update on the new Dementia Support service and on other key aspects of the Dementia programme. Members were invited to comment on the report and presentations.

Bev White, Lead Commissioner delivered a presentation (attached for information). Attention was drawn to the following points:

- The County, Rutland and CCG dementia services were all similar.
- In respect of the potential to jointly commission a dementia support service across LLR, Rutland were further forward than Leicester and County, and the service took account of the Rutland model.
- Leicester led the joint commissioning process with the County and three CCGs. The service was now in place and included elements to the original support services as well as a new hospital liaison service.
- A more strategic approach was developed, with shared priorities and streamlined provision, providing more consistency and better quality.
- There was a clearer pathway for people with dementia. Previously on wards in hospitals for example, patients would be asked if they live in the county or city. There was nothing in place for city patients.
- The diagnosis rate in the city was 86.5% against the national target of 68%
- Huge strides had been made working with primary care providers and getting GPs on board as dementia champions, and by raising dementia awareness at events.
- A new LLR-wide Joint Dementia Strategy was being developed, underpinned by individual delivery plans, and would be brought to a future meeting of the Commission.

69. QUORATE MEETING

Councillor Aldred arrived at the meeting at 5.55pm, making the meeting quorate.

70. DEMENTIA SERVICE UPDATE - CONTINUED

Sally Grundy, LLR and Northants Alzheimer's Society, delivered a presentation (attached for information). The following points were made:

- The commissioning process had led to a more streamlined service, with the client and carer at the heart of what they do.
- There had definitely been a postcode lottery situation. There was now bigger team working, with more flexibility to move resources to meet demand. It was reported there was a big demand in the city.
- The service in its early stages was nearing the first quarter for reporting.
- There had been some problems with ward not knowledgeable with regards to the community service. Now a worker in the hospital could work on the ward and follow-up patient care when discharged from hospital.
- The service would also inform the hospital early they had a patient in the community coming in with dementia.
- There was a single point of access, with one telephone line open from 8.30am to 5.00pm, manned by a trained member of staff. The triage line enabled workers to go out to patients, and also provided information / signposting to the website.
- It was reported that there were 7,000 hits on the website between October to December end from Leicester City.
- There was a group offer of support for the carer in the form of a six-week programme. Carers were encouraged to get together to create their own peer support network.
- The advocacy service was going well, and referral numbers had increased dramatically. There were 51 referrals from October to December and the waiting list of 70 people had been cleared.
- Information work had increased, working with GP practices and targeting key and harder to reach communities. There had been some initial teething problems during staff recruitment, but the service was improved, and it was hoped it would meet the KPI target of 125 referrals a year.

It was questioned whether the new KPI target would be met if the number of new referrals slowed down. Members were informed the KPI was originally 50, but as the wider service offer had grown, so the KPI had increased. It was reported that when performance indicators were set, the service looked to past performance and future demand, noting that the service would be gathering referrals from a variety of different sources, and not just diagnosed dementia but also memory worries. It was also noted that KPI targets would be monitored, with regular meetings between the service provider and commissioner to talk about issues if they arose.

Officers were asked if a person who presented as having dementia, what the

service would do if it were established the symptoms were not due to an infection or stress. The meeting was informed that usually the person with dementia does not have an insight into their illness, but usually a carer would call, not just about memory loss but, for example, loss of coordination. People would in the first instance be signposted to their GP to place them on the system at the earliest point, but would be supported and provided with information throughout the process, probably up to 16 weeks.

The Chair asked that information be sent to all ward councillors, and requested a pack of information be sent to her, to enable a discussion with community services.

Members enquired who funded the peer support network, and were advised the carers information six-week programme was funded through contract. Activities were provided for the person with dementia, and enabled the carer to have a confidential discussion in another room, and were more likely to open up with a private conversation. Volunteer support was provided to encourage peer groups to meet outside of the service. Members suggested that if there was any opportunity for a small fund to enable volunteers to meet one or two times a year, this would help to develop a future volunteer workforce.

It was recognised that when families got together, for example, at Christmas, the number of referrals went up. Members recommended that those responsible for writing the Winter Care Plan take account of the increase in referrals and GP assessments, and that Alzheimer awareness campaigns be included at events and holiday programmes. The Scrutiny Policy Officer was asked to word the recommendation in consultation with the Chair.

The Chair suggested that ward funding be used for some of the events for example the Jo Cox event in the summer, to ensure people with dementia be included as part of those events.

The Chair thanked the officers for the presentations.

AGREED:

That:

1. the Dementia Service update be welcomed;
2. information be sent to all ward councillors on the dementia support services;
3. those responsible for writing the Winter Care Plan take account of the increase in referrals and GP assessments, and that Alzheimer awareness campaigns be included at events and holiday programmes.

71. GENERAL FUND REVENUE BUDGET 2018/19 TO 2020/21

The Director of Finance submitted the draft report to Council on 21 February 2018, of the General Fund Revenue Budget 2018/19 to 2020/21. Scrutiny Commission Members were asked to note and comment on the report as they saw fit. The Strategic Director for Adult Social Care submitted supplementary

papers relating to adult social care funding to inform the Commission's discussion of the General Fund Revenue Budget.

The Chair made reference to the wider issues associated with cuts in council funding, and the difficult decisions the council had to consider on services it continued to fund. She acknowledged the pressures on the ASC budget, and the strong evidence presented to the Commission over the past year that there were an increasing number of people of working age who needed help, with issues such as depression, and physical health issues such as diabetes. It was also noted that people were living longer than in the past and were receiving increased care for longer periods. The Chair referred to paragraphs 7.6 and 7.7 in the report, which highlighted the growing gap between Better Care Funding and the underlying demands for care.

The Chair made reference to the two documents attached from Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), and the warning from the LGA of a £5.8billion local government funding gap by 2020.

The Chair stated it was imperative that central government urgently provided a long term funding solution for adult social care and that it implemented and concluded the promised review as soon as possible. The Chair asked that the following recommendation be made to the Executive for consideration:

> That the Assistant City Mayor for Adult Social Care and Wellbeing jointly write, with the Adult Social Care Scrutiny Commission, to the Secretary of State for Health and Social Care calling on him to:
>
> - Implement and conclude the promised review of social care funding by no later than Summer 2018;
> - Provide clarity beyond 2019/2020 for the funding of adult social care.

The Assistant City Mayor for Adult Social Care and Wellbeing informed the meeting the council was doing its best to protect the service, but unless there was a huge increase in resources it would put pressure on services. She added that in terms of the budget, the council was working in exactly the same way as in previous years, and as issues came forward, officers would bring detailed proposals to the Scrutiny Commission in line with previous years and ask the Commission to comment before decisions were made.

The Strategic Director presented the draft budget report, the background national paper from ADASS and noted the LGA reported replicated much of the ADASS report. The Director believed the increased concern over the funding gap was reflected over the country as a whole, and it was relevant to have a conversation about the national picture.

The Strategic Director presented the ADASS report and drew Members' attention to the following:

- There was a £366million overspend in ASC in England for 2016/17, which

will grow in future years, with insufficient funding to meet growing pressures;
- IBCF monies have allowed departments only to stand still;
- Demographic pressure relating to people with mental health needs were above the national average with a 6% growth in the city over the past year;
- Increasing demographic pressures for physically disabled people were above the national average at around 3%;
- Nationally Directors' confidence in making savings was falling as it became harder to find efficiencies, and were finding it more difficult to invest in prevention;
- CHC savings of £6million locally meant a budget pressure for ASC of estimated at approximately £1million.
- S117 mental health care – there was no ability to charge for aftercare under S117. There was a growing list of people on S117, and the council was in the process of discussing with the NHS the proposal to remove people who no longer required aftercare under S117;
- The care market in Leicester was 'fragile' but 'stable' in nature in comparison to other market places across England where there was much more volatility.

The Strategic Director stated that if Government was not forthcoming urgently from the summer review of adult social care funding, there would be an impending crisis in social care across England.

In answer to Members' questions the following points were made:

- National dataset information on projections for future adult social care needs were 10 years old and would not reflect the work undertaken by Adult Social Care locally to change the profile of services used and where we encourage and support more people to continue to live independently. Occupancy level rates were stable in terms of what beds were available and what were used. In some areas overprovision led to reduced quality, and required some self-observation.
- Adult Social Care was not currently in this financial year part of the spending review programme. The reduction in the numbers of staff came in a change to workflow and had been handled in a positive way, though there was a natural level of anxiety. The department had just completed a HSE healthy workplace survey across the whole department, and across the board results had improved.

The Assistant City Mayor for Adult Social Care and Wellbeing said the Executive would look at possibilities for reconfiguring and making savings, whilst keeping a close eye on the pressures faced by the department, raising attention to issues at an early enough point for them to be managed appropriately.

Members noted that it had been known for a long time that ASC funding was at a crisis point, and that good national data on future demand for adult social care was essential to ensure long term funding for adults social care met emerging need. They asked for a recommendation to be added to note that

national datasets re population forecasts and population need should be more flexible to allow councils to plan in a timely way and accurately across the whole range of services.

Members also noted in the report they had been asked to agree a 5% increase in council tax, and agreed to support the increase. They also noted there had been a suggestion to raise the increase to 6%, but needed to recognise that even in work, some people might not be wealthy.

Members asked for an additional recommendation to ensure that when the Executive made their responses to STP proposals the National Health Service was putting forward that they very strongly made known the impacts on the ASC budget.

A suggestion was made by the Commission that whilst agreeing to the 4.99% increase in Council Tax the Executive be asked to recognise that the overall revenue budget reflected the demand-led Adult Social Care and Children's Service budgets, which represented the most vulnerable people in society, impacting families on a day-to-day basis and that reserves should be used to support them for as long as possible.

Members also asked that when other services were looked at, impact assessments be undertaken to see how they might or should contribute to the work of Adult Social Care and Children and Young People's Services budgets.

The Chair agreed to the above additional recommendations suggested by Members and asked for the Scrutiny Policy Officer to provide wording for the recommendations in consultation with the Chair.

The Chair thanked the Strategic Director, the Assistant City Mayor for Adult Social Care and Wellbeing, Director of Adult Social Care and Safeguarding and Director of Adult Social Care and Commissioning for the information contained in the report, and asked that they take the gratitude and thanks from the Scrutiny Commission back to their teams for what they did for the citizens of Leicester.

AGREED:

That:

1. The report be received and noted;
2. That the Assistant City Mayor for Adult Social Care jointly write, with the Adult Social Care Scrutiny Commission, to the Secretary of State for Health and Social Care calling on him to:
    - Implement and conclude the promised review of social care funding by no later than Summer 2018;
    - Provide clarity beyond 2019/2020 for the funding of adult social care.
3. Population forecasts and population need should be much more flexible to allow councils to plan in a timely way and accurately across the whole range of services.
4. To ensure that when the executive responds to the STP we very

strongly set out the implications of this funding for the ASC budgets and the clients who require these services.

5. The Executive be asked to recognise that the overall revenue budget reflect the demand-led Adult Social Care and Children's Service budgets, which represented the most vulnerable people in society, impacting families on a day to day basis, and that reserves should be used to support them for as long as possible.
6. Impact assessments in other budgets should look at how they might or should contribute to the work of ASC and CYPS budgets.
7. It be noted the Adult Social Care Scrutiny Commission agree to a 4.99% increase in the budget.

72. END OF LIFE TASK GROUP UPDATE

The Scrutiny Policy Officer delivered to the Commission a verbal update on the work of the End of Life Task Group. It was noted the meeting in November 2017 was postponed, and it was agreed to reconvene the meeting in February 2018. The Scrutiny Policy Officer and Director of Adult Social Care would coordinate activities and present recommendations to the next Commission meeting.

The Chair asked Members present to provide three dates for when they would be available for the next meeting of the Task Group.

73. WORK PROGRAMME

The Chair drew Members attention to the Commission work programme. All Members of the Commission were invited to pass suggestions for items for inclusion on the work programme to the Chair.

The Chair informed those present that an item would be added to the work programme on the cross over work from Youth to Adult Services. Also an item on learning disabilities and the opportunities for work would be a future item.

AGREED:

That the Adult Social Care Scrutiny Commission Work Programme be noted.

74. ANY OTHER URGENT BUSINESS

The Chair agreed to accept the following report as urgent business in accordance with Scrutiny Procedure Rule 14, (Part 4E of the Council's Constitution).

Proposed VCS Prevention & Wellbeing Grant Fund

The Chair stated that she had agreed to accept the item as urgent business as the VCS had requested clarity on the proposal to introduce the Prevention and Wellbeing Grant Fund, and rather than wait to the next meeting of the Adult Social Care Scrutiny Commission, that the outcome of the consultation and

decision whether to proceed or not can be can be shared with the VCS.

75. ANY OTHER URGENT BUSINESS - PROPOSED VCS PREVENTION AND WELLBEING GRANT FUND

The Strategic Director submitted an Executive Decision Report that sought Lead Member confirmation on whether to proceed with the proposed Prevention and Wellbeing Grant Fund in light of the consultation responses received. The Adult Social Care Scrutiny Commission was asked to consider the report and make any comments.

The Assistant City Mayor, Adult Social Care and Wellbeing, informed the meeting a report was taken to the Commission on 29 June 2017, which provided an overview of the proposed changes to preventative services, and included details on the Prevention and Wellbeing Grant Fund. Both proposals were consulted upon, and the consultation responses did not demonstrate overwhelming support. There was some confusion over what groups would benefit from the grant fund and concern was raised over the work it would require to administer the scheme.

The recommendation was to not proceed with the scheme, and the money would remain with Adult Social Care. It was agreed that when the proposal to cut the VCS budget was considered, the use of using some of the £750k grant fund would be looked at to assist with the cuts.

Members were heartened there had been fresh thinking around the decision following consultation.

The Chair thanked the Officers and Assistant City Mayor for the report and update.

AGREED:

That the report be noted.

76. CLOSE OF MEETING

The meeting closed at 7.51pm.

Appendix B

Adult Social Care Scrutiny Commission

Joint LLR Dementia and Carers Strategies - update

Lead Director: Steven Forbes

Date: 20th March 2018

Useful information

- Ward(s) affected: All
- Report author: Bev White

- Author contact details: 4542374
- Report version number plus Code No from Report Tracking Database: 1.0

1. **Purpose of report**

1.1 This report provides an update for Adult Social Care Scrutiny Commission on the two LLR Joint Strategies for Dementia and Carers which are in the consultation phase.

2. Summary

2.1 Both strategies have been drafted by the local strategic partnership (Leicester City Council, Rutland County Council, and the 3 Clinical Commissioning Groups (CCG's).

2.2 Consultation has begun on the Joint Carers Strategy and will begin in April on the Joint Dementia Strategy. Once consultation finishes, the drafts will be finalised and taken back through governance processes for sign off with a view to launch later in 2018.

2.3 The strategies will be underpinned delivery plans for each locality, to ensure that issues relating to specific areas can be addressed.

3. Recommendations

3.1 Adult Social Care Scrutiny Commission are invited to note this update and comment on the draft Strategies

4. Report/Supporting information including options considered:

4.1 Both strategies have been drafted by the local strategic partnership - (Leicester City Council, Rutland County Council, and all 3 CCGs). Leicestershire County Council have led on the production of the Carers Strategy and Leicester City Council have led on the Dementia Strategy.

4.2 Both strategies contain a set of high level actions, attributable across partners. Individual organisational delivery plans will be drafted and agreed and will sit alongside the final strategies once launched. Delivery plans will contain greater detail than the strategies themselves.

<u>Dementia – Appendix 1. Draft Strategy</u>

4.3 A joint vision has been agreed, and the strategy is underpinned by guiding principles from the NHS Well Pathway for Dementia, which has been adopted locally. The strategy details the achievements from the previous strategy.

4.4 The strategy is informed by national policy – the Prime Minister's Challenge on Dementia 2020, and by local intelligence from wide ranging stakeholder engagement through the Programme Board. The jointly agreed vision is:

"that Leicestershire, Leicester and Rutland are all places where people can live well with dementia through the following guiding principles:

Preventing Well, Diagnosing Well, Supporting Well, Living well and Dying Well."

Carers – Appendix 2 Draft Strategy

4.5 A joint vision and set of guiding principles have been agreed. These are based on emerging information about the forthcoming national action plan that the government will be issuing as part of the ASC Green Paper. They are also based on engagement with local carers that took place over the summer of 2017. The vision is:

'Family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing'.

4.6 Guiding principles are:

- *Carer Identification*
- *Carers are valued and involved*
- *Carers Are Informed*
- *Carer Friendly Communities.*
- *Carers have a life alongside caring*
- *Carers and the impact of Technology Products and the living space*
- *Carers can access the right support at the right time*
- *Supporting young Carers*

Consultation

Carers

4.7 Consultation on the draft Carers Strategy began on February 28th and finishes on 22nd April. Leicestershire are hosting the consultation on behalf of the local strategic partnership (Leicester City Council, Rutland County Council, and all 3 CCGs), through their website. The consultation can be accessed at: https://www.leicestershire.gov.uk/carers-strategy

Dementia

4.8 It is anticipated that consultation on the Dementia Strategy will start at the beginning of April once the draft has completed its circuit through the governance meetings of the local strategic partnership. We are hosting the consultation on behalf of partners and a link will be advertised once the consultation goes live.

Delivery Plans

4.9 Both strategies will be underpinned by individual organisational action plans. Individual organisations may introduce ambition or stretch targets into delivery plans. Draft delivery plans will be signed off by organisations once strategies have been agreed following the end of the consultation period. It is intended that delivery plans will be launched with the final strategies in the autumn. Delivery of the strategies will be overseen by the partnership groups and in the Council by the ASC Leadership and Lead Member.

Launch
Both strategies will be launched as final strategies in the autumn of 2018.

5. Financial, legal and other implications

5.1 Financial implications

There are no direct financial implications from this report.

Yogesh Patel – Accountant (Adult Social Care) -ext 4011

5.2 Legal implications

Any public consultation should be done at a formative stage in the development of the policy in order to be meaningful. Legal support can be provided in relation to the consultation process.

There are no further legal implications arising directly from the recommendations of this report.

Emma Horton, Head of Law (Commercial, Property & Planning) ext 371426

5.3 Climate Change and Carbon Reduction implications

n/a

5.4 Equalities Implications

The draft LLR Joint Dementia Strategy has taken into account the Equality Act and the protected characteristics within it, with particular emphasis on age, disability, gender and race.

Under our Public Sector Equality Duty, when making decisions, the decision maker must be clear about any equalities implications of the course of action proposed. The consultation needs to be meaningful and accessible for all communities. The report cites that an equality impact assessment will be carried out as part of the strategy being developed.

Sukhi Biring, Equalities Officer, Ext 374175

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

6. Background information and other papers:

7. Summary of appendices:

Appendix 1 – Draft of LLR's Living Well with Dementia Strategy 2019 – 2022

Appendix 2 – Draft of LLR's Carers Strategy 2018 – 2021 - Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland

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

9. Is this a "key decision"?

~~Yes~~/No

10. If a key decision please explain reason

JOINT CARERS STRATEGY 2018 – 2021

Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland

Leicestershire County Council

NHS East Leicestershire and Rutland Clinical Commissioning Group

Rutland County Council

NHS West Leicestershire Clinical Commissioning Group

Leicester City Council

NHS Leicester City Clinical Commissioning Group

Contents

1. Our Local Vision for Carers

This Carers Strategy has been developed in partnership with carers across Leicester, Leicestershire and Rutland, and with the support of a number of local voluntary sector organisations, Healthwatch and local health providers. The organisations signed up to this strategy have committed to work together to deliver our local vision for carers:

'Family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing'.

Throughout this strategy we refer to 'the partnership' or 'partners'. Specifically, this refers to the Carers Delivery Group, a sub-group of the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership which is responsible for overseeing a plan to improve the health and social care services to reduce inefficiencies. Supporting carers has been identified as a key area of work in Better Care Together (the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland). The Carers Delivery Group sits within the Prevention (Home First) workstream of the Sustainability and Transformation Partnership, and also links to the workstreams for integration, urgent and emergency care, and resilient primary care.

Individual members of the Carers Development Group will share this strategy with their own organisation, who will develop a delivery plan based on a set of guiding principles, as detailed in section 2 and key priorities and associated actions as detailed in section 9. Delivery plans will be tailored to suit each the diverse needs of carers in their locality and to reflect the available resources for each organisation .

Partners include: Leicester City Council, Leicestershire and Rutland County Councils, East Leicestershire and Rutland, West Leicestershire and Leicester City Clinical Commissioning Groups, voluntary and community sector organisations (notably organisations delivering carers services and speaking for carers), and Healthwatch Leicestershire.

2. Guiding Principles

The strategy is underpinned by a number of guiding principles that reflect both the national and local requirements of carers

1. **Carer Identification** - We will work together across the statutory and voluntary sector organisations in Leicester, Leicestershire & Rutland to identify carers and to ensure they are signposted to relevant information and services if they require assistance. This includes young people under the age of 18 who may be caring for a family member.

2. **Carers are valued and involved** - We will listen to carers and involve carers in the development of services that enable them to continue to provide their caring role.

3. **Carers Are Informed** - We will ensure that accurate advice, information and guidance are available to assist carers to navigate health and social care services.

4. **Carer Friendly Communities** - Communities will be encouraged to support carers through awareness-raising within existing community groups.

5. **Carers have a life alongside caring-** We will ensure that health checks for carers are promoted as a means of supporting carer to maintain their own physical and mental health and wellbeing and encouraged to have a life outside of their caring role.

6. **Carers and the impact of Technology Products and the living space -** We will work with housing and other organisations to ensure the needs of carers are considered in terms of the provision of technology, equipment of adaptations that may assist a carer with their caring role.

7. **Carers can access the right support at the right time -** We will respect and promote the needs of carers and ensure they have access to carer's assessment, which will determine if social care services have a statutory duty to provide assistance. The carers' experience will be considered during the assessment and any subsequent reviews.

8. **Supporting young Carers -** we will ensure that the needs of young carers are also considered and that families/cares with a child with special needs are supported through the transitions process, which can also be difficult to navigate their child transitions into adult services.

The above principles have been translated into key priority and actions as detailed in section 9 and each partner organisation will be expected to build upon them in the development of their individual delivery plans.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. Therefore, the available resources for each organisation will be reflected in the individual plans that will be developed by the partners, which will underpin this strategy and the guiding principles.

3. Who is the Strategy for?

This strategy is aimed towards all unpaid carers who are caring for someone that lives in Leicester, Leicestershire and Rutland (LLR) including but not limited to:

- Working Carers
- Older Carers
- Parent/ Family Carers
- Multiple Carers
- Young Carers
- Sandwich carers (those with caring responsibilities for different generations, such as children and parents)

It seeks to understand and respond to the issues related to caring that have been highlighted locally and inform carers how the partners signed up to this Strategy will work together to ensure the role of carers is recognised, valued and supported.

The Strategy also aims to highlight to a broad range of organisations, local communities and individuals the prevalence of caring, the significant impact it can have on carers lives, and what we can all do to support carers more effectively.

Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support.

A young carer is someone under 18 who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need or an addiction cannot cope without their support.
Carers are sometimes referred to as unpaid carers, or family carers.

It is recognised that individuals often do not relate to the term ‘carer’ and see the caring responsibilities they carry out as part of another relationship or role i.e. as a wife, daughter, friend etc. However, for the purpose of this strategy all those providing unpaid additional support to individuals who could not cope without their support will be referred to as Carers.

4. Impact of caring

"When the person we care for really struggles to do things works really hard and is then able to do something it can make us feel really happy." Local Carer

Over six and a half million people in the UK are carers.[1] Looking after a person that you care about is something that many of us want to do. Caring can be very rewarding, helping a person develop or re-learn skills, or simply helping to make sure your loved one is as well supported as they can be.

Across Leicester, Leicestershire and Rutland carers contribute around £2 billion worth of support every year[2] which has a significant positive impact on demand experienced across the health and social care sector. However, some carers can be affected physically by caring through the night, repeatedly lifting, poor diet and lack of sleep. Stress, tiredness and mental ill-health are common issues for carers. In addition, carers can often be juggling and adapting to many changes in circumstances such as, in the condition of the cared for person or the impact of a new diagnosis.

Carers often lead on arranging care provision for the person they care for, which can include communicating with a range of departments and services. Challenges that carers face include knowing which service or department to contact, which can be especially difficult when the individual they care for is transitioning through a change in service/ organisational boundaries. It is widely recognised that carer identification is an issue as carers either do not identify themselves as carers or have a reluctance to identify due to stigma, potential bullying or pressure from the cared for person not to disclose.

The home environment can have an influence on carer stress and their ability to continue in their role. The key issues that have been recognised nationally have included: Where to go for help, Housing lettings policies involving carers, Inheritance issues for carers living in rented property, equipment, adaptations, repairs and improvements, housing support and technology to help carers and families stay in the home, options for moving home, funding and affordability. [3]

"We have grab rails and a slope put in has made life so much easier" Local Carer

Older Carers

- The 2011 Census (UK Census, 2011) revealed that there are over 1.8m carers aged 60 and over in England[4].

[1] Carers UK Policy Briefing | August 2015 | Facts about carers

[2] VALUING CARERS 2015 The rising value of carers' support

[3] Carers and housing: addressing their needs

[4] Carers Trust Retirement on Hold Supporting Older Carers

- Current data trends suggest that by 2035 there will be an increase of over 30% in the number of carers aged between 60-79, a 50% rise for carers aged 80-84 and carers over 85 will increase by 100%.[5] (Appendix 5) Older adult carers may experience health issues themselves, and in some cases experience loss of strength and mobility, and tire more quickly.

Working Carers

- **3 million people in the UK juggle paid work with unpaid caring responsibilities**[6]. Caring can affect the type of work which carers are able to take on, aiming to find local, flexible work which can fit around caring.
- Research[7] has indicated that over 2.3 million people have given up work at some point to care for loved ones and nearly 3 million have reduced working hours.

"We need flexibility and understanding in the workforce" Local Carer

Parent/ Family Carers

- One in three parents report that their child outliving them and not being able to care for themselves, or oversee their professional care, is their biggest concerns.[8]
- (78%) of those providing care to a child with a disability said they have suffered mental ill health such as stress or depression because of caring.[9]
- Over 1,500 parents with disabled children took part in a 2014 online survey for Scope. Two thirds (69%) of respondents had problems accessing the local services for their children, with eight in ten parents admitting to feeling frustrated (80%), stressed (78%) or exhausted (70%) as a result.[10]

"I constantly worry about the future" – Local Parent Carer

Multiple/Sandwich Carers

- Most carers (76%) care for one person, although 18% care for two, 4% for three and 2% care for four or more people[11]. Sandwich carers find themselves caring for both younger and older generations.
- Carers with multiple caring roles report feeling exhausted and sometimes guilty that they have insufficient time to devote to their children or other close relatives in need of support.

[5] www.poppi.org.uk version 10.0

[6] EFC Briefing | Jan 2015 | The business case for supporting working carers

[7] Carers UK and YouGov (2013) as part of Caring & Family Finances Inquiry UK Report (2014) Carers UK

[8] "Who will care after I'm gone?" An insight into the pressures facing parents of people with learning disabilities Fitzroy transforming lives

[9] CUK- State of Caring 2017

[10] https://www.scope.org.uk/media/press-releases/sept-2014/parents-disabled-children-battle-support

[11] CUK- State of Caring 2017

Young Carers

- Data from the 2011 Census reveals that **166,363 children in England are caring for their parents, siblings and family members**, an increase of 20% since 2001.
- A quarter of young carers in the UK said they were bullied at school because of their caring role (Carers Trust, 2013).
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.[12]
- Young adult carers aged between 16 and 18 years are twice as likely not to be in education, employment, or training (NEET)[13]

"They might be scared to admit it in case they get bullied. Social workers and schools should help them understand they are a young carer." Local Young Carer

Top worries about becoming a carer are being able to cope financially e.g. afford the care services or equipment and home adaptations required (46%) and coping with the stress of caring (43%).[14] Although finances are cited as a concern many carers do not claim benefits that they are entitled to, £1.1 billion of Carer's Allowance goes unclaimed every year in the UK[15].

The 2016 national GP patient survey found that 3 in 5 carers have a long-term health condition, this compares with half of non-carers. This pattern is even more pronounced for younger adults providing care – 40% of carers aged 18-24 have a long-term health condition compared with 29% of non-carers in the same age group. [16] Carers report 'feeling tired' and experiencing 'disturbed sleep' as a result of their caring role, only 10% of carers have no effect on health because of their caring role (Appendix 2).

"Feeling that we can't rest because we are on call to look after the person we care for all of the time can make us tired and unhappy." Local Carer

When a person becomes a carer, they give up many of the opportunities that non-carers take for granted. Carers' can find their caring role limits the opportunities they have for a life outside their caring role. It is important we recognise the impact of caring in order to support carers to allow them to maintain caring relationships, and enjoy good mental and physical health**.**

[12] Hidden from view: The experiences of young carers in England

[13] Supporting Young Carers in School: An Introduction for Primary and Secondary School Staff

[14] Research summary for Carers Week 2017

[15] Need to know | Transitions in and out of caring: the information challenge

[16] CUK- State of Caring 2017

5. Relevant policy and legislation

Although much has been achieved in relation to the previous Leicester, Leicestershire and Rutland Strategy (2012 – 2015), there have been significant changes in government policy, including the creation of Clinical Commissioning Groups, the Care Act 2014 and the Children and Families act 2014. Whilst the new National Carers Strategy is expected soon, a new local strategy is necessary to reflect on these changes and to ensure new local priorities can be identified and addressed that are fit for now and the future.

We intend that this new strategy builds on the achievements of the previous one; some of these are:

- A Carers Charter, developed with carers, in place in all Leicester, Leicestershire and Rutland locations
- Commissioning Carers Support Services which help deliver the Care Act Early Intervention and Prevention duties, and which include a Carers Outreach Service in GP surgeries
- Developing carers registers in Primary and Adult Social Care
- Focused work in BAME communities to support people to identify as carers
- Offering Carers Assessments
- Provision of flexible respite and short breaks
- Agreement to a Memorandum of Understanding between Adult Social Care and Children's' Services in respect of Young Carers
- Partners offering information in a variety of formats, hard copy, web based, face to face
- Providing training for carers
- Providing advocacy for carers

There remain ongoing challenges which will be picked up by this new strategy. Notably these are:

- Continuing to raise awareness of carers issues and promoting early identification of carers
- Making information easy to find
- Ensuring that carer registers are robust
- Involving carers at an individual and strategic level
- Making communities carer friendly

Care Act 2014
The Care Act 2014 came into effect from April 2015 and replaced most previous law regarding carers and people being cared for. Under the Care Act, local authorities have new functions. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. Local authorities must consider the impact of the caring role on the health and wellbeing of carers. If the impact is significant then the eligibility criteria are likely to be met. Local authorities should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

The Care Act 2014 also places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18. The assessment should also support the young people and their families to plan for the future, by providing them with information about what they can expect.

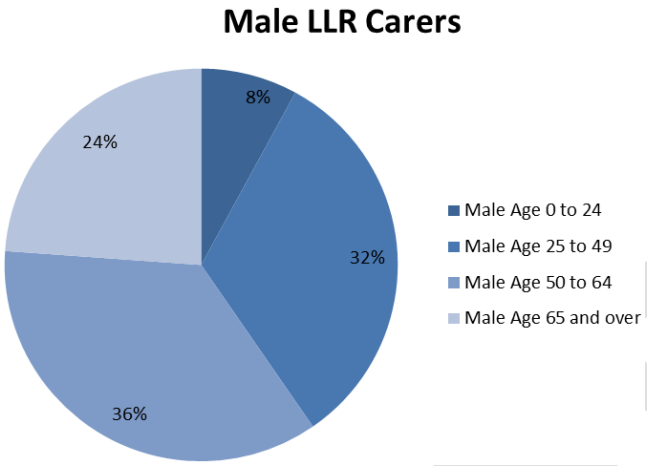
The Children and Families Act 2014
The Act gives young carers more rights to ask for help. Councils must check what help any young carer needs as soon as they know they might need help, or if the young carer asks them to. In the past, young carers always had to ask first if they wanted their council to check what help they needed. Local authorities, carrying out a young carer's needs assessment must consider the extent to which the young carer is participating in or wishes to participate in education, training or recreation or employment.
The Act also says that councils must assess whether a parent carer within their area has needs for support and, if so, what those needs are. This check is called a 'Parent Carer's Needs Assessment'. In the past, parents always had to ask first if they wanted their council to check what help they needed to look after a disabled child.

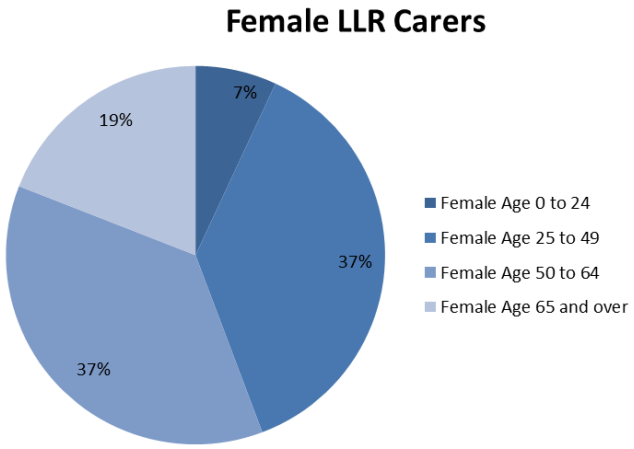
NHS England's Commitment for Carers
The Department of Health set out in its mandate to NHS England 'that the NHS becomes dramatically better at involving carers as well as patients in its care'. In May 2014 they published NHS England's Commitment for Carers, based on consultation with carers. Based on the emerging themes NHS England has developed 37 commitments around eight priorities, which include raising the profile of carers, education, training and information, person centred well co-ordinated care and partnership working.

Care Act 2014 - http://www.legislation.gov.uk/ukpga/2014/23/contents
The Children and Families Act 2014 - http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf
https://www.england.nhs.uk/wp-content/uploads/2014/05/comm-carers.pdf

6. Profile of carers in Leicester, Leicestershire and Rutland

Census data tells us that there are over 105,000 carers across Leicester Leicestershire and Rutland (LLR). Nearly 2000 of the 105,000 (2%) LLR carers are aged between 0-15 years, and 203 of these young carers provide 50 or more hours of unpaid care per week (Appendix 3). Overall, 67% of carers provide care for 1-19hrs a week. 57% of LLR carers are female, the highest provision of care for both sexes is provided by those aged 25-64.





Across Leicestershire over 90% of carers are from a white ethnic background and in Rutland it is 99%, however in Leicester City this figure is just over 50% with the remaining majority of carers coming from an Asian/Asian British background. See also Appendix 3.

A further source to help us understand the local carer population is the number of people in the area claiming carers' allowance:

	Carers in receipt of Carer's Allowance	Total value of Carer's Allowance received (p/a) (£)	Total estimated number eligible	Total estimated value of benefit eligibility (p/a) (£)	Total estimated number of carers missing out	Total estimated value of unclaimed benefit (p/a) (£)
Leicester	4,750	14,758,250	7,308	22,705,000	2,558	7,946,750
Leicestershire	4,990	15,503,930	7,677	23,852,200	2,687	8,348,270
Rutland	180	559,260	277	860,400	97	301,140

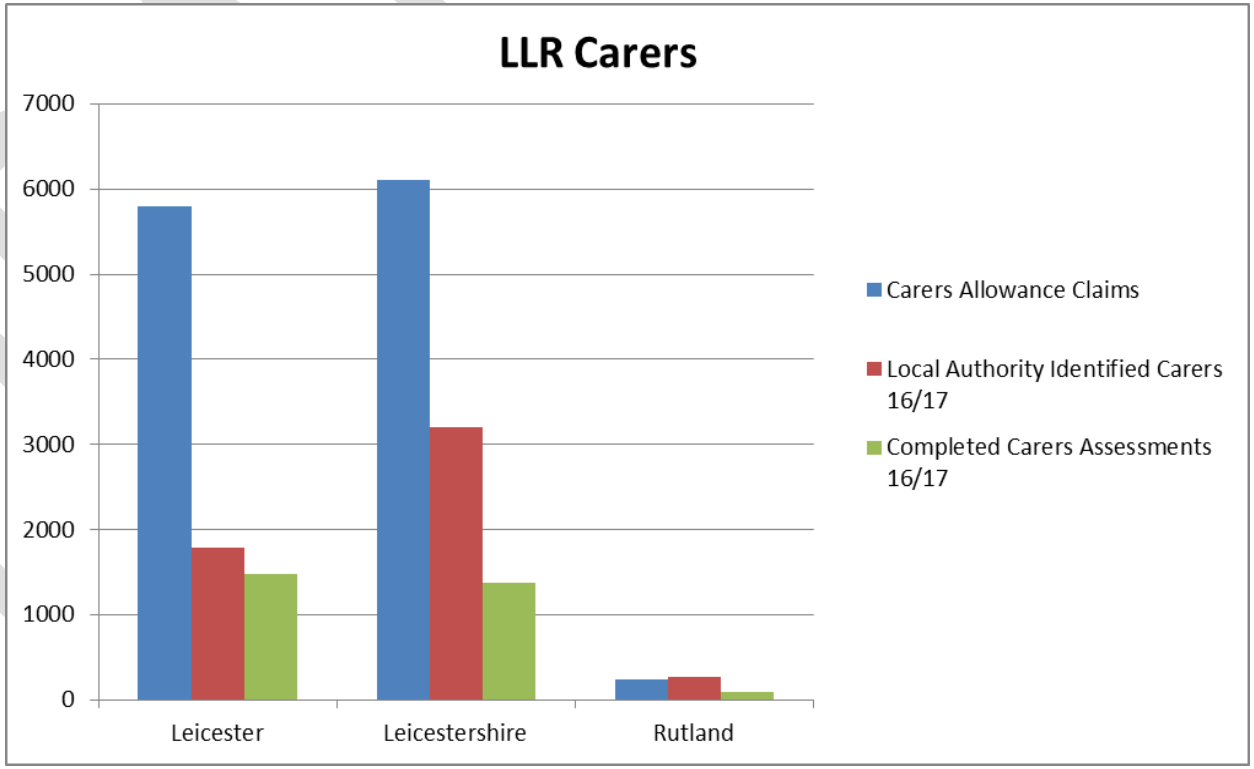
Source: Carers UK (2013)

There are a variety of reasons people do not claim carers allowance – not identifying as a carer can be an issue alongside not having appropriate information or advice regarding the claim process and general benefit entitlements.
Local figures are in line with national claim rates with an average of 35% of carers missing out on claiming carers' allowance.

Although a higher proportion of carers are identified on Leicestershire systems, a smaller proportion are accessing carers' assessments in comparison to Leicester City.

When compared to the number of carers receiving carers allowance locally it is clear that a high proportion is not known to their Local Authority.

The Adult Social Care Outcomes Framework (ASCOF) uses data from a number of national sources including the Survey of Adult Carers in England (SACE) to measure how well care and support services achieve the outcomes that matter most to people. These measures are used by Leicester, Leicestershire and Rutland to monitor performance across the LLR.



As illustrated in Appendix 1, responses are varied across Leicester, Leicestershire and Rutland. Overall satisfaction with social services is high in Rutland in addition to the high proportion that feel they have been included and consulted in discussions about the person they care for. All areas have seen a small increase in the proportion that find it easy to find information about services, however less than a third of carers across LLR felt they had as much social contact as they would like. Results are static for Leicester and Leicestershire however this is a significant reduction for Rutland who reported 46% in 2014/15. Leicester City and Rutland have improved the proportion of carers who have been included or consulted about the person they care for however Leicestershire have a clear drop.
This highlights opportunities to learn from local best practice, but also evidences a need to improve local carer experience.

Every two years local authorities conduct a postal survey of unpaid carers, The Survey of Adult Carers in England (SACE). The survey asks questions about quality of life and the impact that the services they receive have on their quality of life. In October 2016 surveys were sent to a selection of 1812 carers, 771 responses were received. Responses from these surveys feed into the ASCOF scores.

7. Current carer support

A range of carer support services are commissioned across Leicester, Leicestershire and Rutland including support groups, advocacy, support to complete a carer's assessment form, and information and advice for carers including information on local services, and services specifically for young carers. Through an assessment process carers may also receive a personal budget, and councils can provide respite to give carers a break from caring (including breaks for parent carers).

In addition to the services common across Leicester, Leicestershire and Rutland, Leicestershire County Council also commissions online forums where carers can meet other local carers and a telephone befriending service specifically for carers. Rutland County Council has dedicated adult social care carer's workers who specifically carry out carers assessments, and funds fortnightly carers support and drop in sessions for carers and parent carers. Leicester City Council commissions a range of services for carers, including peer support and training and opportunities for social interaction which give carers a break from caring, and some specific services for carers of people with mental health needs and learning disabilities from black and ethnic minority backgrounds.

Leicester, Leicestershire and Rutland Clinical Commissioning Groups have implemented carers' charters and promote carer support throughout services and in partnership with local authorities. There are a number of hospital social work teams aiming to bridge the gap between health and social care services to provide a fluid service. Rutland operates a fully integrated service where therapists and health professionals are also able to carry out carers assessments.

Across Leicester, Leicestershire and Rutland there have been a range of approaches including but not limited to awareness raising talks and presentations, media work; stands and stalls at events. This provider undertakes young carers statutory assessments and is implementing a family based support plan, to include as required: service co-ordination, one to one support, advocacy, support with education, employment and training, grants, inclusion work, access to holidays, ID card, signposting and referral to other agencies, under 12's group work, decorating and garden challenges.

Throughout 2016/17 work was undertaken to raise the profile of young carers across Leicestershire the aim of this work was to build carer friendly communities, promote the issues young carers face, support recognition of the signs of young caring, and strengthen the shared responsibility between services and the resources available to support young carers.

The education system was targeted from primary level right up to university and each educational establishment visited was asked to have a 'named' member of staff (to be known as 'Young Carers Champion') who proactively promotes the young carers agenda, thus increasing the likelihood of young carers being identified. This has created a network of Young Carer Champions.

8. What Leicester, Leicestershire and Rutland Carers say

The challenges a carer faces will be dependent on numerous factors and are individual to that carer. In order to attain a richer insight into the experiences of local carers, a range of engagement approaches were adopted in addition to analysis of survey and performance data already available.

Events were held over the summer of 2017 to ensure carer experiences and views were captured from a diverse range of carers within different caring roles and at varying stages of their caring journey. Fifteen workshops and focus groups were conducted. Numerous questionnaires and an online survey also ensured carers were given the opportunity to have their voice heard.

Through these events and further focus groups, workshops and questionnaires, over 300 carers have shared their views and experiences based around issues that we know are important to carers, such as recognition, identification, health and wellbeing, having a life outside of caring and supportive communities.

The carers were from a range of backgrounds: including parent carers, carers of different ethnic origins, young carers, older carers and working carers. Contributions were received through numerous partners, including, Leicestershire District Councils, Healthwatch, and from a number of local voluntary sector organisations. Outcomes were captured, coded and themed, in order for the most common experiences, concerns and potential solutions to be drawn from the variety of sources. In brief, key areas highlighted include:

Access to appropriate information and advice: carers lacked clarity in relation to where to look for information, not having access to digital information and provision of information not only for the carer but information that supports the cared for individual.

"Making clear the support that is available, so that a person with a disability knows they can cope without a carer"

"Getting correct information that is up to date can be an issue"

"Temples/faith groups /clubs help with social isolation"

Access to good quality services for both carers and the cared for: Carers want good quality services for both themselves and the cared for person. Before they are happy to access any type of service for themselves they need to know the cared for person is being appropriately supported.

"Need some joint services for carers and cared for so we can get out together"

"Need better quality support services for carers and family"

Increasing understanding in society of what a carer is: There is a need to increase early identification of carers but also to ensure that once identified people understand the issues they face and value the contribution they make.

"Being listened to as a family carer as someone who knows some of the problems the person has and recognising how the caring impacts on us as carers."

"Carers don't recognise being a carer as a separate role"

"Need to educate people on what a carer is"

The carers' engagement work provided a real insight into the things that are important to carers locally, and their views on things that needed to be improved. It was clear that carers needed support, breaks from caring, and the opportunity to take care of themselves more, but it was also clear that small changes organisations can easily make could have a big impact on valuing carers.

"We need to feel valued and respected as people who provide help. This means that we have a lot of knowledge that is important about the person we care for and how they need help."

"Carers who are willing and able to care for their vulnerable family or friends need to be considered as co-partners in the delivery of care and support". Healthwatch Leicestershire Carers Lead

In addition to the engagement activity, a focussed research activity has been undertaken specifically considering issues faced by 30 women carers between the ages of 45-65 (the group that provides the highest amount of unpaid care) findings from the research were in line with the findings from engagement activity undertaken.

Alongside wishing for more help in their caring role, family background and values, culture and religion played a part as to why these women were caring. Asian and Asian British participants of the study described cultural and moral expectations from local communities that they provided the care required themselves and reported they would feel ashamed if they paid someone else to do it[17].

The research confirmed that those in caring roles who work will reduce or compress their working hours to accommodate their caring duties, some participants reported staying longer than they would have liked to have done in their existing roles because of their working pattern and ability to manage their caring alongside employment.

However, there were examples where the caring role had prompted what they termed as positive changes in their working lives, including limiting the number of hours worked per week but at the same time progressing their career development.

> "… I've spoken to people in the past who are carers who are wanting to go back to work and they don't see that they have any skills… "hang on a minute, you run a house, you liaise over 4 kids and after school clubs and you do this, that and the other. You know you've got huge organisational skills…. it's having that wherewithal to think 'well actually what I did now converts to x, y and z'. …Because there is a huge skill set in caring,
> -Research participant

Recommendations from the research paper include that organisations and carer services manage diversity and not equality – personalising support and opportunities as although they may be perceived to be in similar situations what support is needed may be different for individuals. Health and Social Care organisations should have policies that support working carers and they should be supported to gain further skills required for caring if necessary.

[17] Oldridge L (forthcoming), Care(e)rs: An examination of the care and career experiences of mid-life women who combine formal employment and informal caring of a dependent adult, to be submitted as a PhD Thesis 2017, De Montfort University, UK

In 2015 West Leicestershire Clinical Commissioning Group undertook some qualitative research across Leicester, Leicestershire and Rutland on behalf of Better Care Together. Responses reflect the key themes identified in the 2017 engagement work, but also highlighted as key issues the lack of recognition of carers' knowledge and expertise and their non-inclusion in planning and decision-making regarding the persons they care for, and the impact of the end of the caring role.

9. Key priorities and associated actions

Partners across LLR have drawn together national guidance, local data, the key themes from the engagement activity undertaken, and considered the local carers offer to determine key areas of development and improvement during the lifetime of this strategy. They are illustrated as key priorities, and for each priority high level partnership actions have been determined.

More detailed action plans incorporating individual organisational actions will be developed during the consultation phase of this strategy.

Leicester, Leicestershire and Rutland

Guiding Principles

1	2	3	4	5	6	7	8
Carer Identification	**Carers are valued and involved**	**Carers Are Informed**	**Carer Friendly Communities**	**Carers have a life alongside caring**	**Carers and the impact of Technology Products and the living space**	**Carers can access the right support at the right time**	**Supporting young Carers**

Underpinning Partnership response

Raising staff awareness across partner organisations Proactive communications to the wider public	Recognition of carers at appropriate points of the pathway Involvement of carers in service changes and new initiatives	Awareness raising and targeted training for frontline staff. Improving access to Information and Advice	Embedding carer awareness Support the development of local initiatives	Promoting carers within our organisations and other employers Support carers through flexible policies Benefits advice Flexible and responsive carer respite	Involving carers in housing related assessments, understanding carers perspectives Simplifying processes and ensuring information is consistent	More effective partnership working Support offer that is flexible and appropriate to needs	Focus on whole family Awareness raising and early identification Transitioning to adult services

Priority 1. Carers are identified early and recognised - Building awareness of caring and its diversity	
What we found	**What we will do**
Carer identification was a key theme. Services that work with carers reported a difficulty in getting carers to recognise themselves as carers. Carers described not accessing support until they reached crisis point as they had not recognised themselves as carers before that point.	• All partners will seek to support carers to identify themselves as appropriate • LLR Clinical Commissioning Groups will include information on carers and increase carer awareness in practice staff inductions. They will aim to increase the number of carers identified on GP practice registers. • Individual partners will work to make their carer registers robust.
How will we know if it's worked?	
• Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services • Increase in carers referred to carer support services • Increase in the number of carers assessments offered	

Priority 2. Carers are valued and involved - Caring today and in the future	
What we found	**What we will do**
Carers do not feel supported, valued or empowered in their caring role, often not being kept informed, or not seen as a key partner in care.	• Health and social care professionals will seek the input of informal carers at appropriate key points on the health and social care pathway in order to secure the best possible outcomes for the cared for. This joined up approach is particularly focussed on avoiding inappropriate hospital discharge and enabling timely discharge. • Commissioners will ensure that carers' views are sought and reflected in commissioning exercises. • Good practice in carer training will continue to be shared across partners.
How will we know if it has worked	
• Increased satisfaction level from carers within the next national carers survey	

Priority 3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting	
What we found	**What we will do**
There was recognition through engagement that information about carer issues was difficult to find and carers needed to actively seek out support and information rather than it being offered.	• Partners will review their information offer for carers to improve its accessibility. • All Partners will seek opportunities to raise awareness of local carers services
How will we know if it has worked	
• Increase in the proportion of carers who say they find it easy to find information about services • Increase in carers identified • Increase in numbers accessing carer support	

Priority 4. Carer Friendly Communities	
What we found	**What we will do**
Feedback included carers wanting services and support available "in smaller pockets within localities as access to services is often difficult due to the obscure shape of the localities". Other feedback from carers included "help should be offered rather than having to ask for it" Those in minority or geographically isolated groups need support too.	• Commissioners will take the views of carers into account in future commissioning exercises. This will include consideration of geographic and demographic profiles. • Encourage communities to support carers through awareness raising within existing community groups
How will we know if this has worked	
• Carers report greater satisfaction in the accessibility of services	

Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing	
What we found	**What we will do**
Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work Carers cite financial worries as one of their biggest concerns. Carers highlighted that they often neglect their own health and wellbeing Carers also felt respite was essential to enable to them to continue within their caring role.	• As employers themselves, partners will review their carer friendly policies and aim to set a good example to others. • The assessment process will consider the use of flexible and responsive respite provision to enable carers to have a break, including short beaks to families with a child with Special Educational Needs and Disability. • CCG's will continue to encourage carers to take up screening invitations, NHS Health checks and flu vaccinations, where relevant.
How will we know if it has worked?	
• Working carers will feel better supported	

Priority 6. Carers and the impact of Technology Products and the living space	
What we found	**What we will do**
The home environment plays a key part in enabling a carer to undertake their caring role. A carer's perspective should be considered throughout relevant assessment processes. Although most workers would consult carers and some positive feedback was received the approach was not consistent. It was also found across LLR local authorities do not hold enough information on carers and their tenure status. Some Leicestershire carers found equipment often took a long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care.	• The partnership will seek to involve professionals from housing, equipment and adaptations in work to improve the carers' pathway. This should include raising awareness of the issues facing carers with those organisations.
How will we know if it has worked	
• Assessment processes will be more carer aware.	

x

Priority 7. Carers can access the right support at the right time - Services and Systems that work for carers	
What we found	**What we will do**
Carers wanted to receive support that recognised their individual circumstances, and sometimes needed support to navigate through the system. Throughout all engagement work carers felt access to services was challenging due to lack of integration	• Assessments will take a strength based approach • Each partner will look at its carer's pathway to reduce the potential for a disjointed approach. • Opportunities for closer working between agencies will be

(with the exception of many carers based in Rutland) and felt the services they received were often disjointed due to interdepartmental transfers or change in funding streams. Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together.	considered at appropriate points in service reviews. • People will be signposted to sources of support post-caring
How will we know if it has worked	
• Improvements in carer reported quality of life and satisfaction with social services.	

Priority 8. Supporting Young Carers	
What we found	**What we will do**
Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children's to adult services. Young Carers often miss education due to their caring responsibilities this can impact on them when it comes to employment. Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time.	• All partners will take the needs of young carers into account in planning and assessment processes. • The assessment process will take a whole family approach
How will we know it has worked	
• The impact of caring on young carers is taken into account in assessments and transition planning. • Young carers report improved outcomes at home, school or in employment.	

10. Monitoring progress

As part of the Sustainability and Transformation Plan (STP) governance structure, the Carers Delivery Group have led on the development of this strategy and recognise the impact that positive carer support can have across all workstreams. The group will work alongside other partners to ensure the carers perspective is considered and responded to.

During the consultation phase more detailed action plans will be developed to further capture both partnership and ensure all key activities, timescales and measures of impact are in place. These action plans will be overseen by the Carers Delivery Group which will report progress to the Home First Programme Board.

In order to ensure the involvement of carers in overseeing delivery of the strategy, a carer's reference group will be created which will track progress against key milestones.

11. Conclusion

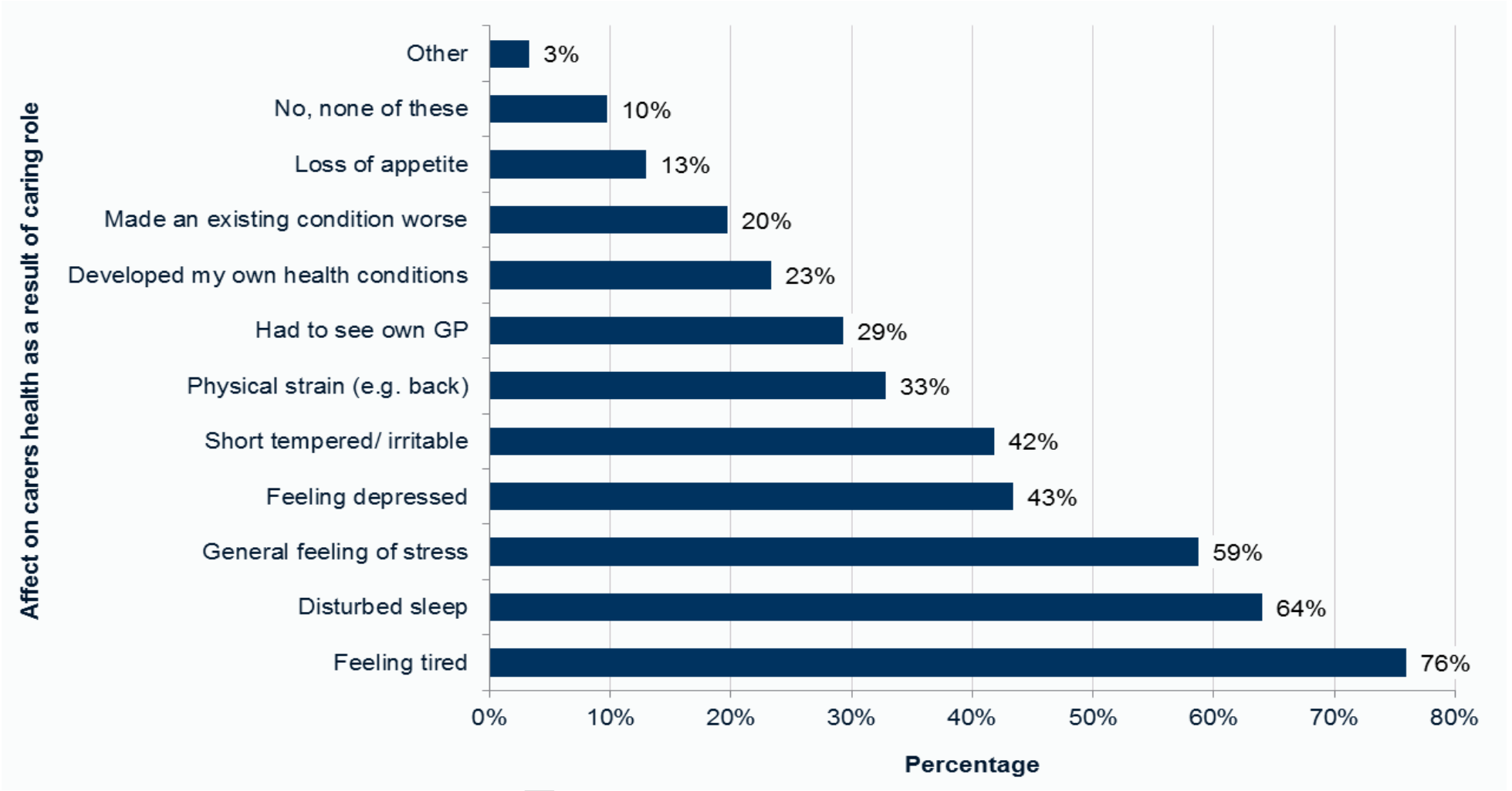
Whilst recognising the significant contribution that carers make across the health and social care economy, it is clear from our review of evidence and through significant engagement undertaken, that more can be done to recognise, value and support carers across Leicester, Leicestershire and Rutland.

This strategy recognises that improvements in carer support will not only contribute to improved health and wellbeing for those with caring responsibilities, but will also help the local health and social care economy rise to the challenges of a changing local population.

Appendix 1 – Adult Social Care Outcomes Framework

	Measure	2012-13		2014-15	2016-17
1D	Carer reported Quality of Life	NATIONAL	**8.1**	**7.9**	
		LCC	7.9	7.4	7.5
		CITY	7.1	7.2	7.2
		RUTLAND	9.0	8.4	7.9
1I (2)	% of carers who felt they had as much social contact as they would like	NATIONAL	**N/A**	**38.5 %**	
		LCC	N/A	32.5%	31.4%
		CITY	N/A	31.9%	31.0%
		RUTLAND	N/A	46%	31.1%
3B	Overall satisfaction of carers with social services	NATIONAL	**42.7**	**41.2 %**	
		LCC	43.3%	41.2%	31.2%
		CITY	37.9	37.7%	43.5%
		RUTLAND	62.4	55.8%	62.1%
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	NATIONAL	**72.9**	**72.3 %**	
		LCC	75.6%	72.5%	68.5%
		CITY	63.5	68.5%	70.7%
		RUTLAND	92.6	76.7%	84.6%
3D (2)	The proportion of carers who find it easy to find information about services	NATIONAL	**71.4**	**65.5 %**	
		LCC	65.5%	58.4%	63.5%
		CITY	52.5	55.5%	57.3%
		RUTLAND	78.0	76.8	79.5%

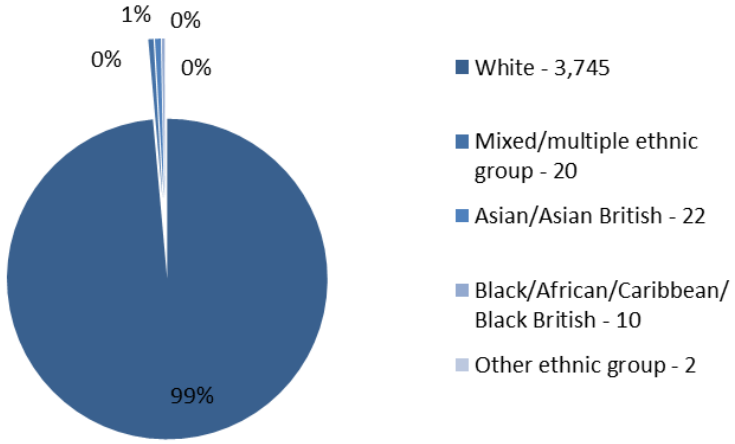
Appendix 2: Effect on Carers' Health



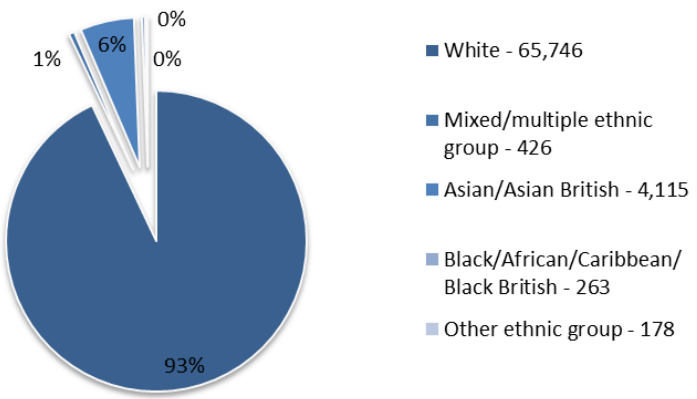
Source: SACE, NHS Digital

Appendix 3: Carers ethnicity breakdown and Young Carers statistics

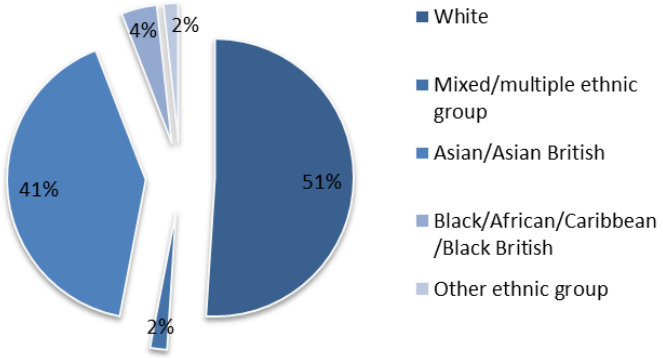
Carers Ethnicity Rutland



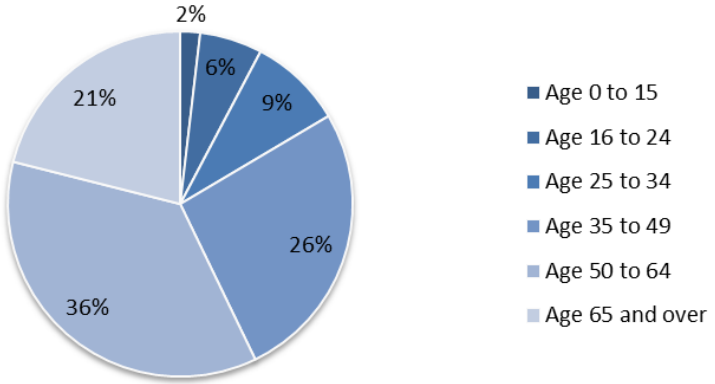
Carers Ethnicity Leicestershire

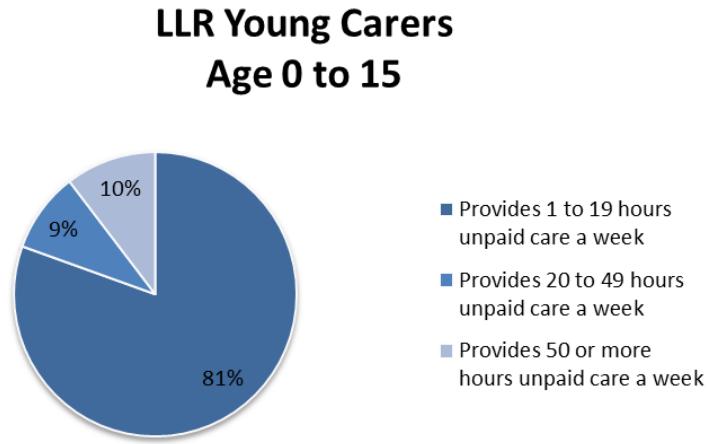


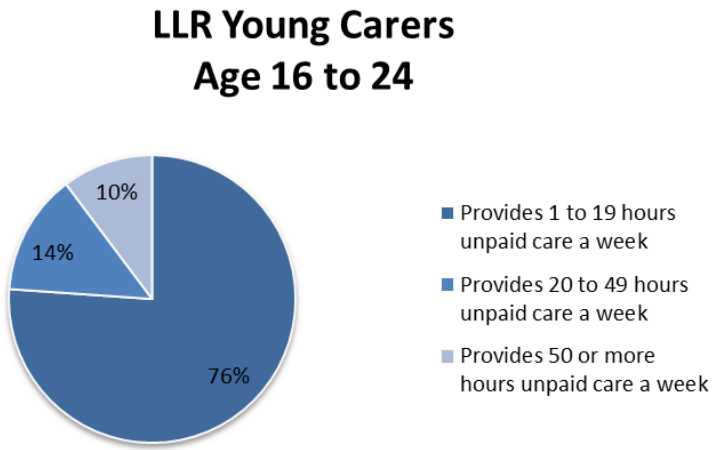
Carers Ethnicity Leicester



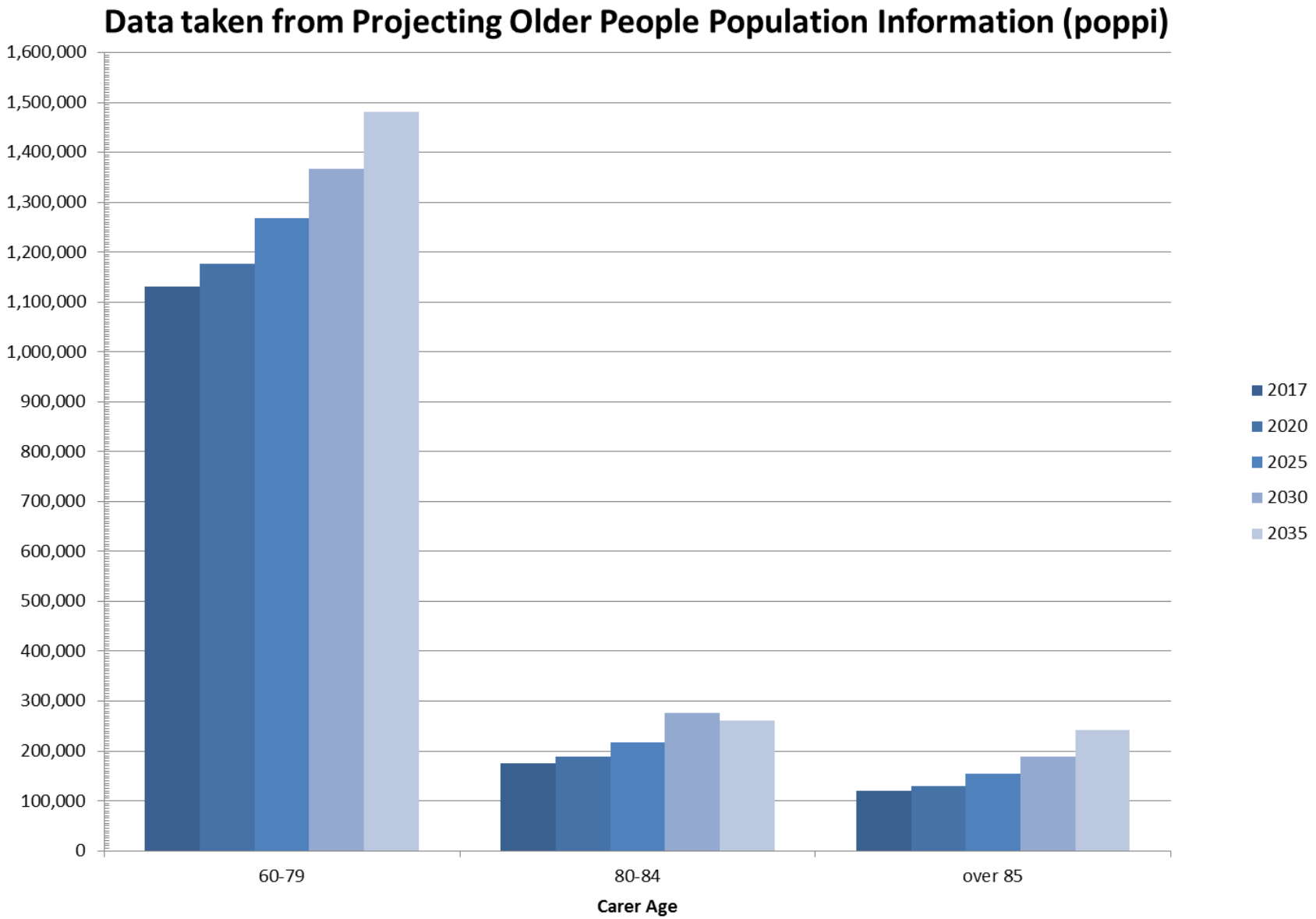
Age of LLR Carers




LLR Young Carers
Age 0 to 15
10%
9%
81%
Provides 1 to 19 hours unpaid care a week
Provides 20 to 49 hours unpaid care a week
Provides 50 or more hours unpaid care a week


LLR Young Carers
Age 16 to 24
10%
14%
76%
Provides 1 to 19 hours unpaid care a week
Provides 20 to 49 hours unpaid care a week
Provides 50 or more hours unpaid care a week

Appendix 4: Poppi data



Leicester, Leicestershire & Rutland's Living Well with Dementia Strategy 2019-2022

1. Introduction

Supporting and helping those living with dementia and their carers remains a priority for Leicester, Leicester shire and Rutland's (LLR) health and social care organisations.

Our Strategy sets out the Leicester, Leicestershire and Rutland ambition to support people to live well with dementia. It reflects the national strategic direction outlined in The Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020. The Strategy is **informed by** what people have told us about their experiences either as a person living with dementia or as a carer and is written **for** those people; specifically those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them.

Leicester, Leicester and Rutland's Living Well with Dementia Strategy 2019-2022 has been developed in partnership between local health, social care and voluntary sector organisations.

An important focus of our strategy is to move towards delivery of personalised and integrated care. We have used the NHS England Well Pathway for Dementia to give us a framework that puts the individual and their carer at the centre of service development and implementation across health and social care.

As a partnership, we are committed to minimising the impact of dementia whilst transforming dementia care and support within the communities of Leicester City, Leicestershire and Rutland, not only for the person with dementia but also for the individuals who care for someone with dementia.

We want the well-being and quality of life for every person with dementia to be uppermost in the minds of our health and social care professionals.

https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

2. What is dementia?

‘ Dementia describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer’s disease, a series of small strokes or other neurological conditions such as Parkinson’s disease’

‘Prime Minister’s Challenge on Dementia 2020’

All types of dementia are progressive. The way that people experience dementia will depend on a variety of factors therefore the progression of the condition will be different.

People of any age can receive a dementia diagnosis but it is more common in those over the age of 65. Early onset dementia refers to younger people with dementia whose symptoms commence before the age of 65. Younger people with dementia often face different issues to those experienced by older people.

No two people with dementia are the same and therefore the symptoms each person experiences will also differ.

Further information about the different types of dementia can be found at:
http://www.nhs.uk/conditions/dementia-guide/Pages/dementia-choices.aspx or
https://www.alzheimers.org.uk/info/20007/types_of_dementia?_ga=2.40475106.1171939401.1502101092-553907988.1496762237

3. Vision, Guiding Principles and Aim

This strategy has been guided by principles developed by NHS England in their transformation framework; this 'Well Pathway for Dementia' is based on NICE guidelines, the Organisation for Economic Co-operation and Development framework for Dementia and the Dementia I-statements from The National Dementia Declaration.

Our vision is that Leicestershire, Leicester and Rutland are all places where people can live well with dementia through the following guiding principles:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

We aim to create a health and social care system that works together so that every person with dementia, their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

4. National Context and Background

There are a number of national drivers that shape and influence the way the UK should tackle dementia as a condition.

Prime Ministers Challenge on Dementia 2020

In February 2015, the Department of Health published a document detailing why dementia remains a priority and outlining the challenges the UK continues to face in relation to dementia.

The priorities identified within this are:

1) To improve health and care
2) To promote awareness and understanding
3) Research

Legislation

- Care Act 2014
- Equality Act 2010

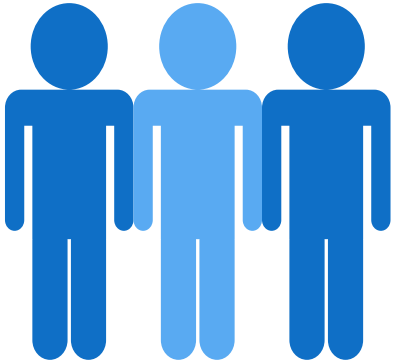
Context

- Living Well with Dementia 2009
- Dementia 2015
- NHS & Adult Social Care Outcomes Frameworks
- Fix Dementia Care 2016

National Picture

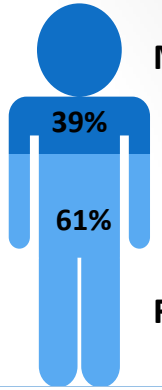
There are currently 850,000 people living with dementia in the UK. 42,325 of these have early onset dementia. The number of people with dementia is forecast to increase to 1,142.677 by 2025 – an increase of 40%.

It is estimated that 1 in 3 people in the UK will care for someone with dementia in their lifetime



In the UK 61% of people with dementia are female and 39% are male. There are a higher proportion of women with dementia as women tend to live longer, however, this does reverse when considering the data for people with early-onset dementia.

Gender

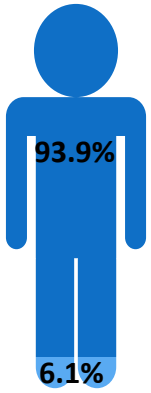


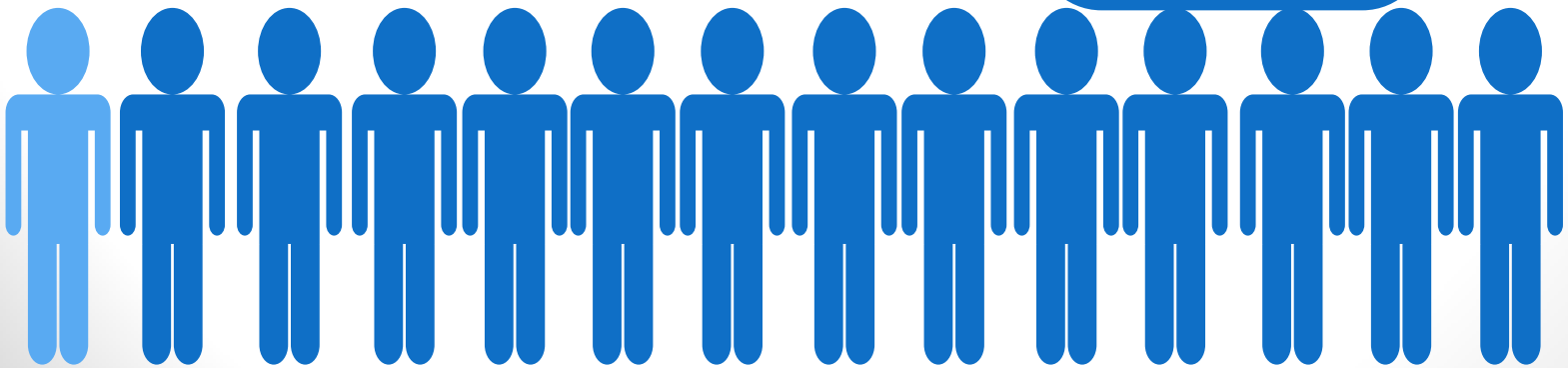
1 in every 14 of the population over 65 years has dementia

1 in 3 people who die over the age of 65 years have dementia. Dementia now accounts for 11.6% of all recorded deaths in the UK

It is estimated that there are 11,392 people from black and minority ethnic (BME) communities who have dementia in the UK. 6.1% of all those are early onset, compared with only 2.2% for the UK population as a whole, reflecting the younger age profile of BME communities.

Ethnicity



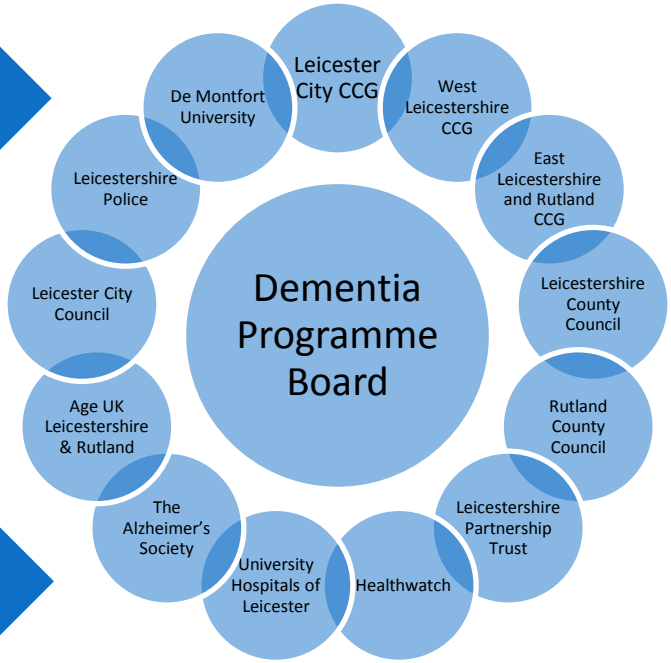


5. Local Context and Background

Better Care Together (BCT) is the programme of work that plans to transform the health and social care system. The Sustainability and Transformation Partnership (STP) in LLR derived from this programme and is developing proposals across a variety of health and social care areas, to enable us to plan and be responsive to the needs of the whole population. The dementia work stream has established a programme board with membership across partnership organisations and linked to the wider STP programme.

The Dementia Programme Board has written this strategy and high level delivery plan. The multi agency partnership works to ensure that interdependencies are identified.

Funding in relation to dementia is not directly addressed within this strategy however, the financial position cannot be ignored therefore the available resources for each organisation will be reflected in individual organisational plans that will be developed by partners setting out their role in the delivery of the strategy.



The key local policy documents that influence the delivery of the Strategy

Leicestershire County Council Adult Social Care Strategy 2016-2020

Leicester City Council – Adult Social Care: Strategic Commissioning Strategy 2015-2019

Rutland County Council – The Future of Adult Social Care in Rutland 2015 – 2020

Clinical Commissioning Group Operational Plans 2016-2017

University Hospitals of Leicester NHS Trust Dementia Strategy 2016-2019

Local Picture

The dementia diagnosis indicator compares the number of people thought to have dementia with the number of people diagnosed with dementia. The target set by NHS England is for at least two thirds of people with dementia to be diagnosed, 67%. The national prevalence of dementia is 1.3% of the entire UK population equating to approximately 850,000 individuals.

Local NHS Diagnosis Rates

West Leicestershire	Leicester City	East Leicestershire & Rutland
73%	87%	67%

November 2017

Leicestershire

- 9642 individuals living with dementia
- 9548 of these are 65 years or over
- The total population of people aged 65 years or over is 139,400 which equates to 6.78% of this cohort of the population living with dementia

Leicester

- 3026 individuals living with dementia
- 2951 of these are 65 years or over
- The total population of people aged 65 years or over is 41,700 which equates to 7.07% of this cohort of the population living with dementia

Rutland

- 704 individuals living with dementia
- 694 of these are 65 years or over
- The total population of people aged 65 years or over is 9,500 which equates to 7.3% of this cohort of the population living with dementia

6. Achievements of the Previous LLR Strategy 2011 – 2014

GP's have been supported to understand and promote key preventative messages as well as developing health checks and a dementia friendly GP toolkit

Engagement with people living with dementia and their carers has been undertaken across the area to understand their experiences of the health and social care system to inform future work

All CCG areas are meeting the 67% national target in relation to diagnosis rates and appropriate referrals are being made to memory assessment clinics, underpinned by a shared care agreement.

The memory pathway is well embedded across the area with good connections form primary care, memory clinics, post diagnostic support services, social care.

A new community and hospital based Dementia Support Service has been commissioned across Leicester and Leicestershire, with a single point of access for people with dementia, carers and professionals

Rutland has a fully integrated personalised approach to dementia support, including an Admiral nurse who has specialist dementia nursing expertise

Contract monitoring was undertaken by all commissioners and aimed to ensure that people with dementia were cared for and supported well.

Carers are supported through specific services, including advice, information, training and respite.

6. Achievements of the Previous LLR Strategy 2011 – 2014

Voluntary and Community Sector organisations offer training programmes for people with dementia and carers. NHS and social care organisations offer staff training programmes.

Advocacy services and Deprivation of Liberty Safeguards services are in place to give people with dementia a voice.

Assistive technology solutions are widely offered to people living with dementia and carers.

Strong links have been made with the local Dementia Action Alliance social movement to recruit dementia friends and work towards creating more dementia friendly communities.

A variety of social opportunities such as activity groups, memory cafes, befriending is available to support people and carers to live well with dementia

Advice and information is available throughout the memory pathway

7. LLR Dementia Strategy Delivery Plan 2019 - 2022

This delivery plan will be refreshed on an annual basis to ensure its relevance. Actions have been agreed as a result of engagement with stakeholders and feedback from public consultation. Each member of the LLR Dementia Programme Board will reflect these delivery actions in their own organisational plans and the needs of under-represented groups will be considered in all of the actions listed below.

Action	Responsible	Guiding Principle	Actioned By
Pilot the Dementia Friendly general practice template and consider how to rollout more widely	CCGs	Preventing Well	2019/2020
Promote health checks in primary care	CCGs	Preventing Well	2019/2020
Increase Public Health involvement in the work of the DPB	LLR Dementia Programme Board	Preventing Well	2019
Review memory assessment pathway and referral processes	CCGs & LPT	Diagnosing Well	2019/20
Promote memory pathway	LLR Dementia Programme Board	Diagnosing Well	2019/20
To develop a process to increase the number of people receiving a dementia diagnosis within 6 weeks of a GP referral	CCGs	Diagnosing Well	2020/21

7. LLR Dementia Strategy Delivery Plan

Action	Responsible	Guiding Principle	Actioned By
Work with Care Homes to pilot and roll out the dementia diagnosis toolkit	CCG & Local Authority Commissioners	Diagnosing Well	2020/2021
Monitor the Dementia Support Services contracts and take action as appropriate	Local Authority Commissioners	Supporting Well	ongoing
Raise awareness of dementia with housing providers	LLR Dementia Programme Board	Supporting Well	2020/2021
Contribute to a review of the workforce development offer to ensure a focus on high levels of expertise when delivering personal care	Health and Social Care professionals and workforce development providers	Supporting Well	2019/2020
Continue to focus on improving the in-patient experience and discharge pathways	LLR Dementia Programme Board	Supporting Well	2019/2020
Promote Dementia Support Services across LLR	Health & Social Care professionals & providers	Living Well	2019/2020

7. LLR Dementia Strategy Delivery Plan

Action	Responsible	Guiding Principle	Actioned By
Support the work to improve residential provision for people with complex dementia	CCG & Local Authority Commissioners	Living Well	2019/2020
Support the Dementia Action Alliance to develop more dementia friendly communities	LLR Dementia Programme Board	Living Well	2019/2020
Develop routine engagement processes with people living with dementia and carers to inform our work	LLR Dementia Programme Board	Living Well	2019/2020
Review the dementia information offer to ensure it covers a range of topics, including accommodation options	LLR Dementia Programme Board	Living Well	2020/2021
Review the current care and support standards used across LLR and agree a common set	Health & Social Care professionals & providers	Living Well	2020/2021
Work with care homes and other providers to develop training and support to manage crises and work with reablement principles.	Health and Social Care professionals and providers	Living Well	2020/2021
Make stronger links with STP End of Life work-stream	LLR Dementia Programme Board	Dying Well	2019/2021

Appendix C

Adult Social Care Scrutiny Commission

Joint Commissioning of Domiciliary Care Support Services

Date: 20th March 2018

Lead director: Steven Forbes

Leicester City Council

Useful information

■ Ward(s) affected: All

- Report author: Sally Vallance, Joint Integrated Commissioning Board Lead Officer
- Author contact details: 454 4122
- Report version number plus Code No from Report Tracking Database:

1. Purpose of report

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the process to jointly commission/procure a new domiciliary support services across health and social care in the City.

1.2 The report also provides an update on how the new services have been operating since October 2017.

2 Summary

2.1 Domiciliary support (also referred to as home care) is provided for approximately 2,500 people a year.

2.2 The previous contracts were due to expire in October 2017, so a review commenced to look at what services should be bought, how they should be delivered and how service users could be safely transferred to new care providers.

2.3 The review led to a decision to jointly purchase the service with the Leicester Clinical Commissioning Group (CCG), as a means of providing consistency across the market as both the local authority and health generally use the same providers.

2.4 An ASC Scrutiny Commission task group were involved in developing the specification and a procurement exercise took place, with new contracts being in place with effect from 9th October 2017.

2.5 A detailed implementation plan was put in place to ensure continuity of care. Approximately 500 service users had to be moved to a new organisation as their existing provider was not awarded a new contract. The detail of this stage of the project is included as Appendix A.

3 Recommendations

3.1 The ASC Scrutiny Commission is recommended to note the work undertaken to secure domiciliary support across the two organisations, the successful and safe transfer of service users to new providers and the strong start to delivery that the first few months provide.

4 Report/Supporting information including options considered:

Background

4.1 Domiciliary care is purchased by the Council on behalf of 1498 service users as at 1st Feb 2018. The number of ASC eligible service users requiring a Council commissioned package of care for the last three years is as follows:

	2014-15	2015-16	2016-17	2017-18 YTD*
Total number of Service Users - directly commissioned dom care	2745	2583	2502	1636

please note that the 2017-18 YTD total runs from 01/04/2017 - 01/02/2018 and is therefore not comparable with previous years at this stage

The gradual decline in the number of service users receiving a package of care is matched by a gradual increase in those taking a direct payment to directly purchase their own support.

4.2 The annual spend on domiciliary support in 2016/17 was £12.8m and for 2016/17 was £12.2m. The average hourly rate for domiciliary support on the old framework was £13.50 and this has now increased to £14.30, which reflects the increases in the National Minimum Wage and additional employer pension contributions.

4.3 Leicester's new average hourly rate for 2017/18 compares to a regional average rate of £14.78. The regions range from paying £12.35 at the bottom end to £16.86 at the highest. United Kingdom Homecare Association (UKHCA), the professional association for homecare providers, work with the sector to set what they feel is a minimum price for homecare. The new indicative rate published by the UKHCA for 2018/19 is £18.01 per hour. The revised 2018/19 rate for the Council has yet to be set.

4.4 There are 110 domiciliary support providers operating in Leicester registered with the Care Quality Commission (CQC). The Council currently contracts with 25 and they are currently rated by CQC as follows:

CQC rating	**Qty**
Outstanding	0
Good	14
Requires Improvement	5
Inadequate	0
CQC have not yet inspected this service	6

4.5 The Contract and Assurance Service will prioritise those services requiring improvement to ensure improvements are completed.

4.6 Leicester City Council had a contract with 13 care providers that was coming to an end in October 2017. A procurement exercise was followed in order to select new providers to offer services beyond October.

4.7 The Leicester CCG also purchase domiciliary support for around 900 people per annum at a cost of around £10million. As both organisations use many of the

same care providers it made sense to procure these services jointly. The key benefits include:

- Removing competition between the CCG and the LA when finding a care agency to accept a package (which risked pushing prices up)
- Reducing the burden on providers through one tender and one set of contract compliance expectations
- Improving quality of provision by combining quality checks, training and expectations
- Joining up market management with consistent messages going out to providers and clear standards across both organisations

The Commissioning Approach

4.8 Officers from the City Council and CCG worked together to determine what services should be purchased, what the care provider should be asked to do for the money they receive and to ensure that service users safely transferred to new care providers or payment arrangements.

Has the change been successful?

4.9 All of the service users safely transferred when the new contracts started on 9th October 2017, some remained with their existing provider, if they were awarded a new contract, some moved to a new provider and others took a direct payment to go with an agency of their choosing. No calls were missed during the transfer.

4.10 All but 2 of the new organisations were up and running on 9th October 2017. Other authorities have faced a much more difficult start with many new providers not being ready for delivery straight away. One of the services has been delayed while they await Care Quality Commission (CQC) registration for offices in the City and the other has now been removed from the contract, leaving room for a new agency should we need one in the future.

4.11 The Council, CCG and providers continue to work well together and regular meetings have ensured problems are identified and can be resolved as they are reported.

4.12 The performance report for the first quarter shows that the number of people that are awaiting a package of domiciliary support (who are having their needs met by other services in the meantime) is lower than in previous years, despite these figures including CCG service users.

4.13 As of 31st January 2018, there were 11 people waiting for domiciliary support package, however their needs were being met by other services, such as community reablement and none of which were contributing to delayed transfers of care from hospital settings. Delays in accessing support commonly relate to specific needs, such as a language requirement (recent examples include a requirement for a Russian speaking member of care staff) or to a request for a specific gender of worker e.g. a request for a double up call with two male carers.

4.14 Analysis of the awaiting care list on the 9th January 2018 showed the average

length of time that cases had been awaiting care was 9.6 days. The shortest period on this list was 2 days to date and the longest period was 21 days to date.

4.15 Overall, all parties are concluded that the work has gone well and that the early stages of delivering the new service are showing very good results.

5. Scrutiny Involvement

5.1 Regular updates have been provided to the Adult Social Care Scrutiny Commission and a Task Group was involved in the development of the specification for the new service. This includes the following meetings that took place at key points through the purchasing exercise:

13th June – 29th July 2016- Engagement with service users and carers

- 12th July 2016 – report to scrutiny to advise of the review and engage with members about the process to be followed
- 11th August (dedicated session) – to examine the process and give feedback on the draft specification for service
- 8th September 2016 – feedback to scrutiny re service user engagement exercise and results of this
- 20th September (dedicated session) – feedback on how service user engagement results have been used in the new specification and final comments on this before launch of procurement

17th November 2016 – procurement launch

- 29th June 2017 – feedback to scrutiny re outcome of procurement and impact on service users

9th October 2017 – new care providers start delivering a service

- 20th March 2018 – feedback to scrutiny on the 1st quarter of delivery using this report

6. Financial, legal and other implications

6.1 Financial implications

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

6.2 Legal implications

A robust and longer 7-year framework with annual dynamic ranking on quality was procured in compliance with the Procurement Regulations and all contractual arrangements are in place.

To ensure a legally compliant working relationship with the CCG a S75 NHS Act

Partnership Agreement has been completed and will form the basis of the ongoing contract management functions being delivered by the Council.

Jenis Taylor, Principal Lawyer (Commercial) Ext 37-1405

6.3 Climate Change and Carbon Reduction implications

The most significant climate change impact associated with the domiciliary support service will result from travel by the care staff to visit service users. This was considered during the tender exercise by including and scoring a question on the actions that potential providers would take to reduce the impact (eg. local recruitment, geographical clustering of calls, trip planning, the promotion of walking, car sharing, low emission pool cars etc.)

- Mark Jeffcote, Environment Team (x372251)

6.4 Equalities Implications

An EIA was developed prior to the procurement exercise taking place to determine the likely impacts of the service change. It highlighted that the review would be particularly relevant to older people and people with a disability whose needs require additional home support; also that the main people to be affected by the new model would be current users.

The project manager has since confirmed that the mitigating actions detailed in the EIA have been carried out by the service: to reduce the impact to current service users affected by offering them a choice of staying with their current provider and taking a direct payment to cover the cost or being transferred to a provider on the new framework. In addition and as advised, the service have begun to gather equality data for all service users to enable them to monitor outcomes in the future across all protected characteristics.

Sonya King ext 37 4132

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

None

Appendix A – Activities required to move service users to new providers

Task	Overview
Identify which service users were facing a change in provider	Reports were run from the Council's IT system and a spreadsheet set up to record all letters sent and contact made in relation to each service user
Write to these service users to explain their choices	Letters were sent to all affected service users (around 500) to explain their choices, namely to take a direct payment to remain with their current care provider or to ask the Council to change them to one of the new care providers
Ensure a phone line is available to speak to service users and carers	A phone line was available throughout the change period and several officers were available to call people back, explain and reassure people
Work with the outgoing provider to ensure there are no errors in recording who is staying and who is leaving them	Work was carried out to ensure the list of people that the Council held was the same list as the outgoing provider held. We needed to be sure that no one would be missed out and that as situations changed, everyone was clear about what was happening with each individual.
Contact the new providers and ask which can match the care needs of the service users wanting to change providers	New providers were approached to 'short list' who was able to offer support to new cases, including details such as language needs and location of the service user.
Select a new provider using a fair process	A process was included in the procurement exercise and this was followed to select providers to be offered the new work.
Advise the service users/carer of the new provider	Once a new provider was selected, service users were advised of who they were and what that we would share their personal information (name and address etc.) unless they contacted us within 10 days to say they didn't want this to happen. New providers would then contact them to introduce themselves.
Check that the new provider carries out a visit and sets up a support plan before they deliver care	We checked weekly with the new providers to ensure they had carried out visits and introductions to new service users and that were no problems as a result.
Advise the outgoing provider of who the new provider is and the date for care to stop	Once the new provider was agreed, we needed to let the outgoing provider know who they were so that they could let them know of any individual requirements the service users had and to agree an end date for the care.
Keep detailed records of service user decisions including cases where people	Complex records were required detailing all of the above steps so that we knew exactly where we were on a case by case basis. Some service users changed regularly between

change their decisions (complex)	wanting a direct payment and wanting a new provider. Others didn't respond to our communication. We needed to keep long, detailed records for these cases so we knew what stage we were at and to ensure nothing and no one was missed out.
Ensure the new providers are fully staffed, that these staff are trained and they have suitable policies in place from day 1.	Checks were carried out on providers, looking at their staffing records, their evidence of DBS checks, their training records and their policies and procedures. Health and safety visits to their premises were also carried out. This all needed to take place before they started taking on new service users.
Set up direct payment arrangements for those that wanted them	For those service users that chose to take a direct payment to stay with their existing provider, work was carried out to set up these arrangements and to ensure that their care provider knew to continue delivering care.
Change the support plans on the IT system	All of the service users that had a new care provider had to have new support plans set up on the Council's IT system (liquid logic) so that records were up to date and to link with payments to the right care provider.
Ensure that the same records were kept for transferring health clients and that they were set up on the IT system	Health clients were also contacted in a similar way although much of this contact was carried out by the health teams. Once it was agreed that they would be coming over to a provider on the new framework, they were set up on the Council's IT system with a special flag so that they don't get confused with the service users adult social care are responsible for.

Appendix D

Meeting	Leicester City Council, Adult Social Care Scrutiny Commission
Date	23rd January 2018
Agenda item	
Title	Leicester Ageing Together – programme update

Purpose

1. To outline the aims, ambitions and progress of the Leicester Ageing Together programme.

Background

<u>The Programme</u>

2. The Leicester Ageing Together partnership, hosted by Vista, is a five year, £5million Big Lottery funded programme to reduce social isolation amongst people over the age of 50 in Leicester.

3. Vista was chosen as the lead organisation by older people and older people's organisations and built a successful partnership of 15 organisations delivering 26 projects in Leicester City.

4. Projects are focussed in Belgrave, Thurncourt, Spinney Hills, Wycliffe and Evington. These target wards were selected as they had some of the highest percentages of people with recognised risk factors for isolation; we work with any at-risk or isolated residents over age 50 within this area.

5. However we are also undertaking some citywide work targeting four groups of people identified as at risk: people with hearing loss, African Caribbean people, people confined at home, and people leaving hospital. These projects are citywide as either their potential sources of referrals – or in the case of older African Caribbean people, their dispersal across the city - did not lend themselves to the community-based approach we are testing in the wards.
6. Leicester Ageing Together works as part of the national Ageing Better programme which is supported by £82million of Big Lottery Funding.

7. Leicester Ageing Together's vision is

    a) for older people to be less isolated;
    b) to be actively involved in their communities with their views and participation valued more highly;
    c) for older people to be more engaged in the design and delivery of services that help reduce their isolation;
    d) to ensure services are better planned, co-ordinated and delivered;
    e) to provide better evidence to influence the services that help reduce isolation for older people in the future.

Success is being measured against a set of national and local outcome measures.

Work to date

8. The Leicester Ageing Together partnership has sought to find at-risk and isolated older people through a combination of marketing, referrals from external statutory and community workers, and outreach and support workers.

9. The programme has already worked with over 4,500 older people in Leicester, recruited over 1,000 volunteers through a workforce development programme, and has funded over £1.5million of local jobs.

Learning

10. We are collecting information about the experience of everyone we work with. This information is being used this in both the local evaluation, undertaken by Nottingham University and the National evaluation undertaken by Ecorys.

11. This work forms part of a larger learning network and, at this stage in the programme, with a significant amount of intelligence and learning, we will be looking to share the programme's learning with our wider partners in both statutory, voluntary and the private sector.

12. Our local evaluation data already provides information regarding the impact of different approaches, those that appear to be most effective and, importantly,

cost effective. We will build on this using our outcomes data and through other qualitative work, including through the community researchers.

13. We are developing a Learning Library, scheduled to go live in April 2018, to gather all that we have learned, share tools we have found useful and to talk about the strengths, but also the complexities and challenges, that the Leicester Ageing Together partnership approach has been exploring.

14. Learning will also be shared through local seminars and 'brown bag' events, in partnership with local academic institutions.

Sustainability

15. Work has already started in looking at opportunities for sustaining the more successful aspects of the LAT programme, although key to this is identifying where the true benefits of the programme lie. We have a particular interest in assessing the impact of our community connectors alongside similar roles being piloted in Adult Social Care.

16. A range of options are being explored through the support and review process with regard to individual service outcomes, delivery models, self financing and external funding.

Ruth Rigby
Programme Lead

Appendix 1

Partner Organisation	Project	Details
Action on Hearing Loss	*Information & Support*	Info & practical support with Hearing Aids, screenings, Befriending
Age UK	*Anything Goes*	Engage with beneficiaries to develop local activities/sessions as required
	Befriending & Mentoring	Variety of support - face to face & phone calls, support to access activities. Ongoing support from Volunteers
	Loneliness Prescriptions	Supporting GP practices to work with lonely & isolated older people
	Men in Sheds	Opportunity to take part in a wide range of practical activities - located City centre
Alzheimer's Society	*Singing for the Brain*	Singing Sessions for people with dementia and their carers
	CrISP	Information & Signposting for families, friends & carers of those with dementia
Beauty & Utility Arts	*Crafting relationships*	Various group crafting projects. Delivered in Spinney Ward
CIO	*Activities for older South Asians*	Day Centre, Lunch clubs, Welfare advice and social activities for S. Asians
Focus	*Roots & Shoots*	Intergenerational Gardening & Growing projects
Highfields Community Association	*Activities for BME Communities*	Regular social sessions - arts, information, learning activities
Learning for the 4th Age	*Social Prescriptions*	Working with the PPG in Evington to offer learning & volunteering
Living Streets	*Walking Group & Community Street Audit*	This project has now ended
PYCA	*Social Engagements Programme*	Training & Learning and Relaxation & Exercise sessions. Open days
Papworth Trust	*Neighbourhood Guardians*	Supporting vulnerable & disabled people. Help to access grants & benefits - ongoing support provided by volunteers
	Neighbourhood Task Squad	Clearing, cleaning and repairing peoples' homes & gardens aimed at reinstating sense of

		security & wellbeing
RVS	*Home from Hospital*	Low level practical support for approx. 6 weeks when returning from hospital
WEA	*Older & Wiser*	Community learning sessions and social activities
WISCP	*Advocacy*	For African Caribbean elders
	Befriending	for African Caribbean elders - regular visits to home to reduce isolation
	Older & Bolder	for African Caribbean elders - training & educational opportunities
	Carers Club *Mango Tree Men's Group*	For specific groups of African Caribbean elders
Vista	*Community Connectors*	Asset based community development to support communities to develop services and individuals to access these
	Leicester Ageing Together Core Team	Responsible for programme management
CiTAL	*Benefits advice*	This project has now ended
Mosaic	*IT training*	This project has now ended

Appendix E

Adult Social Care Scrutiny Commission

Re-Procurement of Direct Payments Support Service

Lead Director: Steven Forbes

Date: 20th March 2018

City Mayor

Useful information

- Ward(s) affected: All
- Report author: Ben Smith
- Author contact details: ben.smith2leicester.gov.uk ext. 39 4801
- Report version number: 1

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the re-procurement of the Direct Payment Support Service framework.

2. Summary

2.1 The Direct Payment Support Services (DPSS) is commissioned to provide support to people assessed with eligible needs under the Care Act 2014 and who qualify for and choose direct payments to purchase and manage their care, but need support to use the Direct Payment. DPSS provides the following elements:

- Support to recruit personal assistants
- Providing payroll services
- Management of customers direct payments
- Provision of employment support and advice

2.2 The current framework agreement (which commenced in 2014) provides service users with a choice of four providers; The Rowan organisation, Rosekel Resourcing, the Enham Trust and Mosaic. This framework agreement is due to expire in March 2018.

2.3 Following a competitive procurement exercise, a new framework has been established for four years from 1st April 2018; the successful bidders are Mosaic and Purple Conversation. Service users who currently receive a DPSS from the Rowan Organisation, the Enham Trust or Rosekel Resourcing will be transferred to either Purple Conversation or Mosaic by 1st April 2018. There are currently 712 service users receiving a DPSS from Enham, 27 from Rosekel and 42 from the Rowan Organisation.

2.4 The Council has written to all service users, or their nominated representatives, who are affected by the change, so they can make a choice as to which provider they wish to provide their DPSS. If a service users does not express a preference the Council will allocate their account to either Mosiac or Purple Conversation. Service Users were informed about the changes at the end of January 2018.

3. Recommendations

3.1 The ASC Scrutiny Commission is recommended to note the report and to provide any feedback.

4. Report

4.1 Leicester City Council commenced a competitive procurement exercise in summer 2017 to ensure that a new Direct Payment Support Service (DPSS) framework is in place from 1st April 2018. The current framework ends on 31st March 2018.

4.2 Leicester City Council performs well in respect of the proportion of people using services who receive a direct payment coming 7th out of 152 local authorities and 4th out of 9 East Midlands local authorities. The Direct Payment Support Service commissioned by Leicester City Council increases the total number of service users who are able to utilise direct payments to pay for their care.

4.2 Following the competitive tendering process, two providers, Mosaic and Purple Conversation were awarded a contract on the framework agreement. There are 781 current DPSS service users that will be transferred to either Mosaic or Purple Conversation by 1st April 2018. Leicester City Council are working with the three outgoing providers to ensure that all service users accounts are reconciled by the start of the new contract.

4.3 Mosaic: Shaping Disability Services are a local third sector organisation and are one of the providers on the current framework. Mosaic are the only current provider that will be on the new framework from April 2018. They have an established track record of providing DPSS and also provide other services to vulnerable service users including, but not limited to, advocacy, counselling, information and employment services. They were established in 1898 and have been based in Leicester and Leicestershire since inception.

4.4 Purple Conversation are a new organisation to Leicester and were formally known as the Essex Coalition of Disabled People. They describe themselves as “a user led disability organisation which provides a range of support for disabled people including support planning, payment and payroll services and independent advice”. They currently provide a DPSS service in a range of locations around England, including on behalf on Cambridgeshire County Council. Purple Conversation are the top ranked provider on the new framework. They have recently secured an accessible City centre office base on St George Street suitable for 6 members of staff and with a dedicated one to one room for service users and will have access to the office from 1 March 2018.

5. Details of Scrutiny

4.1 None to date

6. Financial, legal and other implications

6.1 Financial implications

There are no direct financial implications arising from this report. For information the annual

contract spend on DPSS is approximately £600k.

Martin Judson, Head of Finance

6.2 Legal implications

The framework contract awarded to Purple Conversation has been signed and completed on 17 January 2018.

A copy of the framework agreement was sent to Mosaic for execution on 11 December 2017. Mosaic are yet to return the signed framework agreement and I understand that this is being chased by the contract manager. The Mosaic framework needs to be completed asap.

Instructing officers have very recently instructed legal services to extend the contracts for Rowan Organisation, the Enham Trust and Rosekel Resourcing to 29 April 2018 to facilitate a smoother transition of existing service user's to the new framework provider's and end of year financial activities.

Nilesh Tanna, Solicitor (Commercial, Property and Planning) extension 371434

6.3 Climate Change and Carbon Reduction implications

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

Mark Jeffcote, Environment Team

6.4 Equalities Implications

Under our Public Sector Equality Duty, when making decisions, the decision maker must be clear about any equalities implications of the course of action proposed. In doing so, it must consider the likely impact of those likely to be affected by the recommendation; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact. It is important the transition to the new providers is a smooth process for the service users or their nominated representatives. Need to ensure robust monitoring systems are in place with the new providers to support direct payment recipients.

Sukhi Biring, Equalities Officer

7. Background information and other papers:

None

8. Summary of appendices:

None

Appendix F

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2017/18 - Quarter 3

Date: 20th March 2018

Lead Director: Steven Forbes

Useful information

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

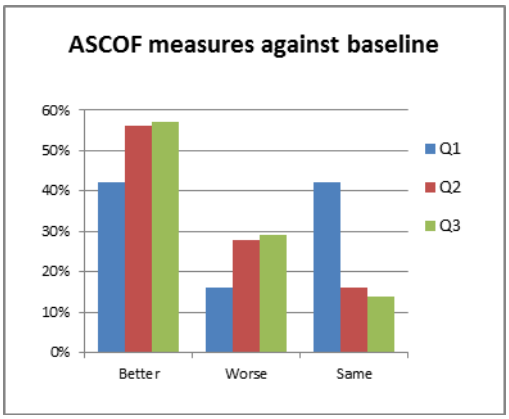
1. Summary

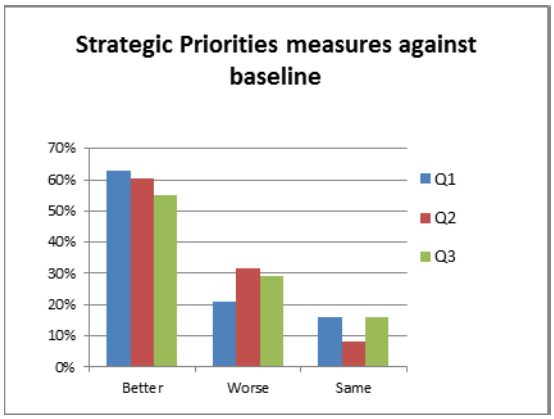
1.1 This report brings together information on various dimensions of adult social care (ASC) performance in the third quarter (first nine months) of 2017/18.

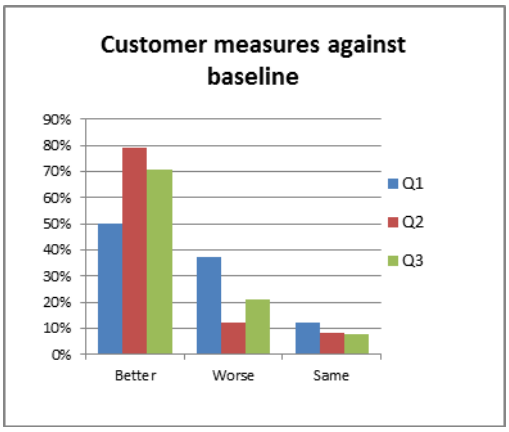
1.2 The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business. The report contains information on:

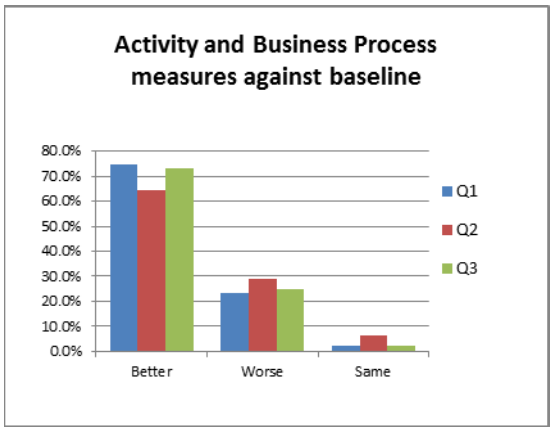
- our inputs (e.g. Finance and Workforce)
- the efficiency and effectiveness of our business processes
- the volume and quality of our outputs
- the outcomes we deliver for our service users and the wider community of Leicester

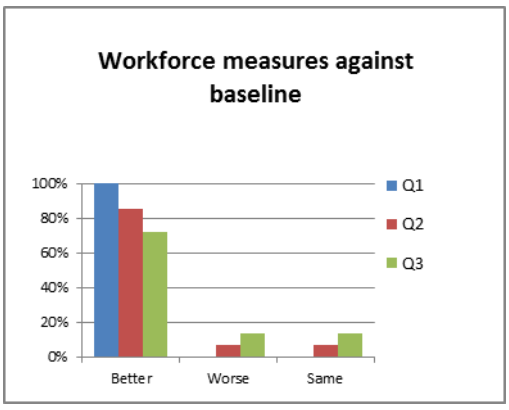
1.3 A summary of data based performance for the first, second and third quarters of 2017/18 is presented below:

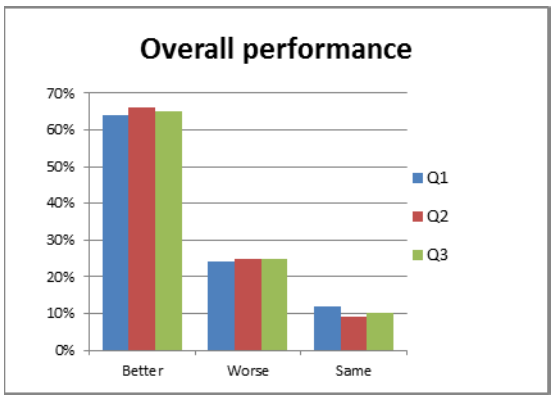












2. Recommendations

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. An overview of performance 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 has been effective. Overall, 21 of our measures have shown improvement from our 2016/17 baseline, with 11 showing deterioration. This is a slightly poorer position to that reported at the end of the previous two quarters, but similar to the 2016/17 out-turn. Performance is generally strongest for measures linked to priorities two and six. 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. We are now able to report some data for the measures in 'priority five' (Transitions) which have been under development. However, further work on data quality assurance is required.

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 priorities three and four (promoting independence in the working age and older populations), while showing some improvement from Q2, continues to be a cause of some concern, particularly in respect of admissions to residential and nursing care.

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 Quarter 3 2017/18, 92 individuals were involved in a safeguarding enquiry started in that period. Of these 40 were aged 18 to 64, with 52 aged 65 years or over. 53 of those involved were female and 39 were male. 68 were 'White', 9 'Asian' and 8 were 'Black.'

3.2.3 50 individuals who were involved in an enquiry have a recorded Primary Support Reason. 32% of these individuals (21 people out of 50) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health support' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 3, the most commonly recorded category of abuse for concluded enquiries was "neglect" (59 instances), then physical abuse" (31) and "psychological/emotional abuse" (17). The most common location of risk was in care homes, with a total of 37, of these, 24 were residential homes and 13 nursing homes. The next most common abuse location recorded was the person's own home, 20 instances.

3.2.5 Quarter 3 performance:

Measure	Quarter3 2017/18
Number of alerts progressing to a Safeguarding enquiry (threshold met)	Alerts received in the quarter = **578** Threshold met in **102** cases
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	**72%** of enquiries begun within 24 hours of threshold decision being made
Completion of safeguarding enquiries – within 28 days target	**59.3%** of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	**90.6%** of individual who were asked for and gave desired safeguarding outcomes had these outcomes fully or partially met (fully met **42.2%** and partially met **48.4%**)

3.3 Managing our Resources: Budget

3.3.1 The department is forecasting to spend £5.7m less than the budget of £105.7m. £5m of this is required to meet budget pressures elsewhere in the Council and to protect the authority's position in 2018/19.

3.3.2 The current forecast under-spend (which has increased since the half year forecast) is one off in nature and as a result of successfully managing to make planned savings ahead of the original budget plan. Staffing savings contribute £2.7m to the overall underspend and of this, £1.2m is permanent staffing savings made ahead of schedule in Care Management and Enablement. There are further staffing savings of £1.5m either where vacancies are being held in advance of having to make further permanent savings next year (in Care Management) or where posts have not been filled for the full year following previous service reviews (in Commissioning and Contracts and Enablement).

3.3.3 Care management and related staffing costs are targeted to reduce by £2.3m from 2019/20 and we have now identified £1.3m in 2017/18 from voluntary redundancies and deletion of vacant posts against a target this year of £0.85m.

3.3.4 The remaining one off forecast underspends of £3m (being £5.7m less the £2.7m staffing savings highlighted above) includes £1.3m from closing the Kingfisher intermediate care centre (and replaced with a contract let for 12 beds with two independent sector providers), a year ahead of schedule. The balance of £1.7m arises mainly from other one off budget savings from additional income from the CCG for health funded service users at Hastings Road, a slower take up than anticipated of the newly let floating support contract, savings from non-statutory preventative contracts which have ended (in advance of the planned reductions in 2018-20).

3.3.5 In the year to date there has been no growth in net new service users apart from adult mental health cases which has seen a 6.8% increase (5.2% for the full year in 2016/17). We are still forecasting that overall annual growth across all service user types will be 1%, slightly less than the 1.2% seen in 2016/17.

3.3.6 The major issue for the service for this year and in subsequent years remains the increasing levels of need of our existing service users. This is still 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. It is encouraging that the forecast rate of increase in 2017/18 at period 9 has not changed since the half year forecast was prepared.

3.3.7 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.

3.3.8 The additional cost of the increasing needs has been mitigated to a significant extent for this year as a result of the impact of savings from planned reviews of care packages, a reduction in the provision for backdated package costs 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. As a result overall net package costs for this year are broadly in line with budget.

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. Having said that, HR are transferring to a new case management meaning complete data for grievances and capabilities is not yet available for Q3. Overall performance at the end of Q3 remains strong, with 10 of the 14 measures where we have data showing improvement. An overview of performance is shown at **Appendix 2**.

3.4.2 Achievements:
For the second time running since reporting on our workforce commenced, we are able to report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department have reduced by over £3m since the corresponding period in 2016/17. This equates to a reduction of almost 15%.

3.4.3 Concerns:
The only are of concern from the data available is that spend on agency staff has increased from the corresponding period in 2016/17. Spend on casual staff has also increased, but not by a significant amount.

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 previously reported, there continue to be some 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 however had formal notification of the revised definition for the Delayed Transfers of Care measure (2C). This is now a three-part measure that reflects both the overall number of delayed transfers of care (part 1) and, as a subset, the number of these delays which are attributable, to social care services (part 2 - new) and jointly attributable to health and social care services (part 3). The measure uses "DTOC Beds" data taken from monthly 'SitRep' reports.

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 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 and Q2, but are still 20% better than the same period in 2016/17 and forecast to meet our

target. The new element of the measure for delayed transfers of care counting delays attributable to ASC (part 2) shows very positive performance with just 0.9 bed delays per 100,000 population.

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 there is a risk to meeting 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 Q3 last year when compared on like for basis (although a revised method of calculating admissions means we are just on track to meet our 2017/18 targets). The proportion of older people at home 91 days after hospital discharge (2Bi) has worsened in Q3 and remains well below the 2016/17 baseline. Performance against the learning disability measure for employment (1E) is unchanged from the Q2 position and remains well below target. The percentage of mental health service users in employment (1F) and living independently (1H) have both fallen from Q2 and remain 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 and slightly better than Q2 with 73% of measures where a judgement can be made showing improvement, almost three times as many as showing deterioration. Where appropriate, targets have now been set for 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:

While not impacting on the improved demand management described above, it is worth noting that in Q3 the number of "new clients" as defined for SALT purposes exceeded the number recorded at the same point last year. This is the first time in reporting during 2017/18 that this is the case. We are now forecasting that the number of "new clients" for 2017/18 will exceed the total for 2016/17. 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 82% 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. See **appendix 5** for a snapshot of customer performance.

3.7.2 Summary:
Performance on 17 of our customer measures is showing improvement from our 2016/17 baseline, with two showing no significant change and 5 showing a slight decline.

3.7.3 Achievements:
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 Q3 continue to be positive with 73.9% of service users saying that there needs were very much or completely met and 70% said that their quality of life had improved very much or completely as a consequence. Both measures dipped slightly after particularly strong performance in Q2, but remain higher than Q1. We continue to see a marked decrease in the number of complaints received. Our current position is significantly improved from 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 has reduced, with 159 received by the end of Q3 compared to 176 at the same point in 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

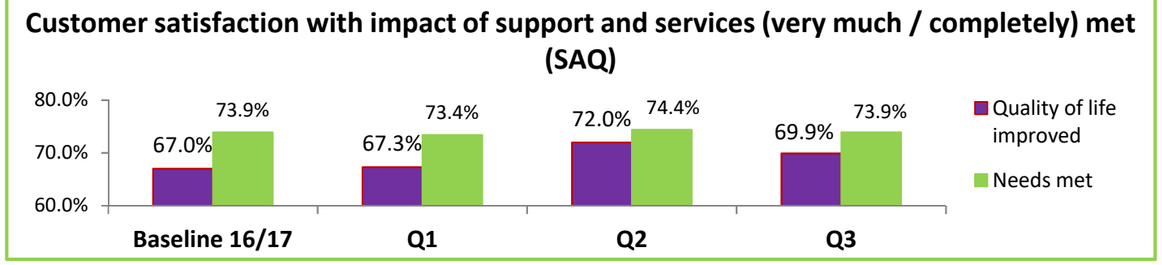
6. Summary of appendices:

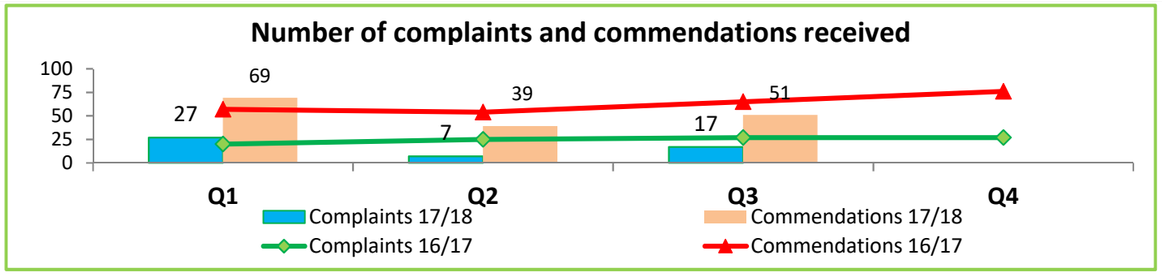
Appendix 1: Strategic Priorities
Appendix 2: Workforce
Appendix 3: ASCOF
Appendix 4: Business Processes
Appendix 5: Customer Service

ASC Strategic Priorities - Highlight Dashboard 2017/18 Quarter 3

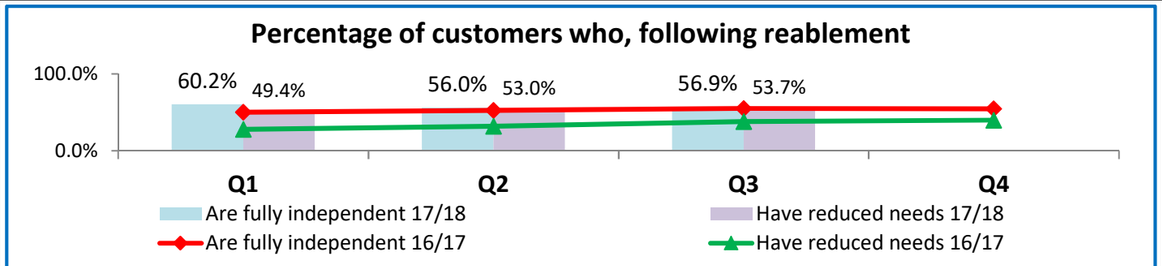
Appendix 1.

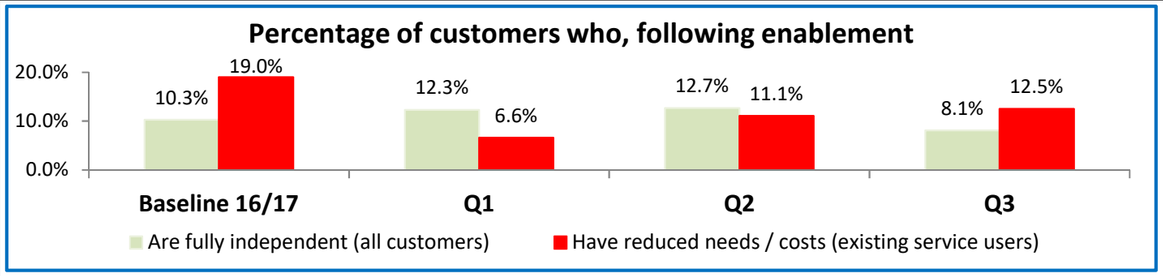
1) We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services



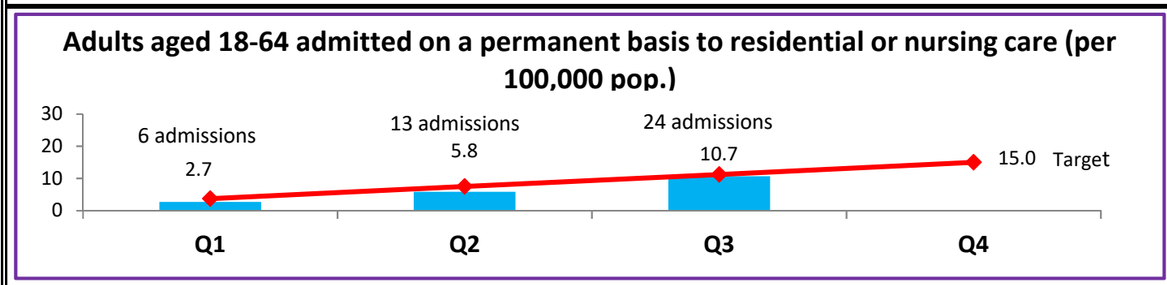


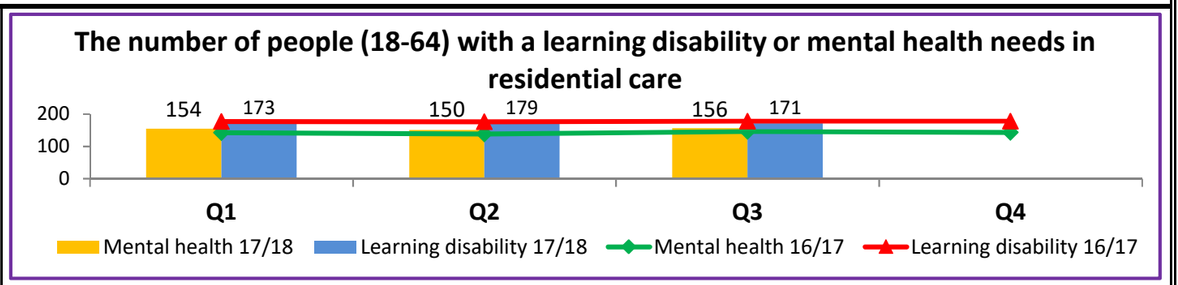
2) We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence



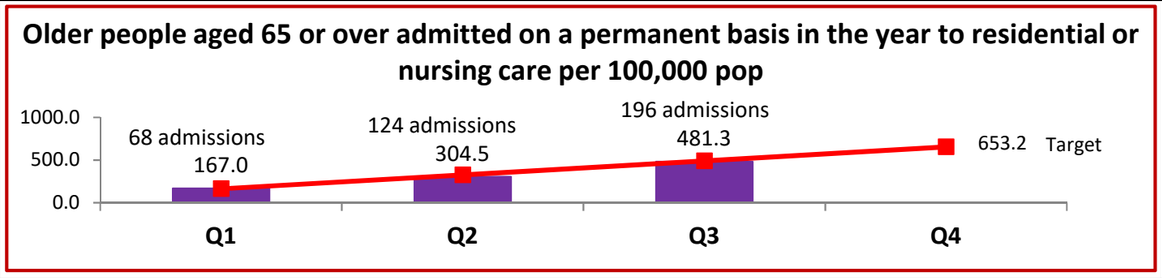


3) We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care

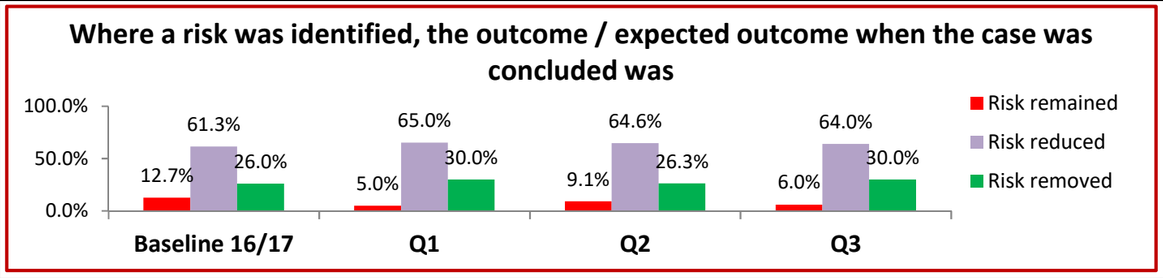




4) Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care



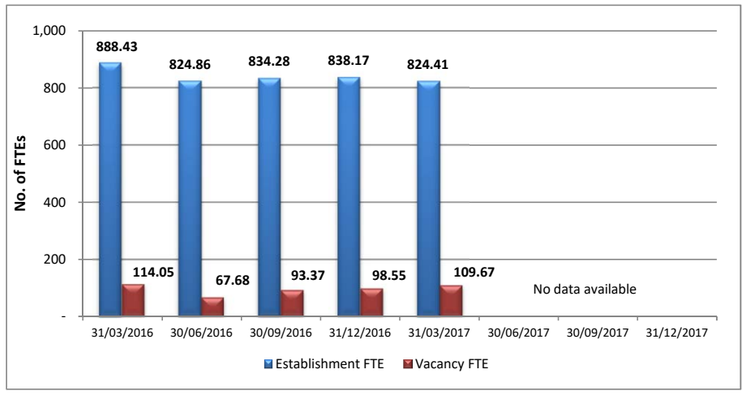
5) We will work with partners to protect adults who need care and support from harm and abuse



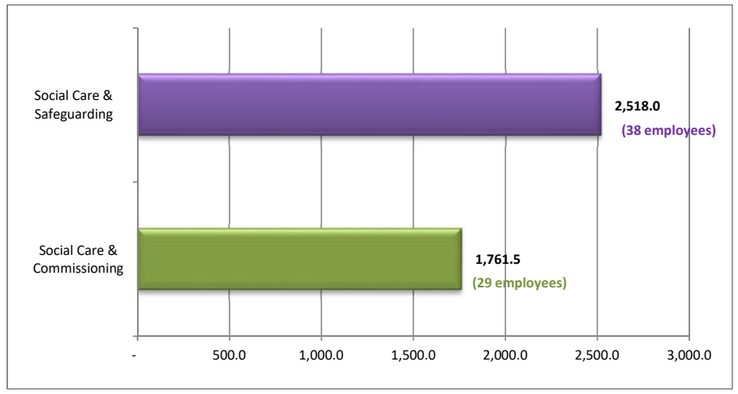
ASC Workforce Measures 2017/18 Quarter 3

Appendix 2.

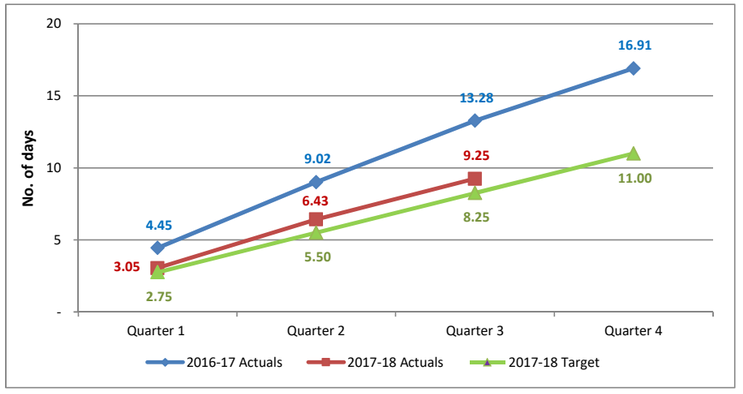
WM1 & WM2 - ASC Establishment & Vacancy Numbers (FTE)



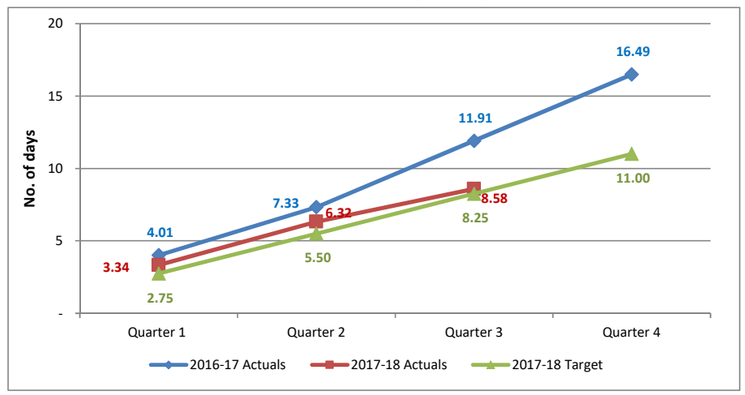
WM3 - 30+ Days Sickness Caseload (Total working days lost and no. of employees with 30+ days sick (January 2017 - December 2017))



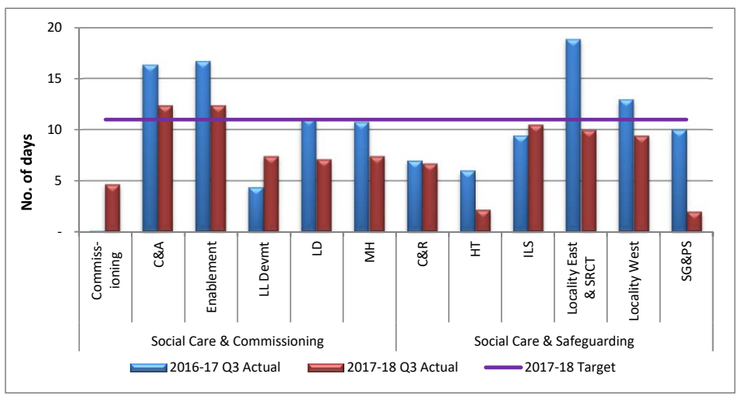
WM4 - Quarterly Sickness Reporting (Actuals vs Target) Social Care & Commissioning



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

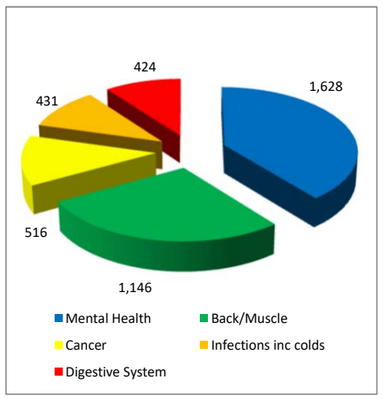


WM4 - Quarterly Sickness Reporting by Service (Actuals vs Target)

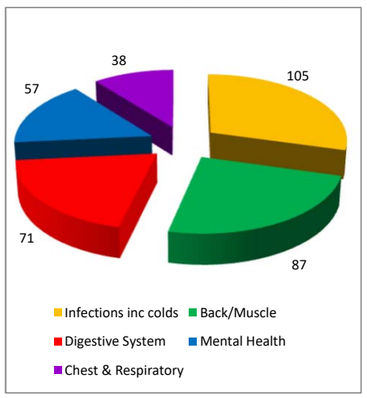


WM4 - Quarterly Sickness Reporting

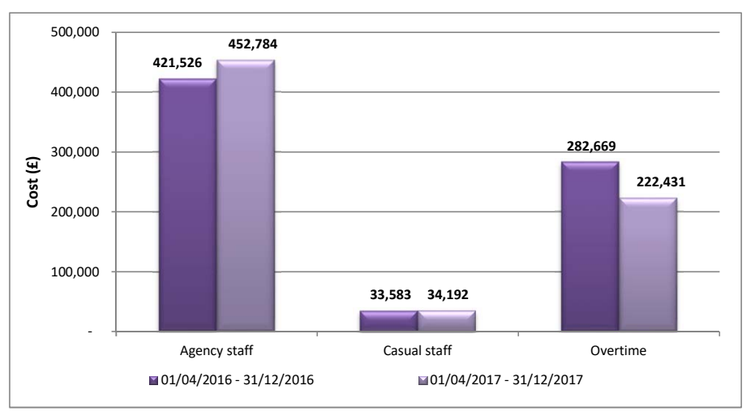
Top 5 sickness reasons by days lost



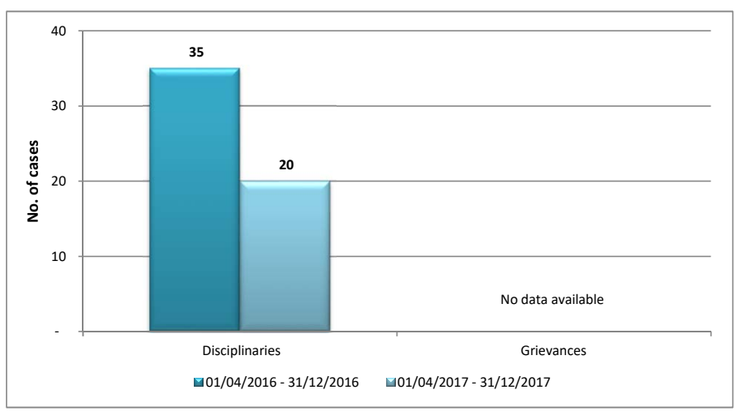
Top 5 sickness reasons by no. of employees sick



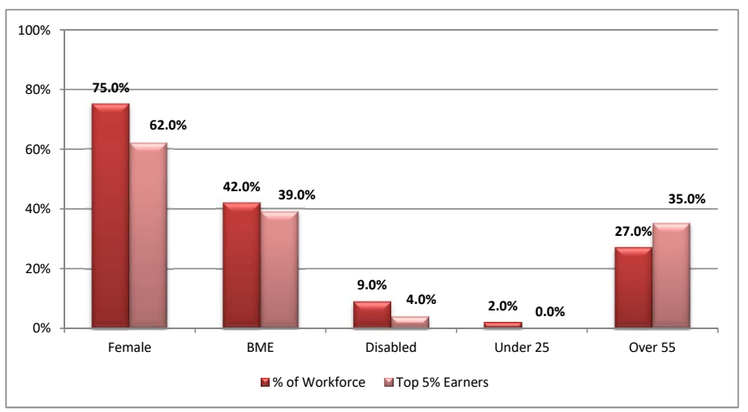
WM6, WM7, WM8 - Agency Staff, Casual Staff and Overtime Costs (£)



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



WM11, WM12 - Total Workforce & Top 5% Earners (@ 31/12/2017)



Appendix 3.

Adult Social Care Performance: 2017/18 – Q3

Adult Social Care Outcome Framework

Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
		England Average	England Ranking	England Rank DoT						
1A: Social care-related quality of life.	18.5	19.1	126/150 (=)	↑ From 147/150	N/A	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.	76.2%	77.7%	100/150	↑ From 138/150	N/A	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.	99.7% (3,689/3698)	89.4%	28/152 (=)	↑ From 31/152	99.7% (3,682/3,694)	99.8% (3,683/3,689)	**100% (3,622/3,622)**	99.0%	↑ G	Position at Q3 2016/17: **99.6% (3,789/3,805)**
1Cib: Carers receiving self-directed support in the year.	100%	83.1%	1/150 (=)	↔	100% (86/86)	100% (96/96)	**100% (106/106)**	100%	↔ G	Position at Q3 2016/17: **100% (153/153)**
1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date.	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)	**50.7% (1,836/3,622)**	46.1%	↑ G	Position at Q3 2016/17: **45.3% (1,724/3,805)**
1Ciib: Carers receiving direct payments for support direct to carer.	100%	74.3%	1/150 (=)	↔	100% (86/86)	100% (96/96)	**100% (106/106)**	100%	↔ G	Position at Q3 2016/17: **100% (153/153)**

Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
		England Average	England Ranking	England Rank DoT						
1D: Carer reported quality of life.	7.2	7.7	127/151 (=)	↑ From 145/151	N/A	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.	4.7% (37/785)	5.7%	85/152	↔	4.6% (33/721)	4.4% (33/754)	**4.4% (34/767)**	6.6%	↓ R	Position at Q3 2016/17: **4.8% (37/769)**
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.4% (19.5/820)	No national data published			2.9%	2.5%	**2.0%**	5.2%	↓ R	Latest data – October 2017 Position at Q3 2016/17 – **2.6%**
1G: Proportion of adults with a learning disability who live in their own home or with their family.	74.4% (584/785)	76.2%	97/152	↑ From 98/152	72.0% (519/721)	71.5% (539/754)	**73.8% (566/767)**	73.8%	↑ G	Position at Q3 2016/17: **73.6% (566/769)**
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	36.6% (300/820)	No national data published			41.4%	35.3%	**28.0%**	68%	↓ R	**Data quality issues** Latest data – October 2017 Position at Q3 2016/17 **42.3%**
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like. **Users**	35.9%	45.4%	148/150	↓ From 142/150	N/A	N/A	**N/A**	42.6%	From 2015/16 ↓	17/18 user survey results available May '18
Carers	31.0%	35.5%	105/151	↑ From 123/151	N/A	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.	0.372	0.403	131/150	↓ From 123/150	N/A	N/A	**N/A**	N/A	From 2015/16 ↓	New measure for 2016/17 (with retrospective scores). Derived from user survey.

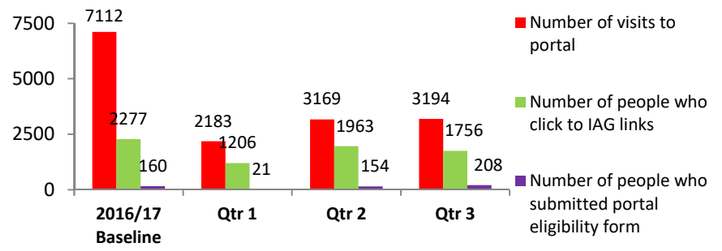
Indicator		2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
			England Average	England Ranking	England Rank DoT						
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)		17.8* 40 admissions	12.8	121/152 (=)	 From 111/152	2.7 6 admissions	5.8 13 admissions	**10.7** **24 admissions**	15.0	 **G**	Cumulative measure: Position at Q3 2016/17: **11.78 (26 admissions)*** Forecast based on Q3 = **32 admissions (14.3/100,000)** ***2016/17 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).		692.4* 282 admissions	610.7	99/152	 From 82/152	167.0 68 admissions	304.5 124 admissions	**481.3** **196 admissions**	653.2 266 admissions	 **G**	Cumulative measure: Position at Q3 2016/17: **476.85 (191 admissions)*** Forecast based on Q3 = **261 admissions (641/100,000)** ***2016/17 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**	91.3%	82.5%	22/152 (=)	 From 19/152	N/A	N/A	**N/A**	90.0%	From 2015/16 	Statutory measure counts Oct – Dec discharges
	Local	*92.3%*	*N/A*	*N/A*	*N/A*	*85.8%* *(200/233)*	*86.0%* *(370/430)*	***85.0%*** ***(370/430)***	*90.0%*	 **R**	Position at Q3 2016/17: ***93.0%*** (Local measure counts full year)
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	**Statutory**	3.1%	2.7%	64/152	 From 72/152	N/A	N/A	**N/A**	3.3%	From 2015/16 	Statutory measure counts Oct – Dec discharges
	Local	*2.7%*	*N/A*	*N/A*	*N/A*	*3.4%* *(233 in reablement)*	*3.5%* *(430 in reablement)*	***3.4%*** ***(648 in reablement)***	*3.6%*	 A	Rate calculated using 2015 live hospital discharge data as a proxy due to this data no longer being made available to LAs. Treat rating with caution.
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)		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)	9.7 (per 100,000 pop - total (All) DTOC bed delays)	16/17 target in BCF plan		See below for revised definition. Data up to December 2017

Indicator	2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
		England Average	England Ranking	England Rank DoT						
2Cii: Delayed transfers of care from hospital attributable to ASC per 100,000 pop. (Low is good)	N/A	N/A	N/A	N/A	N/A	N/A	0.8 (per 100,000 pop - Social care DTOC bed delays)	N/A	⇔	A new definition for this measure has been released which is based on the average no of DToC beds delayed per 100,000 pop. to date. This takes effect from April 17. The measure now has three parts, with delays attributable solely to ASC added (2Cii). Data relates to position for the year to date up to the end Dec 17.
2Ciii: Delayed transfers of care from hospital attributable jointly to NHS and ASC per 100,000 pop. (Low is good)	2.9 (92 delays)	6.3	47/152	↓ 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)	2.3 (per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)	1.4	⇔	
2D: The outcomes of short-term services (reablement) – sequel to service	61.9%	77.8%	127/152	↑ From 129/152	71.4%	69.4%	**68.3%**	68.0%	↑ **G**	Position at Q3 2016/17: **60.9%**
3A: Overall satisfaction of people who use services with their care and support.	65.4%	64.7%	64/150	↑ From 104/150	N/A	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.	43.5%	39%	24/151	↑ From 116/151	N/A	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.	70.7%	70.6%	70/151	↑ From 105/151	N/A	N/A	**N/A**	N/A	From 2014/15 ↑	No carers survey in 2017/18

Indicator		2016/17	2016/17 Benchmarking			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Target	Rating / DoT	Comments
			England Average	England Ranking	England Rank DoT						
3D: The proportion of service users and carers who find it easy to find information about services.	**Users**	67.4%	73.5%	142/150	From 150/150	N/A	N/A	**N/A**	69.0%	From 2015/16	17/18 user survey results available May '18
	Carers	57.3%	64.2%	134/151	From 144/151	N/A	N/A	**N/A**	N/A	From 2014/15	No carers survey in 2017/18
4A: The proportion of service users who feel safe.		65.4%	70.1%	125/150	From 144/155	N/A	N/A	**N/A**	**66.0%**	From 2015/16	17/18 user survey results available May '18
4B: The proportion of people who use services who say that those services have made them feel safe and secure.		77.6%	86.4%	139/150	From 117/150	N/A	N/A	**N/A**	85.0%	From 2015/16	17/18 user survey results available May '18

Forecast to meet or exceed target - 8	**Performance within 0.5% of target - 1**	**Forecast to miss target - 4**	**N/A - No data on which to make a judgement – 18**
Improvement from baseline - 16	**No significant change from baseline - 4**	**Deterioration from baseline - 8**	**N/A - No data on which to make a judgement - 3**

APB1a - ASC Portal (JM)

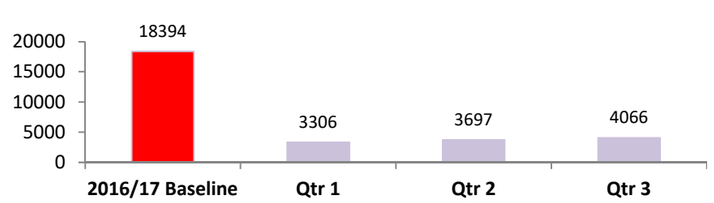


DATA - visitors to the portal continues to increase, but difficulties remain with constraints on analytics to demonstrate full customer journey and "drop off" points. A new version of the portal is being released by the supplier (V3) which will also mean an increase in "visitors" as testing continues to skew detail once moved to Live.

REVIEW - The portal is live for referrals into C&R from the Prison service, channel shifting another professional service referral route to the portal. Work in progress to also shift MHA Tribunal Hearing referrals to the portal (and then working through all professional referrers). This will enhance traffic to the portal, although deviating from the original intention of what the portal was intended for (i.e. direct contact from Service Users), but demonstrating innovation from the portal enhancement project work. Two- way comms (making the portal accessible for current SU as well as new ones) continues to be challenging for a variety of reasons, and again LCC is looking like being the forerunner with this aspect of portal technology

ACTION - Continue to develop 2-way comms; continue to channel shift referring agencies (from C&R "other routes" to the portal). Continue to simplify customer journeys.

APB1b - Total number of ASC contacts received (HM)

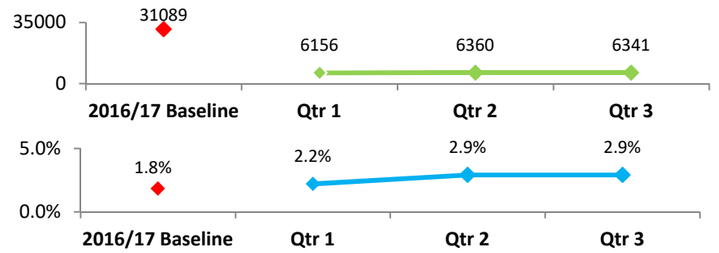


DATA - General indication that total numbers of contacts continues to reduce - if trend continues (though it rarely does over winter period) likely to be approx. 20% reduction on last years rate. Due in part to changes in recording practice more sophisticated and effective call management but also due to moving some activity from the front door.

REVIEW -

ACTION -

ABP1c - Effectiveness of call handling: (HM)

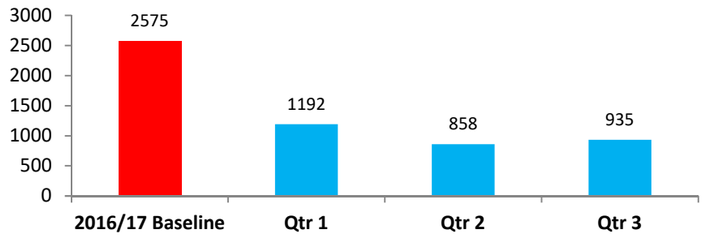


DATA - Call handling has reduced though still within target - reduced number of call handlers from 5 to 4 during this period. Led to slightly higher abandonment rates and longer call waits. Data is reported to C&R management team daily. Also in this period the telephony provider changed which resolved some technical issues and created others. Did not resolve "ghosting" issue as anticipated.

REVIEW -

ACTION -

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

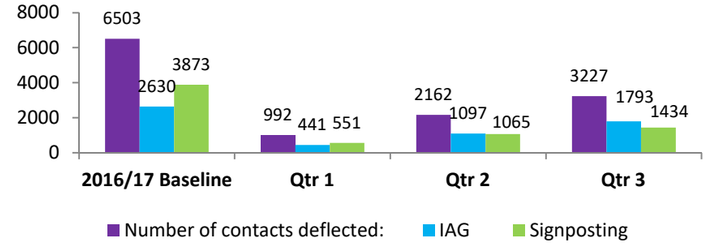


DATA - Brief exploration of data indicates higher rate of re-presentation than last year. HoS to do data analysis to see why this might be e.g. - via community or hospital contacts and understand themes if any to develop action plan. However r repeat data for IAG/deflection shows fewer repeat contacts when IAG or HFA outcomes were chosen.

REVIEW -

ACTION -

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

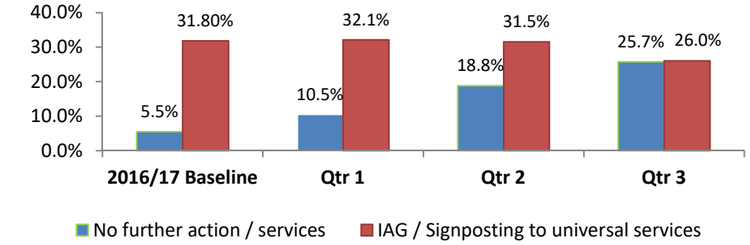


DATA - Changes in rates of different outcomes probably now more accurate as better coding by staff following use of Initial Contact and Contact records rather than Contact Assessment

REVIEW -

ACTION -

ABP1f - Percentage of contacts leading to: (HM)

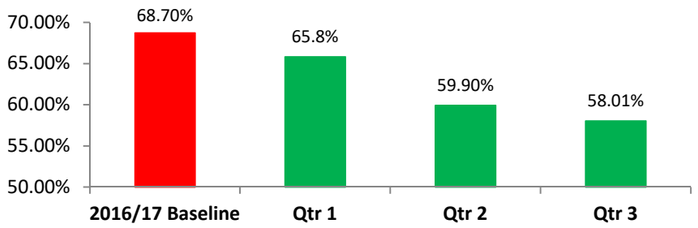


DATA - Similar to previous this is probably better data as a result of coding changes and better coding practice by staff

REVIEW -

ACTION -

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

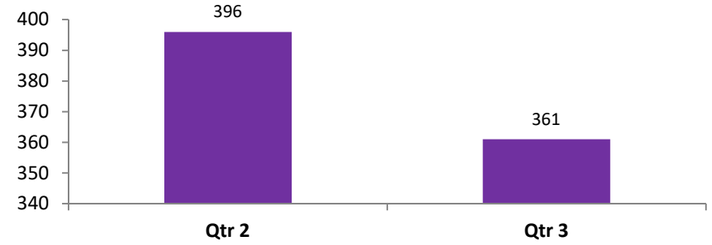


DATA - Likely to relate to staffing pressures in C&R rather than hospital related activity. Comprehensive analysis of response timescales in relation to safeguarding contacts is completed and will be reported through the Managing Demand delivery Group.. On going work to streamline business processes that add no value at front door.

REVIEW -

ACTION -

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

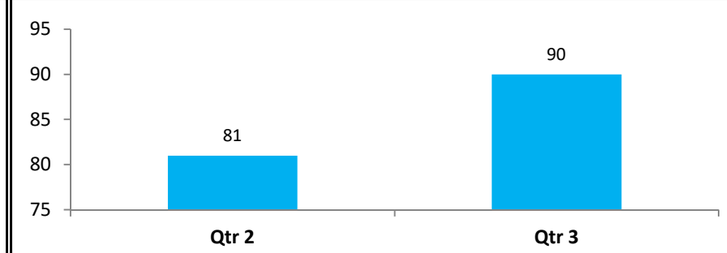


DATA - Not looked at this in any depth. Reduction may be due to capacity issues in each service. HoS to look at before next performance report

REVIEW -

ACTION -

APB2a - Other services- POC via a private agency, placements. Short term/preventative service- commissioned home care (HM)

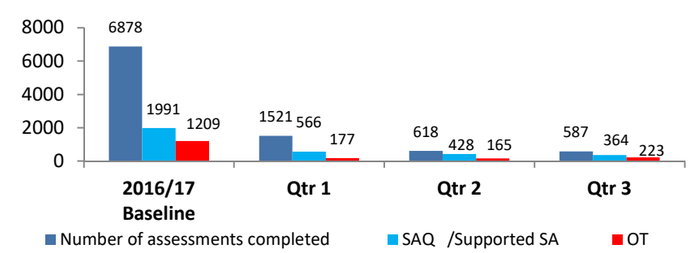


DATA - Needs further analysis by HoS. Small correlation with reduction in use of preventive. Group has been set up to look at support arrangements that bypass preventive support - e.g. which cases are deemed to be inappropriate for preventive services. Needs further work by HoS

REVIEW -

ACTION -

APB2b - Number of assessments completed by type (MW)

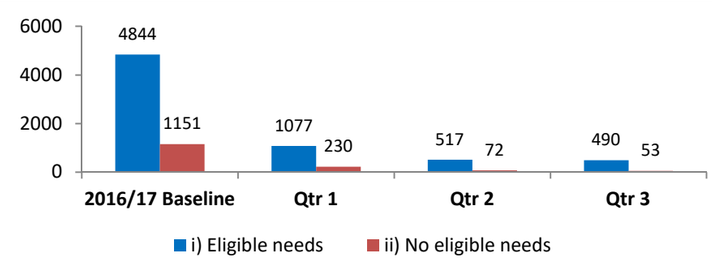


DATA - Contact Assessments were replaced with Initial Contacts (pre-eligibility) at the beginning of Q2 - this accounts for the overall fall in numbers, as Initial Contacts no longer 'count' as assessments.

REVIEW - Slight drop in SAQ/SSA from Q2 to Q3 - likely to be accounted for by reduced staffing numbers over the festive period. Conversely, there was an increase in the number of OT Assessments completed. After discussing with OT Team Leaders, this may be a recording issues with staff 'catching up' on paperwork prior to the start of the New Year.

ACTION - No action required.

ABP2c - Outcomes following assessment - numbers found to be: (MW)

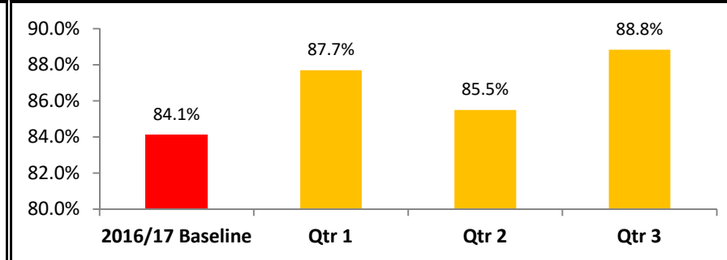


DATA - As the number of assessments has fallen (APB2b) , so the total number of people being found eligible has also fallen. However, the numbers found eligible have fallen by a smaller percentage.

REVIEW - The number of people with eligible needs following assessment continues to fall, as do the number of assessments completed overall and the number of people going into long-term services (APB2g). Figures continue to trend in the right direction, suggesting that we are improving at signposting and looking at informal sources of support before going straight to determining someone as eligible.

ACTION - No action required.

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

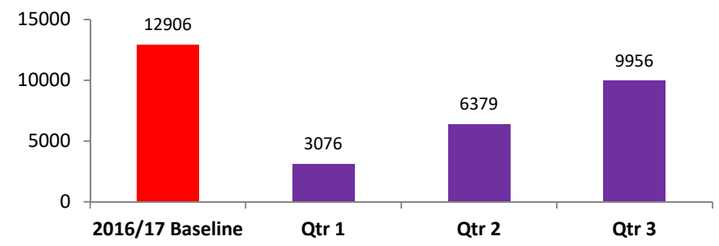


DATA - Number of assessments completed within timescales continues to improve with a rise to almost 89% in Q3.

REVIEW - If number of assessments requested are falling, it stands to reason that the existing assessments should be completed in a more timely fashion - and this is borne out by the figures. Year end target is 80% and we are well on the way to achieving this.

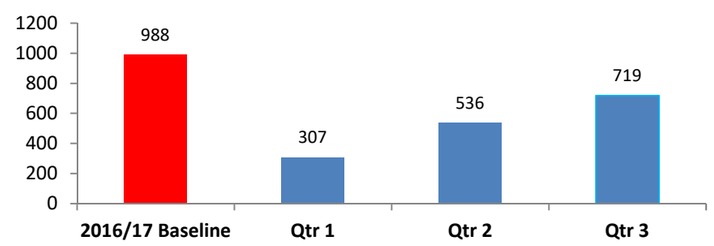
ACTION - No action required.

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



DATA - Apr - Dec 17 = No of completed contacts where a sequel has been determined = 9956 - By Route of Access: - Transition: 32 (0.3%), Discharge from Hospital: 1767 (17.7%), Diversion from Hospital: 8 (0.1%), Community/Other Route: 8149 (81.9%) Outcomes following request for support: - Reablement/Enablement: 1142 (11.5%), LTS support: 719 (7.2%), Ongoing low level support: 1213 (12.2%), ST other: 439 (4.4%), Universal / Signposted: 3137 (31.5%), No services Provided: 2971 (29.8%), No services provided deceased: 140 (1.4%), 100% NHS funded: 157 (1.6%)
REVIEW - Improvement from Q2 to Q3 in that there was a decrease in those new clients progressing to long term community support and increases in those being signposted and/or closed with no service provision.
ACTION - Reablement providers need to look at relaxing criteria - there was a fall from Q2 to Q3 in the number of people receiving short term support to maximise their independence.

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

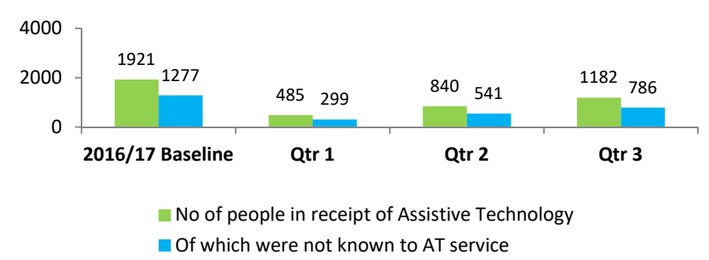


DATA - Please note the residential/nursing entrants (as per below) may be over inflated in this report. Further work will be undertaken at the end of the year to reconcile numbers for the SALT return - 719 LTS starts on entry to ASC: - Residential: 144 (20.0%), Nursing: 45 (6.3%), Community: 530 (73.7%), Prison: 1 (0.1%)

REVIEW - Based on the end of year forecast, there should be fewer people receiving long term support than at the end of last year. However, this reduction is unlikely to be sufficient to meet the end of year target figure.

ACTION - Reablement Care Management to continue efforts to screen out and divert after period of Reablement.

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

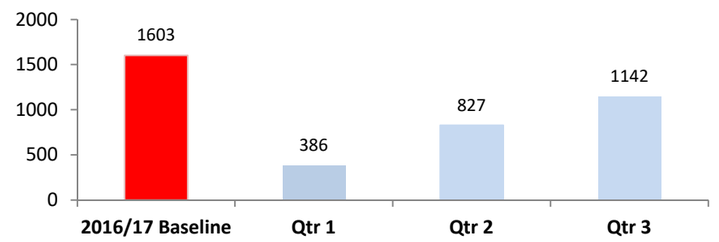


DATA - The overall number of service users supported via AT has increased for Q3. However, growth has not been as high as intended due to unanticipated long term staff sickness and delays in recruitment.

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 re-recruiting into a vacancy 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 April 2018. A multi team AT Implementation Group, established during Q2, is progressing to raise the branding and awareness of AT within ASC.

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

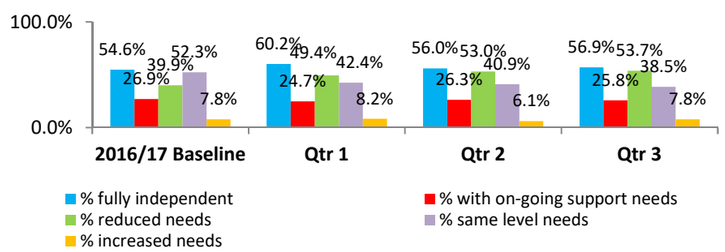


DATA - From Apr-Dec 17 there have been 1,142 people went on to receive reablement services as compared to 1,163 for same period last year.

REVIEW - Data shows similar patterns to data from last year. There seems to be a slight drop in the numbers receiving reablement for the year. However, quarter 4 is usually the busiest period so numbers should be similar to target numbers for previous years. Equally, it needs to be noted that this is despite financial cuts in the region of 400k which took place this year

ACTION - To ensure working to maximum capacity in line with the staffing resources that are available.

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

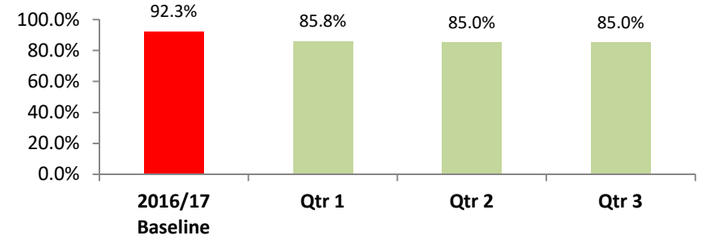


DATA - From Apr - Dec 17 - 56.9% are fully independent post completing reablement. This is a significant increase from the same period last year which equated to 50.3%.Those requiring ongoing support has seen a considerable drop throughout the months from April 16 being 40.3% to 15.9% in April 17 even though May 17 and Jun 17 has seen a increase to 29.2% and 28% respectively. In Dec 17 it was 28.1%

REVIEW - All data shows that the service is going in the right direction and is going to meet its targets for this year. Those users that are fully independent have increased by 6% for same period last year and those that need on going services are similar in numbers but there is an increase in the % of reduced needs.

ACTION - To continue to meet targets and ensure that these standards are maintained

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



DATA - • In the period 1/4/17 to 31/12/17 follow-ups, out of 648 people aged 65+, who entered rehab following hospital discharge, 551 (85.0%) are at home 91 days later. • The year-end target for 17/18 is 90% which is based on Oct – Dec 17 discharges with follow-ups in Jan- Mar 18. Looking at year to date performance we are very unlikely to meet this. • For about the same period last year there were 672 people aged 65+ who entered rehab following a hospital discharge out of which 622 (91.6%) were at home. • Outturn for 2017/18 to date has been consistently lower than previous two years. • The 97 (15.0%) not at home are: 75 (11.6%) deceased, 22 (3.4%) in residential care homes.
REVIEW - This data is rather concerning and so the service has been looking at the data being collated and have found some errors that may account for the drop in numbers still at home after 91 days. Equally, work is taking place in the department to remind everyone of Reablement criteria to ensure EoL cases are not referred in.
ACTION - To double-check systems of collation and liaise with the Performance Team.

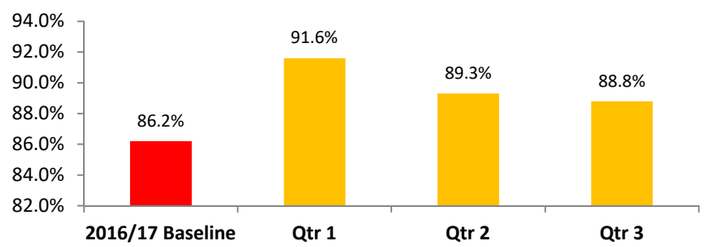
ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)

DATA - 2015 live hospital discharges has been used as a proxy measure.
Number of people entering reablement/enablement Apr - Dec 17: 648
No of live hospital discharges (based on 2015 figures): 18800
Proportion 65+ receiving reablement services following hospital discharges: 3.4%

REVIEW - Data indicates that we will be above our targets for this year and that the service is offering more reablement services following discharge from hospital.

ACTION - To ensure continued increases in support of hospital discharge vis the new Home first pathway.

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

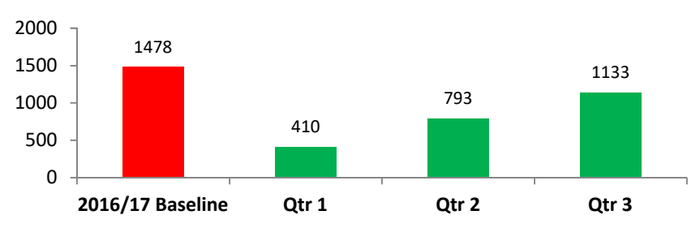


DATA - The performance indicator is to ensure the user does not fall between services and is seen within a reasonable timescale.
Enablement is not a crisis service so an 80% target for 17/18 is good.

REVIEW - Quarter 3 has seen a decrease of 7.8% which was due to high demand and capacity to allocate. Cases were allocated according to need.

ACTION - Capacity has increased towards end of Quarter 3 which will see Quarter 4 improve.

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

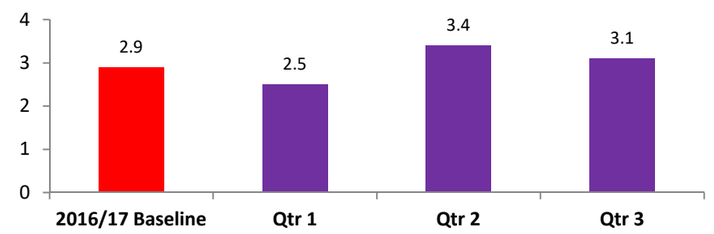


DATA - En/MM - overall Quarter 3 has increased by 340. The baseline of 1478, means that Quarter 3 is 345 below. Significant percentage to numbers for previous years in all categories, however an increase by over 100 for same period from previous years.

REVIEW - These outcomes are a measure of effectiveness. All data seems to show all trends in right direction and all targets being met

ACTION - Continue to review the successful cases and prioritise accordingly. Also to continue and ensure maximum output with excellent outcomes.

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

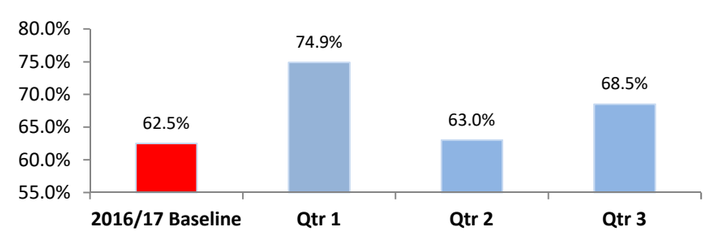


DATA - New definitions for this measure have just been released which is based on the average no of DToC beds delayed to date. This definition is to be used from April 17 onwards. Data relates to position as at end Dec 17.
Average no of DToC beds per 100,000 pop from April 17 - Dec 17 is:
2C part 1 - All DToC delays = 9.7 per 100,000 pop
2C part 2 - Social Care Delays = 0.8 per 100,000 pop
2C part 3 - Joint Delays = 2.3 per 100,000 pop

REVIEW - ASC continue to be responsible for a very small minority of delays. Even discounting the joint delays (which are largely the responsibility of Health) Health only DToCS make up by far the largest percentage delays.

ACTION - Continue to work with Health colleagues to look at ways they can reduce delays attributable solely to them.

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

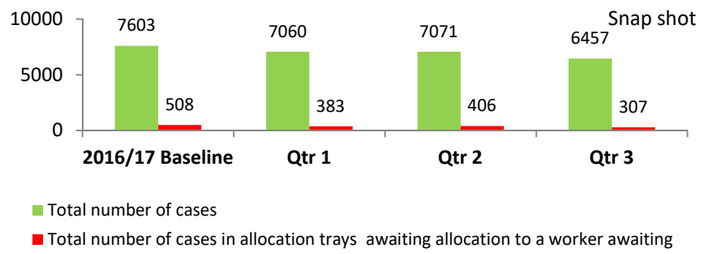


DATA - SU's discharged: 385
Discharge Notices received: 121
Increase in number of discharges without a discharge notice from Q2 to Q3 with the average to date being above the target set for year end.

REVIEW - Improvement in figures from Q2. This may be as result of the IDT moving back to ward attached workers, which appears to facilitate a less formal (and as such, more integrated) approach to discharge.

ACTION - Continue to monitor as figures back to moving in the right direction but with an eye on any changes implemented by IDT.

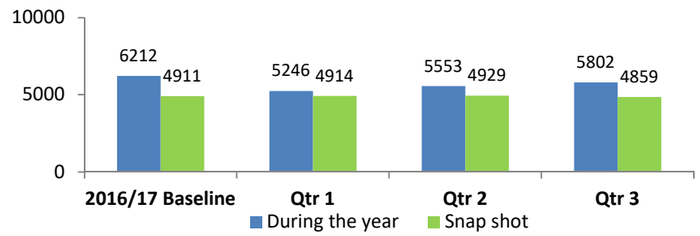
APB5a - Allocations by team: (I) Number of cases allocated to each team (SD)



DATA - The number of cases waiting to be allocated has decreased from Q2 in East, WEST, LD and AMH

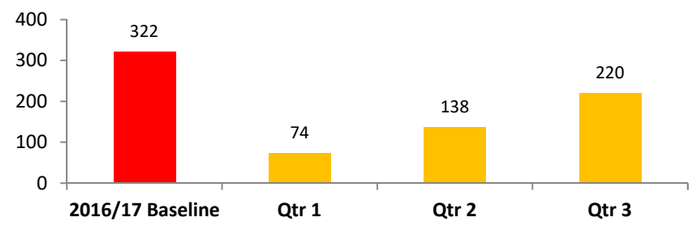
ACTION - Cases are prioritised in terms of
- Safeguarding concerns< VARM,CoP
- need to establish capacity/Court of Protection work required
- level of risk, including health and safety risks, i.e. moving and handling
- Service user's situation with informal support network balanced with risk of carer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

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



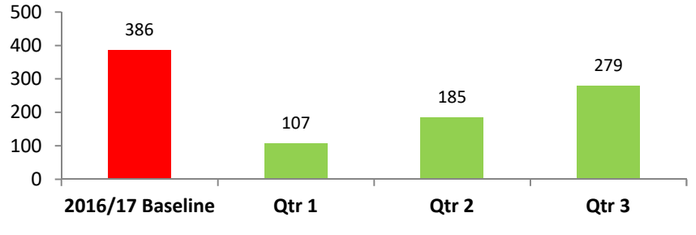
DATA - During the period 1/4/16 to 31/12/16 there were 5898 people in receipt of long term support (LTS). During the period 1/4/17 to 31/12/17 there were 5802 people in receipt of LTS. 96 (1.6%) less people receiving LTS as compared to same period last year. We have had 45 more people in Res care as compared to last year and 153 less people receiving a CBS.
Snapshot as at 31/12/17 - As at 31/12/16, 4970 people were receiving LTS. As at 31/12/17, 4859 people were receiving LTS. 111 (2.2%) less people receiving LTS as compared to same period last year. 1237 people receiving res/nurse care rather than 1207 for the same period last year.
No in receipt of LTS for 12m or more at 31/12/17 - As at 31/12/17, 3712 people were receiving LTS for 12m or more. 111 (3%) in nursing, 866 (23%) in residential, 2735 (74%) in the community
REVIEW - The direction of travel in terms of people receiving support is positive with figures dropping. Number of people moved out of residential care into supported living is projected to be on target (32) which suggests that figures for residential care are slightly increased due primarily to short term emergency placements as a pose to long term permanent placements.

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



DATA - In total 18+ there have been 220 permanent admissions made in 1/4/17 to 31/12/17.
Same period last year (16/17) were 232 admissions
To date: 24 admissions relate to 18-64 and 196 for those aged 65 and over
• Please note last year's data cannot be compared directly with this year's, as the definitions as to who is counted, has been revised locally.
• Data previously counted, has been checked and revised hence does not match performance as per previous reports.
• BCF year-end target for 17/18 is no more than 266 admissions in the year for those aged 65+.
18-64 year end forecast = 32 Y/e 17/18 target = 34 admissions - RAG- Green
65+ year end forecast = 261 Y/E 17/18 target = 266 admissions - RAG - Green
REVIEW - Over 85 year old admissions is 106 compared to 85 this time last year which demonstrates that we are placing people in their older age. Also when we look at the numbers of placement 40% are previous self funders, a high percentage die soon after being placed and many come on the deferred payment scheme.
ACTION - HOS to continue to monitor and approve permanent placements.

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



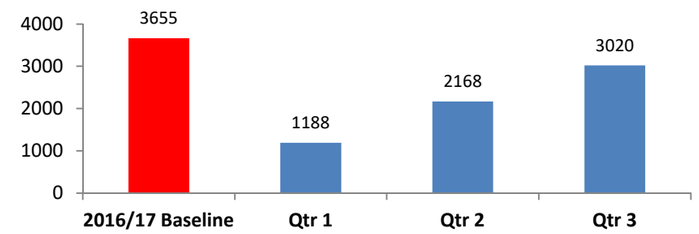
DATA - Apr 17- Dec 17 there has been 279 leavers from residential/nursing care
Leavers by age-band (at the time of leaving):
18-64 - 29, 65-74 - 28, 75-84 - 73, 85-94 - 120, 95+ - 29

The main reasons were:- Deceased: 200 (71.7%), Self funding: 29 (10.4%), moved to PoC: 14 (5.0%), Moved to supported living: 14 (5.0%), 100% CHC: 13 (4.7%)

REVIEW - Demonstrates that we are placing people in their very older age which accounts for the high percentage who have died and those who are on deferred payments and then become self funding.

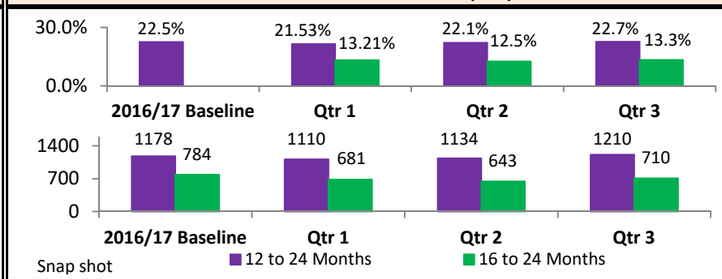
ACTION - HOS to continue to monitor placements.

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



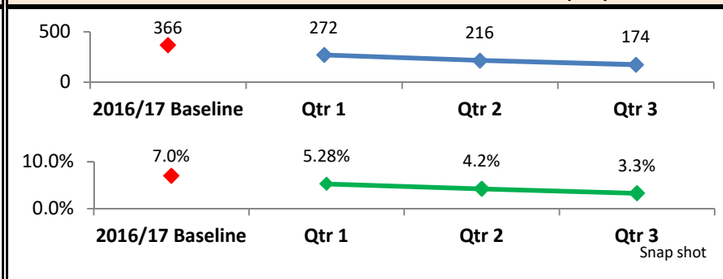
DATA - From Apr 17 - Dec 17 there are 3020 people had been reviewed as compared to 2730 in the same period last year
Age-Band - 18-64: 1172 (39%), 65-74: 469 (16%), 75-84: 649 (21%), 85-94: 621 (21%), 95+: 109 (4%)
PSR - Physical Support: 1,651 (55%), Sensory Support: 56 (2%), Mental Health: 615 (20%), Mem & Cognition: 206 (7%), Learning Dis: 374 (12%), Social Support: 118 (4%)
REVIEW - The numbers continue to increase and we are ahead of the position at this time last year. We are forecast to meet our target. The risks to this are around the reduction of staffing and need to support risks across Care Management, prioritising other work
ACTION - Programme Board continues to monitor this and TLs use LL reports to identify the cases requiring reviews. Long term teams are now using proportionate reviews - this should increase the numbers of reviews they are able to complete.

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



DATA - As at 31/12/17 there are 1210 (22.7%) people who have not been reviewed for 12-24m. Of those, 710 (13.3%) have not been reviewed for 16-24 months.
Please note the SQL Overdue reviews report has been amended as it was missing about 200 cases. Accurate figures are reflected in Dec 17.
REVIEW - Generally our position is better than it was at this point last year (slightly worse for 12 -15 month cases). There has been a 'flattening out' of performance but this appears to be holding steady despite the reductions in numbers of staff over the last months.
ACTION - Programme Board monitors this and TLs use LL reports to check and prioritise cases for review. OoD review data is be included 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. Long term teams are now using proportionate reviews - this should increase the numbers of up to date reviews they are able to complete (the more out of date ones will require a visit and full review).

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

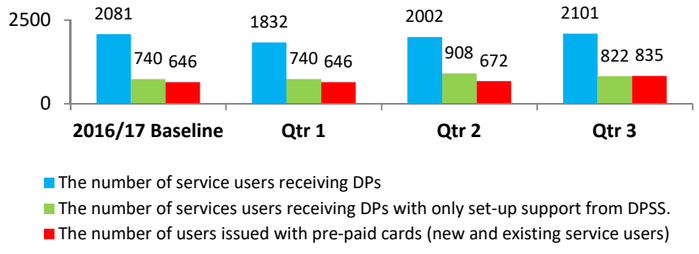


DATA - As at 31/12/17 there are 174 (3.3%) people who have not been reviewed for 24m or more. A gradual decline is seen month on month.

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 continue to review progress and OoD review data to be included 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)

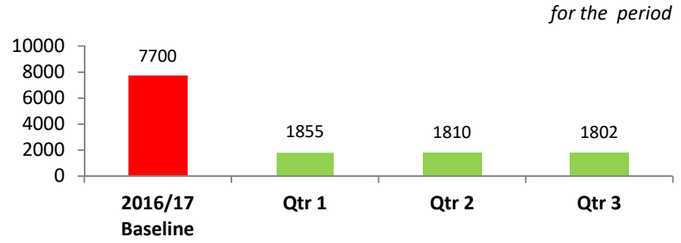


DATA - I) The number of service users receiving DPs - 2101
ii) PPC cases 835. This number was 531 by end of January 2017.

REVIEW - Ongoing monitoring and discussions with PPC Team and contiously promote DP hence the number of PPCs are increasing. This is due to the reprovisioning of dom and day care and the DP is used as an alternative

ACTION - PPC CMOs are going to be managed in the Locality East/West and assisting Locality Teams to raise the number of PPCs

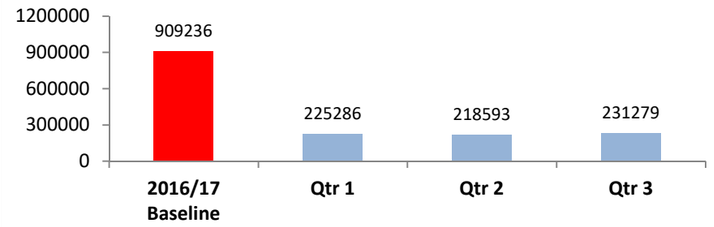
ABP5k - Number of people receiving domiciliary care (TS)



DATA - Within the period, we have seen a slight continuation of the overall trend in directly commissioned Dom care, that manifests as a consistent decrease in terms of overall numbers accessing the service. However, we can also see a concurrent increase in terms of the total number of service users accessing Dom care support through a direct payment; this is expected to some extent as part of the independence agenda. In addition, a factor accounting for some of the increases in Q2/Q3 2017-18 is that at the commencement of the new framework, some service users were transferred to new providers and encouraged were possible to take a DP

ACTION - Please note that there may be a small number of service users that access a combination of directly commissioned and self managed (DP) Dom care. There may therefore be a small number of clients represented in both datasets (CA 8.1 and CA 8.2).

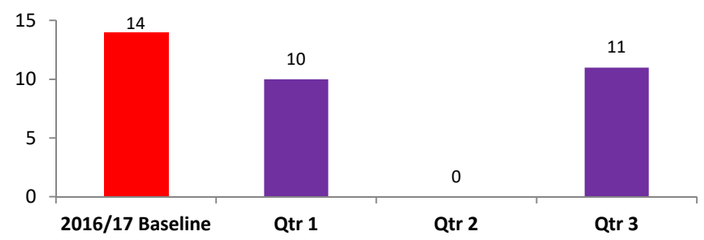
ABP5l - Number of domiciliary care hours delivered (TS)



DATA - In Q3, there was a slight increase in terms of the total number of directly commissioned hours provided in the period. This is despite overall net decreases (albeit slight) in terms of numbers of service users accessing support. Overall however, the general direction of travel here since Q1 2016-17 is slightly downward, similar to that seen with service user numbers. Please note that this does not reflect those receiving a service through a direct payment

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

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

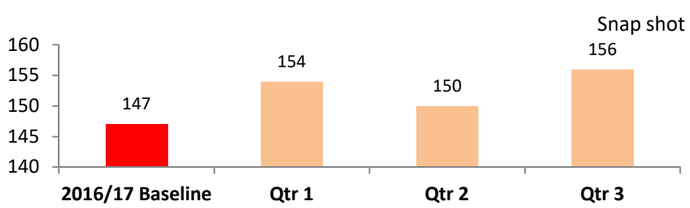


DATA - Whilst there no moves in Quarter 2 , the figures have shown a positive moves towards the target in Q3

REVIEW - The work of the Res2Sl delivery group continues to support and monitor this work and activity. Delays by providers not being ready (e.g. Sycamore) and preparatory work e.g. COP has contributed to the slow and steady pace of this work. The challenge continues in not only being able to identify appropriate potential movers, however scoping to ensure that any proposed moves are likely to achieve savings.

ACTION - We have continued to work through the identified cohortof people scoped into this target and continue to add new people which can be quick wins. At least 1 new provider has indicated intention to convert their existing res care to Sl, however not all existing SU will be suitable. This types of conversation nee to be appropriately managed by commissioning.

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

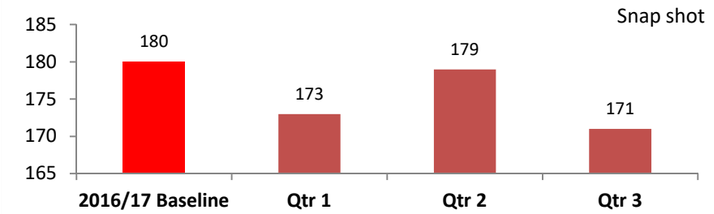


DATA - The numbers have increased again in this quarter. The increase from last year to this is not surprising as a number of people previously fully health funded have now become ASC's responsibility.

REVIEW - It is disappointing that there has not been a reduction of the numbers of people in residential care. There have been some successes in moving people out of residential care but there continues to be a lack of options for some people coming out of hospital or whose community package breaks down.

ACTION - AMH TLs are meeting monthly with colleagues in the SL and Enablement services to improve joint planning and working with people who've been identified to move out of res care. This will also identify gaps in accommodation and support.

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

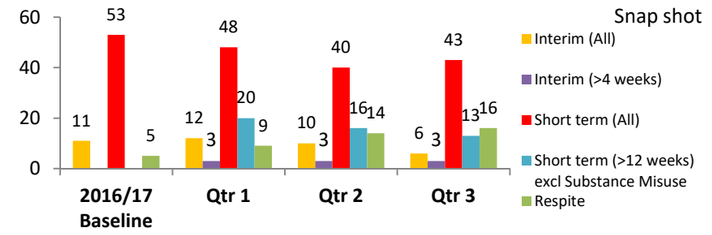


DATA - This shows a steady downward trend in the right direction

REVIEW - The work to consider and move people of working age out of residential care continues and new service users are added as identified through reviews.

ACTION - All new placements , short tern and permanent are to be approved by the HOS

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

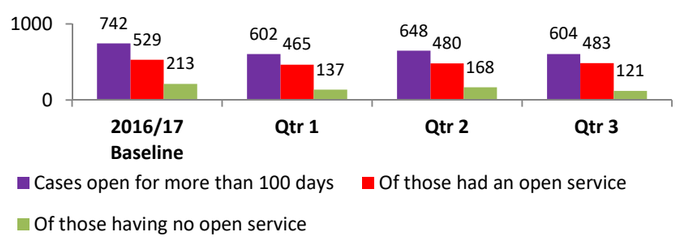


DATA - As at 2/1/18 there were 6 interim placements and 43 short term placements. 16 people were in respite care.

REVIEW - Figures seem to remain static and the direction of travel seems to be going downwards compared to previous year.

ACTION - HOS to continue to monitor.

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

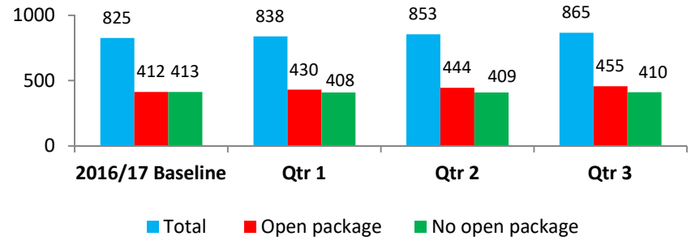


DATA -

REVIEW - Figures remain static over the 3 quarters this year and perhaps the targets need to be relooked at.

ACTION - HOS are monitoring their teams lists.

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

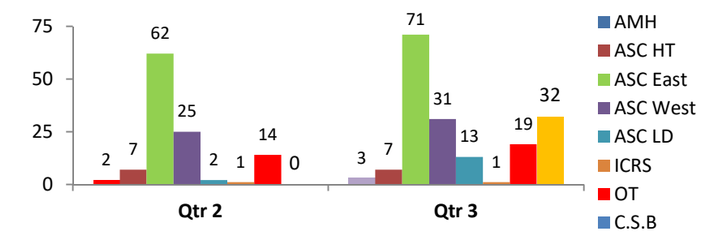


DATA - The recording of this information continues to improve.

REVIEW - The number 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 - Health have been asked to consider on-going eligibility at the point of discharge. Workshop to be held with AMH to consider barriers to discharge and solutions. Legal to be invited to this.

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

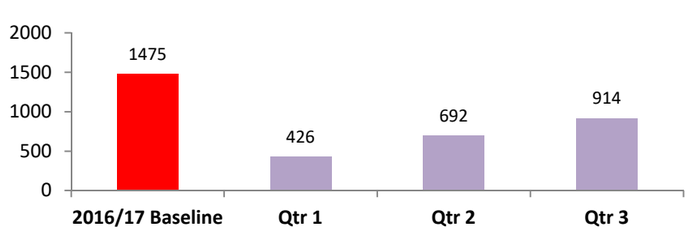


DATA - The increase in numbers is primarily due to the fact that CSB is now, correctly, entering Health packages as non-planned services. In addition, there is a duplication as the 19 OT cases also show up within the SW Teams' numbers.

REVIEW - The new version of Liquid Logic will reduce this problem as the data will be more obvious on the screen and it will be much simpler to pull through non-planned services into support plans.

ACTION - An up to date list has been sent out to SW teams, asking them to tidy up this data.

ABP6a - Number of Carers receiving needs assessment (SD)

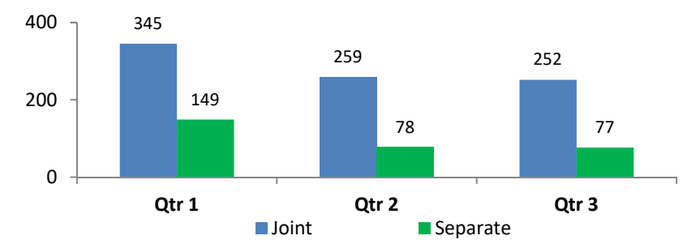


DATA - There is steady increase in the number of carers assessment completed since the last quarter. The number of carers received needs assessment is 914. The figure for last year Q2 was 1081.

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 - 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. 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 takes and finish carers group to look at the ways of improving the data capturing.

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

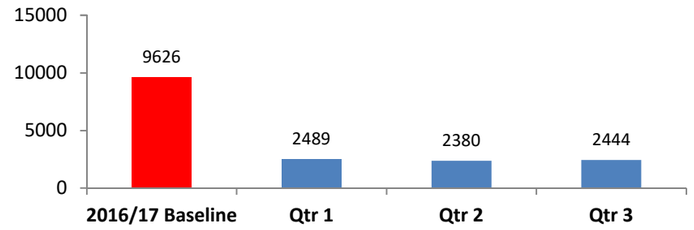


DATA- The number of separate and joint assessments remain the same since last quarter, and in comparison to the last year's figures they are decreasing.

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 takes and finish carers group to look at the ways of improving the data capturing.

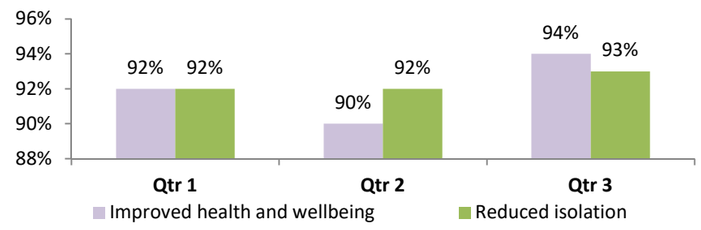
ABP6c - Take up of targeted carers services delivered by commissioned voluntary sector activity (KG)



DATA - This indicator is a measure to demonstrate the total take up within Carers Services within the quarter, showing a total of all engagement activity. To be clear, this is not the total number of individuals supported.

REVIEW - We can see that Q3 2017-18 has remained relatively consistent with Q1 and Q2 reported total activity. Using Q1-Q3 to forecast the remainder of 2017-18, we anticipate an approximate total of 9751. This would represent a slight increase from last year (1.3%), but this is not a statistically significant change.

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

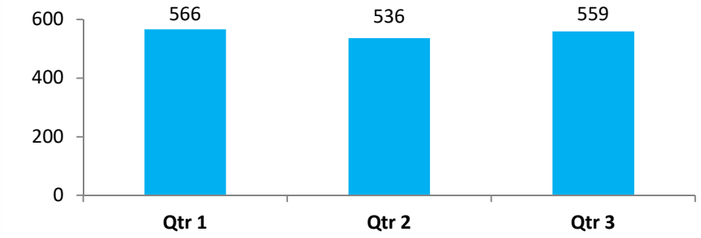


DATA - In relation to the following providers: Ansaar, Clasp, and Age UK Lot 3 + Lot 4, there was a slight decrease in terms of the overall Number of Carers Assisted by IAG. However, all of these providers have still achieved their Quarterly targets in this this area; continued performance will be monitored, but is not necessarily a concern at this stage.

Age UK for Lot 2 recorded a net increase (72%) in terms of the Number of Carers Assisted by IAG in Q3, compared to Q2.

CLASP were the only provider who reported to have not met one or more outcome targets in the period. Specifically, CLASP reported that 86% of service users increased ability to make choices and decisions about their support and how to access additional support if they needed, against a 90% target. All other providers met or surpassed their outcome target of 90 % in Quarter 3.

ABP6e -Number of carers assisted by IAG (KG)



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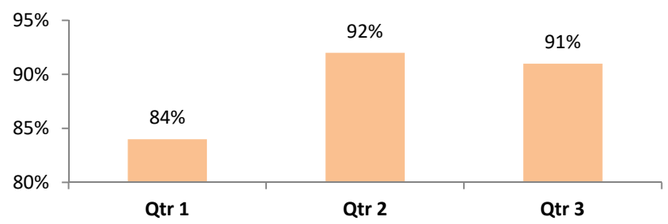
ABP6f - Increased ability to make choices and decisions about their support and how to access additional support if they need to (KG)



DATA - In relation to the following providers: Ansaar, Clasp, and Age UK Lot 3 + Lot 4, there was a slight decrease in terms of the overall Number of Carers Assisted by IAG. However, all of these providers have still achieved their Quarterly targets in this this area; continued performance will be monitored, but is not necessarily a concern at this stage.

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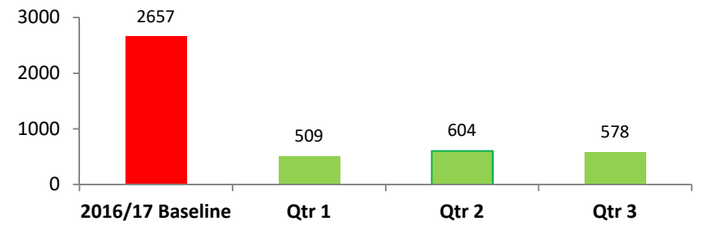
ABP7a - Number of Alerts received (RL)

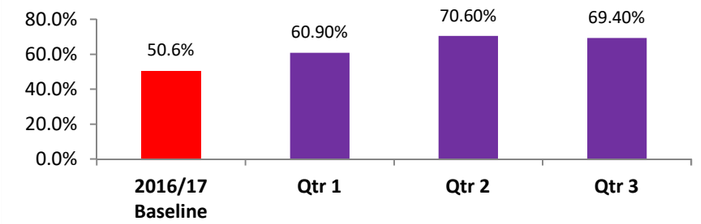


DATA - 1691 alerts received in total to the end of Q3

REVIEW - Q3 Activity has dropped slightly compared to Q1. Work continues to understand alerts more fully, looking at the types of incident which generate alerts, the sources of alerts (settings) and the routes through which they come to the attention of ASC.

ACTION - Data this quarter is not an outlier. Work to continue to understand sources of alerts, reporting routes and the impact of changes at the front door intended to ensure greater consistency of approach

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

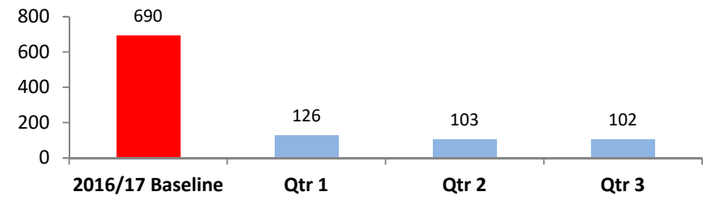


DATA - Q3 performance was very close to that recorded in Q2, the improved performance since the start of the year has been sustained.

REVIEW - Sustained improved performance would indicate that revised front door processes have streamlined decision making and improved timeliness

ACTION - Continue to review in future and assess longer term impact of changes to front door processes and practice. If full year data settles at this level, consider audit to establish reasons why c. 30% of decisions are recorded as taking longer than 7 days

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

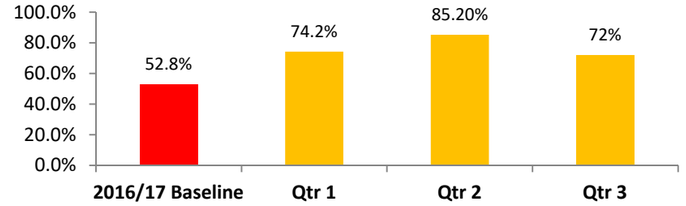


DATA - The overall number of alerts is down slightly this quarter. The number meeting the threshold is almost identical to Q2 and shows a decrease compared to 2016.17

REVIEW - After a drop in the numbers meeting the threshold compared to Q1 this measure has remained steady. The anticipated volatility has not shown up so far. Activity appears to be lower than for 0

ACTION - Further drill down may be required, in particular to look at those alerts where the threshold is met but not progressed, which is currently being looked at.

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

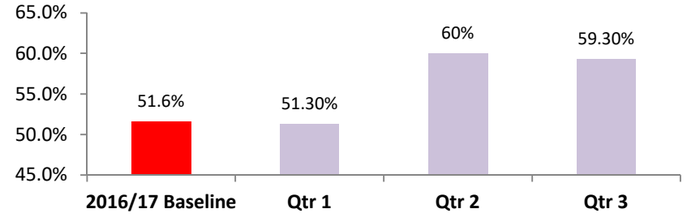


DATA - 72% action to make safe in 24 hours in Q3, a drop of 13.2% compared to Q2. This is a significant drop in performance

REVIEW - Performance has dropped back to below the level seen in Q1. While still well ahead of the baseline, this is a concern. The PSW will continue to focus on this issue as part of a suite of LL improvements and practice awareness.

ACTION - Monitor performance closely in future monthly and quarterly report to identify a sustained change in performance level and the impact of practice and process changes. Further drill down investigation if required, should performance not improve again quickly.

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

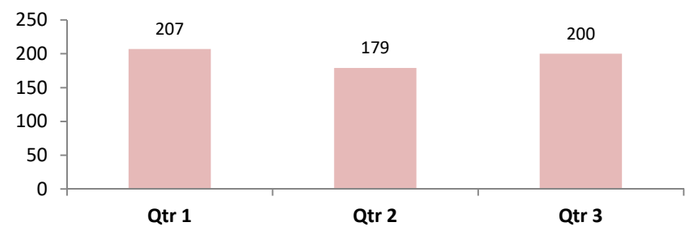


DATA - 59.3% in Q3, improved performance level since Q2 has been sustained in Q3

REVIEW - As noted last quarter, findings from 3 months of monitoring for cases open for longer than 28 days have been analysed and evaluated. It was felt there was no need to change processes as the analysis identified other reasons why enquiries remained open . As a result no a processes changes have been required and the monitoring has now ended.

ACTION - Keep track of performance in future monthly and quarterly reports, to see if performance improvement continues to be sustained. Retain the option to restart ad hoc 28 days monitoring if required should performance deteriorate.

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

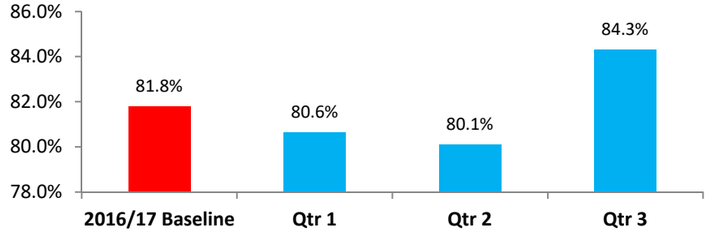


DATA - 200 in Q3, up 11 against Q2 total. While this has shown an increase, the Q3 figure is not exceptionally high.

REVIEW - Current performance level is not an outlier. Some volatility in this measure is to be expected since, as with the simpler "alerts" measure it is, in part, a measure of the volume of activity. Monitor next quarter to check if the level of repeat alerts rises further.

ACTION - If higher recorded levels of repeat alerts persist then further investigation as to the reasons for repeat alerts, the sources of them and routes of access into adult social care may be required in future.

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

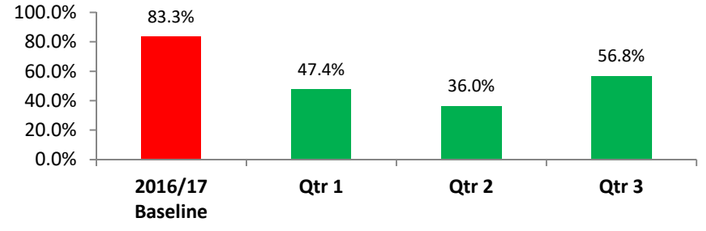


DATA - As at Q3 2017-18, 84.30% of providers have been compliant at the point of their initial assessment. This compares favourably to outcomes recorded last year, and following the data clean up we can be confident that this is an accurate reflection of actual performance. We must however await a refresh of Q1-Q2 in order to ascertain how this compares to previous quarters. Overall, this does also represent that the majority of contracted providers are delivering a service of good quality service

REVIEW - 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.

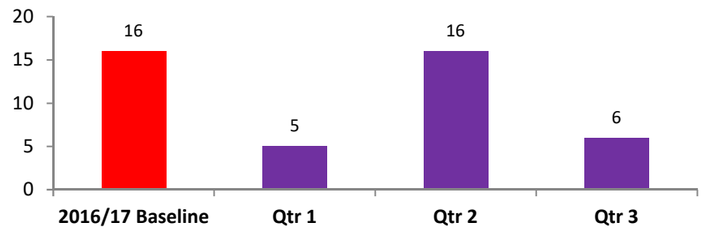
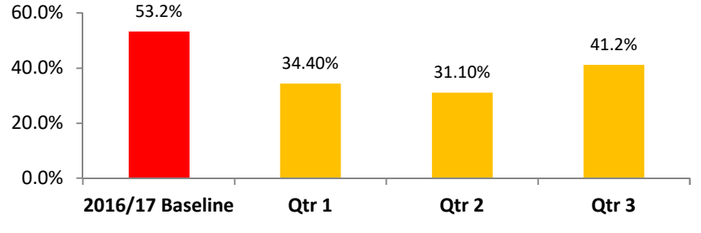
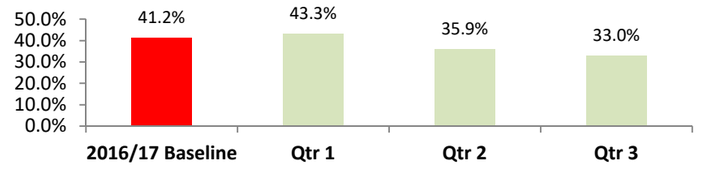
ACTION - We are currently reviewing the way we record and monitor contracted services on our QAF tracking database. An updated version of this is currently in development and will be used to add all Substance Misuse and Public Health contracts

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. Performance in Q3 2017-18 seems to be positive in the context of a 12 week measure, indicative of a good rate of working with providers to achieve compliance within the target period. Again however, a review of Q1-Q2 data will be required to ascertain the extent to this upturn

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

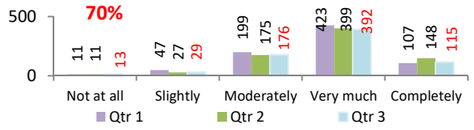
ABP8c - Proportion of contracted providers to be compliant with Quality Assurance Framework within 12 weeks of initial QAF evaluation (TS)	ABP8d - Proportion of all QAF evaluations completed within 13 weeks of the start date (TS)	ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within the target period, based on complexity (TS)
		
DATA - Following the significant increase in contractual breaches served in Q2, the 6 breaches seen this quarter are more in-line with the baseline (4 pq). The net increase of total number of contractual breaches this year is deemed to be due to a more structured and consistent application of contractual levers, rather than any changes in the provider market **ACTION -** During the period, 4 residential/nursing care providers were imposed with a contractual breach notice. Reasons for these breaches were: 2x failure to meet agreed actions identified as part of QAF, 2x Health and Safety concerns. In addition, one Dom Care provider was served with two contractual breaches in the period; one of these breaches was due to sub contracting work outside of the contract, and another for a DPA breach in regards to this issue	**DATA -** In Q3, 41.20% of QAF were completed within 13 weeks. From our QAF audit, it is clear that there are many factors that contribute to this delay, including staff capacity, provider adherence to timelines etc. **ACTION -** CaAS staff will record reasons for delays within the QAF tracking process to document barriers to their work. Issues will then be flagged with their managers as part of supervision	**DATA -** Reporting issues currently make it difficult to measure the overall compliance rate of IMRs completed to target. We did see previously a decrease in this rate (Q2), caused largely by a mass data clean up that took place within the unit. **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 historical cases.

ASC Customer Measures Dashboard 2017/18 Quarter 3

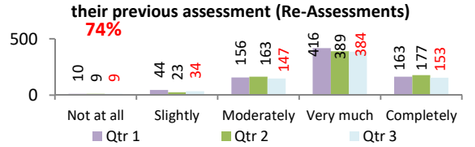
Appendix 5.

Quality of Life Outcomes

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



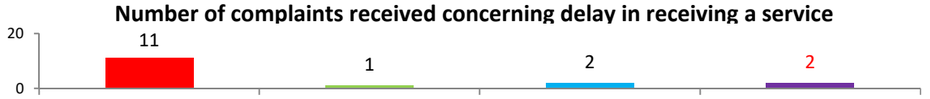
The % of service users who felt their needs had been met in their previous assessment (Re-Assessments)



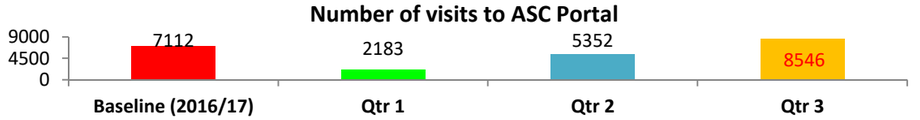
Help and support from ASC Services

Number of complaints received by the department concerning challenging practice decisions

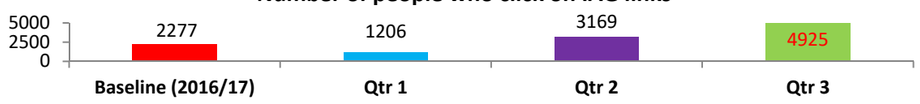
Number of complaints received concerning delay in receiving a service



Number of visits to ASC Portal



Number of people who click on IAG links

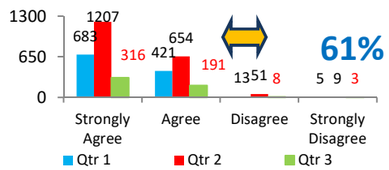


Number of people who submitted a portal eligibility form

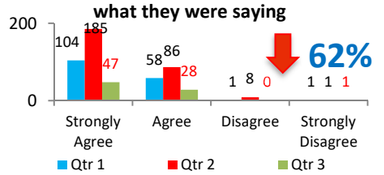
Quality of interaction with ASC Services and staff

(77 Responses)

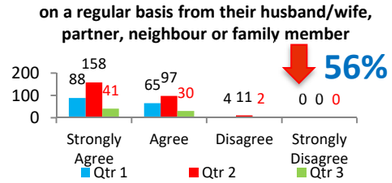
% of service users satisfied/ highly satisfied with quality of interaction with ASC staff



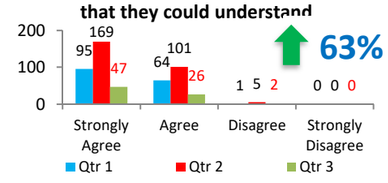
% of service users who felt that their social worker who spoke with them understood what they were saying



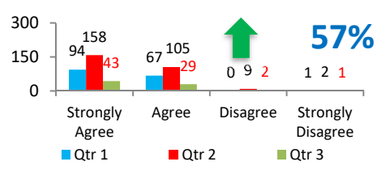
% of service users who felt that their social worker discussed any practical help they receive on a regular basis from their husband/wife, partner, neighbour or family member



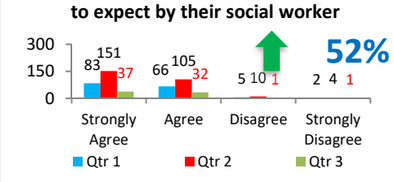
% of service users who felt that their social worker provided them with clear information that they could understand



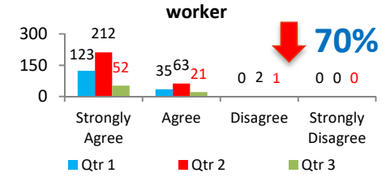
% of service users who felt their social worker explained what would happen next



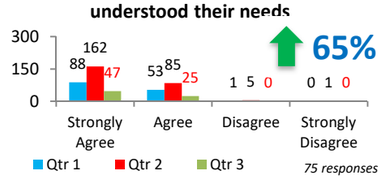
% of service users who felt their experience of the process matched what they were told to expect by their social worker



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

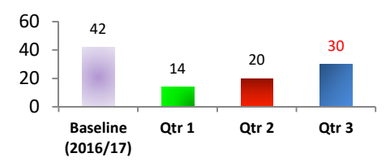


***(A) % of service users who felt that their social worker was knowledgeable and understood their needs**

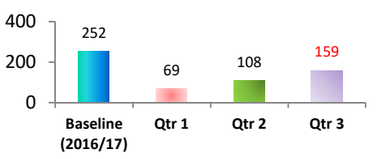


***(B) % of service users who would not have changed anything in the process**

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 2

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) Dementia service update 3) End of Life Task Group update 4) Work programme		
20th March 2018	1) Dementia strategy 2) Leicester Ageing Together interim report 3) Direct Payment Support Service 4) Homecare update 5) Performance Report: Q3 6) Community Opportunities – new contract 7) End of Life Task Group Update 8) Work programme		

5th January 2018

Forward Plan Items

Topic	Detail	Proposed Date
Continuing Healthcare Funding		TBC
Extra Care Housing allowance	Update once the position on the Housing benefit cap becomes clear.	TBC
Detailed examination of procurement of ASC services	Cllrs to meet Tracie Rees to discuss content and timing	TBC
Update on new community opportunities framework		TBC
Voluntary Sector Review consultation		June 2018
Review of winter resilience programme (flu injections programme etc)		June 2018
Performance Report: Q4		June 2018
Safeguarding Adults Board annual report		October 2018
ASC complaints annual report 2017-18		Autumn 2018