Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 16 JULY 2019
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Joshi (Chair)
Councillor March (Vice-Chair)
Councillors Batool, Kaur Saini, Khote, Kitterick 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),
Tel: 0116 454 6354, e-mail: angie.smith@leicester.gov.uk
Leicester City Council, Granby Wing, 3 Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

Attending meetings and access to information

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

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

Making meetings accessible to all

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

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

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

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

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

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

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

Further information

If you have any queries about any of the above or the business to be discussed, please contact: **Angie Smith, Democratic Support Officer on 0116 454 6354**. Alternatively, email angie.smith@leicester.gov.uk, or call in at City Hall.

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

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members of the Commission 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 meeting of the Adult Social Care Scrutiny Commission held on 19th March 2019 have been circulated and Members of the Commission will be asked to confirm them as a correct record.

4. TERMS OF REFERENCE **Appendix B**

Members of the Commission are asked to note the Terms of Reference for the Adult Social Care Scrutiny Commission approved by Annual Council.

5. MEMBERSHIP OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION 2019/20

Members of the Commission are asked to note the membership of the Adult Social Care Scrutiny Commission for 2019/20:

Councillor Joshi (Chair)
Councillor March (Vice-Chair)
Councillor Batool
Councillor Kaur Saini
Councillor Khote
Councillor Kitterick
Councillor Thalukdar
(1 non-grouped place currently unallocated)

6. DATES OF MEETINGS FOR THE ADULT SOCIAL CARE SCRUTINY COMMISSION 2019/20

Members of the Commission will be asked to note that the meeting dates of the Adult Social Care Scrutiny Commission for the 2019/20 municipal year scheduled as follows, all Tuesday at 5.30pm:

16 July 2019
10 September 2019
29 October 2019
17 December 2019
4 February 2020
31 March 2020

7. PETITIONS

The Monitoring Officer to report on any petitions received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

9. DEMENTIA STRATEGY: ACTION PLANS **Appendix C**

The Strategic Director Social Care and Education submits a report updating on the development and implementation of the Joint Social Care and Health Leicester, Leicestershire and Rutland Dementia Strategy – 2019 to 2022.

Members of the Commission will be asked to note the contents of the report and provide any comments or feedback.

10. EXTRA CARE HOUSING UPDATE INCLUDING PLANNED SCHEMES

Members of the Commission will receive a presentation setting out the plans and modelling schemes for Extra Care Housing.

11. BROKERAGE TEAM MONITORING REPORT **Appendix D**

The Strategic Director Social Care and Education submits a report updating on the implementation of the Brokerage Service and details of its achievements and performance in the first 6 months of operation.

Members of the Commission will be asked to note the contents of the report and provide any comments and feedback.

12. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT: QUARTER 4 **Appendix E**

The Strategic Director Social Care and Education submits a report bringing together information on various dimensions of adult social care performance in the final quarter of 2018/19.

Members of the Commission will be asked to note the areas of positive achievement and areas for improvement as highlighted in the report.

Members of the Commission will also be asked to comment on the content and format of the report to inform the development of reporting for 2019/20 to meet the Commission's requirements.

13. WORK PROGRAMME **Appendix F**

The current work programme is attached. Members of the Commission will be asked to consider this and make comments and/or amendments as they consider necessary.

14. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 19 MARCH 2019 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Chair)

Councillor Aldred
Councillor Osman
Councillor Thalukdar
Councillor Unsworth

In Attendance

Councillor Dempster – Assistant City Mayor, Adult Social Care

* * * * * * * *

75. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Chaplin and Joshi, Mr Michael Smith from Healthwatch, and Mr Stefan Douglas, Leicestershire Fire and Rescue Service.

76. DECLARATIONS OF INTEREST

No declarations of interest were made.

77. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the previous meeting of the Adult Social Care Scrutiny Commission held on 22nd January 2019 be confirmed as a correct record.

78. PETITIONS

The Monitoring Officer reported that no petitions had been received.

79. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

The Chair agreed to hear the agenda items out of order.

80. PREVENTION, FALLS, FIRE AND HOME SAFETY

The Strategic Director for Social Care and Education had invited the Clinical Commissioning Group, Age UK and Leicestershire Fire and Rescue Service to the meeting to speak about what they could do with regards to prevention, falls and home safety. Apologies were received from Age UK and the Fire Service. Information from the Fire Service is attached to the minutes for information.

Age UK had provided a statement prior to the meeting, in that they did not receive any funding for the type of work referred to and had no dedicated department or person to deliver the service. All staff received health advice on safety and other related training and so were in a position to offer advice and help where needed. It was further noted that up until recently Age UK hosted a falls clinic from a building in Melton Mowbray and had a UHL consultant on the Board whose specialism was falls and trips.

Mr Mark Pierce, Senior Strategy and Implementation Manager (CCG) was present and provided an overview of the system of care commissioned with Adult Social Care for those at risk, or who had previously had a number of falls. A falls prevention leaflet approved for use in the city is attached for information. The following information was provided:

- Older people fell for a wide variety of reasons. Services not immediately connected to falls prevention were just as important in support, and there were range of medical and non-medical interventions.
- The Local Authority had statutory responsibilities, for example, good state of pavements to prevent the infirm from falling.
- For patients who had a trip hazard, a range of services would be commissioned i.e. practical help at home for minor home adaptations, smoothing of services (removal of rugs, etc.) good lighting at night, assistive technology service, either stand alone or plug in, sensors to show a front door had been left open.
- There were over 5,000 types of devices – 2,500 people were using them.
- A home-based assessment for environmental checks was carried out for 1,800 people each year. Assessors would also check whether home care was needed.
- An integrated crisis response service, hosted by the Better Care Fund, had an average response time of 28 minutes, and was crucial in terms of keeping people at home and independent. A pendant alarm could be pressed and had a better response time than EMAS.
- Patients also fall due to poor balance or heart problems. All GPs were familiar with assessing patients. For those where an initial assessment was not clear, commissioned in the city was a falls specialist at Leicester General Hospital, and included services such as Occupational Health in one place to assess. Balance training for core strength was given, and community-based services, for example gyms, could provide extended periods of physiotherapy, to increase balance.

- Another group of patients in residential or nursing homes were of higher risk and had a tendency to fall more commonly given the degree of dependency. Further commissioned through LPT was a care team to assess high risk individuals – those who had fallen or were becoming infirm, prescribing equipment if needs be. Also, residential and nursing home staff were being trained to spot those at risk of having a fall.
- Recently invested through the Better Care Fund were replacement podiatrist approved flat soled slippers to reduce further incidents of falling.

The Chair thanked Mr Pierce for the information.

The Director of Adult Social Care and Safeguarding gave a brief update on actions taken by the Fire Service:

- Officers in the Fire Service were building relationships with vulnerable adults. Adult Social Care joined in with meetings with the Fire Service, who had a very well-established home safety checklist service, and would provide a home safety check on request.
- The vulnerable person role was for officers to try to understand, for example, those residents having small fires within the home environment, which may have been caused through other issues, for example, a wheelchair user could not manoeuvre a wheelchair through doorways quickly enough to reach a stove.
- There were clear lines of communication between ASC and the Fire Service. ASC were alerted and received referrals, which could then be followed up with the individual and families.
- There was lots of information available with regards to seeking support and guidance, for example, the GP practice to establish a cause that might require further investigation.

The following information was provided in response to Members' questions:

- The Care Act included a definition of vulnerability. 5,400 people were in receipt of a service from ASC as they met the definition, but vulnerability was wider ranging. Equipment was provided free of charge, and not means tested under that threshold.
- The Strategic Director for Social Care and Education sat on the Vulnerability Executive, which also covered domestic abuse.
- Equipment available included kettle cradles to help tilt kettles, grab sticks, hand rails, specially designed cutlery, for example, for people with arthritis.
- The Leicester Care Alarm was available to everyone in the city for a small fee (£3 per week if not paying for care), and was considered disability related expenditure, and taken into account as non-available income. The fee covered line rental and staff time. Anyone could have a community alarm and the threshold was low.
- Persons living with a carer would probably have different equipment provided, for example, ability to support someone in the shower to stand, as opposed to a seat in the shower for someone living alone.
- The Translation Service (or a competent member of staff) was used to

engage with people. Generally a close family member would not be used to communicate with the person as officers needed to know what the person was saying for themselves.

The Chair recommended that the comments be noted and that also the ASC service worked with the communications team to look into putting up prevention materials already existing on the council's website, in GPs surgeries and community centres as standard procedure. She also asked that the service look at a citywide campaign for older persons looking at prevention and what could be done, as prevention would result in savings for the service.

The Chair thanked officers for their contributions.

AGREED:

1. That the comments made be noted.
2. That ASC look into curating a citywide campaign on prevention awareness.
3. ASC and the Communications Team look into putting prevention materials already in circulation into GPs surgeries and community centres as standard procedure.

81. LEICESTER AGEING TOGETHER: PROGRESS, OUTCOME AND LEARNING UPDATE

The Strategic Director for Social Care and Education submitted a report for noting to the Commission which provided an update on the outcomes of the Leicester Ageing Together (LAT) programme.

Ruth Rigby, Programme Lead, LAT was present, and provided the following information:

- The lottery funded programme was coming to an end of its four-year programme.
- There was clear evidence that interventions had reduced social isolation and loneliness amongst people aged 50+ and had increased peoples' sense of wellbeing.
- Appendix 1 to the report provided a list of interventions, and a lot of activities continued to be led by members of the community independently of funding or only receiving small amounts.
- Community Connectors were working with the strengths already in communities and supporting them to develop their own solutions. It was reported that this could be extended if core funding for the Community Connectors could be secured. LAT has various bids for funding in progress.
- If funding for the Community Connectors is secured, then ASC could assist with the start-up funding for new groups, this is likely to be up to £100.00 per group.
- The use of Social Value arising from ASC contracts could also be offered , for example, free room hire, which were hugely valuable to some of the groups supported.
- LAT provided social contact and a 1:1 support befriending type service. It

was also looking at project called 'Give and Take' – volunteers working with individuals who required support. It was thought the mix of Community Connectors and Give and Take workers would hopefully provide a good fit for the statutory work colleagues were doing.

- Getting people to continue to learn as they aged linked well with community development work and gave people confidence and skills. There was currently no funding for learning, and LAT were looking for partners, for example, WEA, LASALs.

The Director for Adult Social Care and Commissioning expanded on work planned with the LAT programme. In contracts organisations were asked to put tenders forward to state what social value they provided. Having spoken to LAT it had been agreed with the Executive to use social value to look at a pilot area in July 2019 for a year working with community connectors. The Chair asked that other areas which showed extreme poverty, loneliness and isolation be looked at and not clustered together. It was reported that previous areas had been gained from Big Lottery, based on looking at the demographics and more deprived areas of the city, though acknowledgement was made to other areas of need. It was further noted that future funding alluded to conditions and might refer to geography. It was recognised there would be a limited number of Community Connectors across the city and was a matter of best use of resources. Members said there were a lot of wards that had had little input and perhaps knew nothing of the service, and there had been no impact in the west of the city. It was noted there were potentially a need in all of the outer city estates.

- Projects supported were set up in a way that they would have to continue on their own. £5million over the four years had gone to a range of other organisations who had been working to make them self-financing, for example, RVS was now funded through CCG.

The Chair said that LAT had done good work, and a lot of groups had been established because of LAT. She added Ward Councillors would be keen to work with LAT going forward.

Ruth Rigby was asked to relay congratulations from the Commission on the success of the work of LAT to team members.

AGREED:

1. That the report be noted.
2. Ruth Rigby pass on congratulations from the Commission to LAT team members on the success of their work.

82. UPDATE ON LEARNING DISABILITIES STRATEGY AND EMPLOYMENT OPPORTUNITIES

Tom Elkington, Business Change Commissioning Manager, delivered a presentation on the Joint Health and Social Care Learning Disability Strategy: Consultation Update (attached to the minutes for information).

The following points were highlighted:

- Consultation would run until 23rd April 2019.
- Consultation would take place at several venues across the city but it has not been possible to visit every ward. The Chair asked that consultation take place in all areas on rotation in different venues to gain maximum input.
- Access to public transport needed to be included in the strategy. It had been noted that people with walking aids were not always able to get on a bus and had been taken back as an action.
- Leicester did well with the number of people having a health check, but the point of a health check was an action plan, which was not happening across the board – there were inconsistent experiences of health services.
- Other events would also see colleagues speaking to Leicestershire Partnership trust and Leicester College to find out what they would like to see included in the strategy.
- Information on the consultation survey would be forwarded on to Ward Members with an explanation, to enable Members to relay the information to constituents.

The Assistant City Mayor, Adult Social Care and Wellbeing, thanked the officer for the presentation. She stated that as a member on the Learning Disabilities Board she had found it hugely beneficial, and that the Chair of the Board themselves had a learning disability. She suggested that every division in the city council could look to provide a job opportunity for a person with a learning disability, and that it could be looked at as part of the procurement process.

The Chair noted the comments made by the Assistant Mayor and put it to the Commission that a recommendation be made that council look at providing job opportunities for people with learning disabilities, and that it be put to the City Mayor as a business commitment.

The Chair thanked the officer and his method of presenting.

AGREED:

1. That the presentation and comments made be noted.
2. Details of the consultation would be sent to all Ward Councillors so that they could relay information to constituents.
3. That consultation events be held in rotation geographically to gain maximum input.
4. That all departments in the city council look to provide a job opportunity for someone with a learning disability, and it be put to the City Mayor as a business commitment.

83. INDEPENDENT LIVING SUPPORT (ILS) SUPPORTED HOUSING SERVICE: UPDATE

The Assistant City Mayor, Adult Social Care and Wellbeing wanted to bring to the Commission's attention that participants in the consultation had been

listened to, and that organisations across the city were negotiated with to try and reach the right decision for the residents of the city.

It had been necessary to deliver savings, and there had been some difficulties. The Assistant City Mayor gave thanks to the officers who had persevered with organisations and had managed to reach an agreement.

AGREED:

1. That the update be noted.

84. ADULT SOCIAL CARE ANNUAL OPERATING PLAN 2018/19: UPDATE

The Strategic Director for Social Care and Education, delivered a presentation on the Adult Social Care Annual Operating Plan for 2018/19 (attached for information).

The following additional points were made:

- Training on the Mental Capacity Act was being developed, and there had been significant improvement.
- Under safeguarding, providers, for example nursing homes, could report issues online, and had improved the flow in information coming into ASC.
- It was important that an individual had their views taken into account.
- Work was underway to make sure all staff and partners worked to the same competency framework.
- A Team Manager had moved into the post of Practice Implementation Lead.
- Shared Lives had been scoped in as an alternative to residential care.
- The use of Assistive Technology would be maximised, for example, a community alarm scheme, gas emissions readers.
- A new Accommodation Board had been established to oversee residential care. A review of fees had been undertaken successfully with the nursing home sector, with no legal challenge or dissention from homes.
- The Transitions Strategy launched on 6 March 2019 had good representation across the health and social care sector across the city.
- Good enough within resources – a number of things had been flagged and the QA system and audits demonstrated improvement.
- Savings for 19/20 had been delivered in 18/19, which would offset growth pressure which will manifest itself in 2021, and there would be no more savings to be made.
- The Enablement Service was critical to get people back on their feet and able to care for themselves.

The Chair thanked the Strategic Director for the presentation.

It was confirmed with the Chair that knowing that people might need ASC services, every financial assessment undertaken went through a screening service to determine individuals were getting all of the benefit they were entitled to.

The Chair said it was important that every member should know about safeguarding training. It was noted that safeguarding training was mandatory for staff in the department, and that specialist training was taken where necessary to work with distinct groups of people.

The Chair thanked the Assistant City Mayor, the Strategic Director and Directors for their work. She added that officers in the department worked incredibly hard and that a very strong message of support from the Scrutiny Commission be forwarded to officers.

AGREED:

1. That the information delivered in the presentation be noted.

85. OUTCOME OF TEST OF ASSURANCE - BRIEFING

The Strategic Director for Social Care and Education submitted a report for noting which summarised the process and outcome of the Local Authority Test of Assurance taken by the Local Government Association (LGA) in November 2018.

The Strategic Director reported that the test of assurance was taken following combined Director of Children's Services and Director of Adult Social Services roles to ensure that the post holder and department could meet requirements.

The following points highlighted in the report were:

- The combined departmental structure worked well.
- Statutory duties were met relating to the roles of the Director of Children's Services and the Director of Adult Social Care Services.
- Leadership and partnerships were operating well.
- Effective governance arrangements and delivery mechanisms were in place.
- Staff had a shared and common purpose.

The Chair asked that Members submit questions on the report to the Strategic Director for Social Care and Education, and a response to the questions would be circulated to Scrutiny Members.

AGREED:

1. That the report be noted.
2. Members submit questions they may wish to raise with the Strategic Director of Social Care and Education, and a response to any questions to be circulated to Scrutiny Members.

86. END OF LIFE CARE: EXECUTIVE RESPONSE TO SCRUTINY

The Strategic Director for Social Care and Education submitted a report for noting to the Scrutiny Commission which provided the Executive response to

the Commission's Task Group report presented at the meeting of the Commission on 16th October 2018.

The Chair stated she was please to see that the Executive had taken on board the recommendations in the report and had endorsed each one. She was also pleased to read that the service intended to conduct reviews in relation to End of Life and Independent Living, which provided opportunities to monitor the achievement of the recommendations.

The Chair asked that the service continue to work towards the recommendations endorsed as part of day-to-day functioning.

AGREED:

1. That the report be noted.
2. That the service continue to work towards the recommendation endorsed as part of day-to-day functioning.

87. ASC INTEGRATED PERFORMANCE REPORT - QUARTER 3, 2018/19

The Strategic Director for Social Care and Education submitted a report to the Commission for noting which brought together information on various dimensions of adult social care performance.

The report had been read by the Commission Members.

The Chair raised a question under 3.2.5 in the report, Keeping People Safe. She asked that the safeguarding procedure from initial concern being alerted to outcomes being met be explained, as the information did not provide enough information to be able to see where exactly cases were being dropped, and the percentage of concerns that hadn't been addressed.

The Assistant City Mayor for Adult Social Care said it was imperative that if a Member of Scrutiny raise a safeguarding issue it be addressed.

The Director of Adult Social Care and Safeguarding said the aim was to make a threshold decision quickly, but other information might need to be investigated. She added it was not always possible to complete a case within 24 hours, for example, the individual might be in hospital and it would not appropriate to speak to them, but they would be safe.

Further work was required on Liquid Logic to complete. The process was being looked at the ensure when closing a safeguarding enquiry, other work might be continuing but the person would be safe.

The Chair thanked the Director for the explanation.

The Assistance City Mayor asked that training for Members on safeguarding and its impact be arranged as a priority. The Strategic Director for Social Care and Education reiterated the importance of Members being aware of children's

and adult's safeguarding.

The Chair acknowledged that Safeguarding training was provided as part of the Member Development Programme, and that Elected Members should attend.

The Chair congratulated staff on the successes in Quarter 3, in particular the quality of life score, which had hit its highest score. She added it was good to see the highest percentage of service users feeling they had control over their daily life.

The Chair recommended that complete, in-depth data on workforce management be brought to the Scrutiny Commission in the new Municipal Year.

AGREED:

1. That the report be noted.
2. Elected Members be encouraged to attend the Safeguarding training as part of the Member Development Programme.
3. In-depth data on workforce management be brought to the Scrutiny Commission in the new Municipal Year.

88. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

Members were asked to note and comment on the Adult Social Care Scrutiny Commission work programme.

89. ANY OTHER URGENT BUSINESS

The Strategic Director Social Care and Education, Director for Adult Social Care & Safeguarding, and Director for Adult Social Care & Commissioning gave thanks to the Chair for her challenge and thoughtfulness during her time as Chair.

It was also acknowledged that it was the last meeting for Megan Law, Scrutiny Policy Officer, and she was thanked for all of her work in support of the Commission and Chair.

The Assistant City Mayor gave thanks to the Commission Members, officers supporting the Commission, the Strategic Director, Directors, and all members of staff who have attended the meetings to present reports. She added her job had been made much easier by the fact they were truly brilliant officers, knowledgeable and competent, and such the city was lucky to have them.

There being no other items of urgent business, the meeting closed at 7.43pm.

10

LEICESTERSHIRE
FIRE and RESCUE SERVICE

Community Safety

Minute Item 80

protecting our communities

Our Community Educators

- Main responsibilities…
  - Deliver the school education programme to years 1 and 5
  - **P**ost **I**ncident **R**esponse to any serious or fatal fire
  - Where possible support stations in events / local initiatives
  - Primarily to work with the most vulnerable in the community
    - Deliver safety talks to local groups / personalised HFSCs in the home
    - **What do you class as vulnerable?**
- Have a range of skills
  - Languages
  - British Sign Language
  - Building construction
  - Fire behaviour
  - Breakaway training
  - De-escalation training
  - First aid trained
- Have external agency training
  - Stop smoking
  - Energy awareness
  - Cyber crime
  - Trading standards
  - Vista
  - Suicide awareness training

Home Safety Check

- A FREE personalised visit that takes place in the person's home
- Based on the contents of "Fire Safety in the Home" booklet:
  - How to prevent common fires around the home
  - To give reassurance on smoke alarms
  - What is a smoke alarm
  - How to test your smoke alarm
  - How to look after your alarm
  - Identify potential risks
  - Evacuation plan
  - Smoking
  - Candles
  - Cooking
  - Electrical safety
  - Planning an escape route

- Ability to refer on to partner agencies where needed
- Have the knowledge of what groups and activities are in the local area
- Now developing this visit to a "Safe, Secure and Well" check to include Warm Homes and Falls.

What we can do to help?

In cases of arson threat:

- Letter box jammers
- Window alarms

- Smoke alarms
- Specialist alarms for deaf people

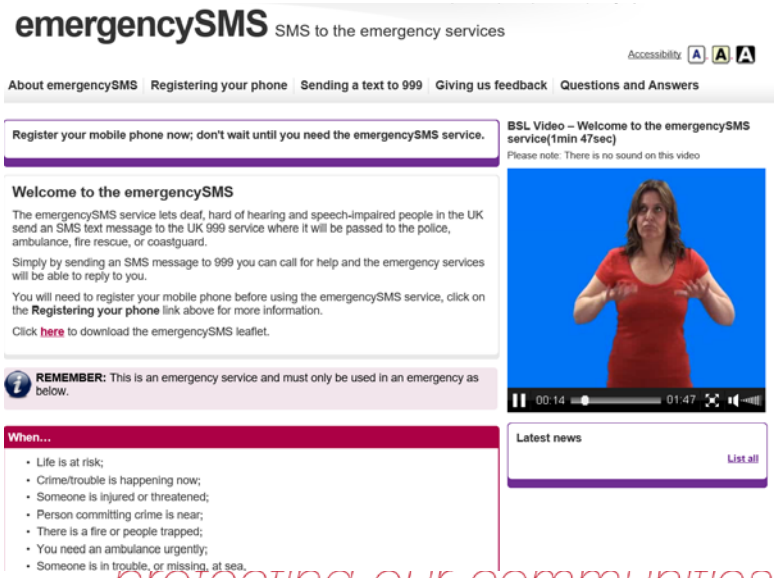
- Carbon monoxide detectors
  – Sponsored by Cadent gas (National Grid)

What we can do to help?

Refer to other agencies, including using First Contact +

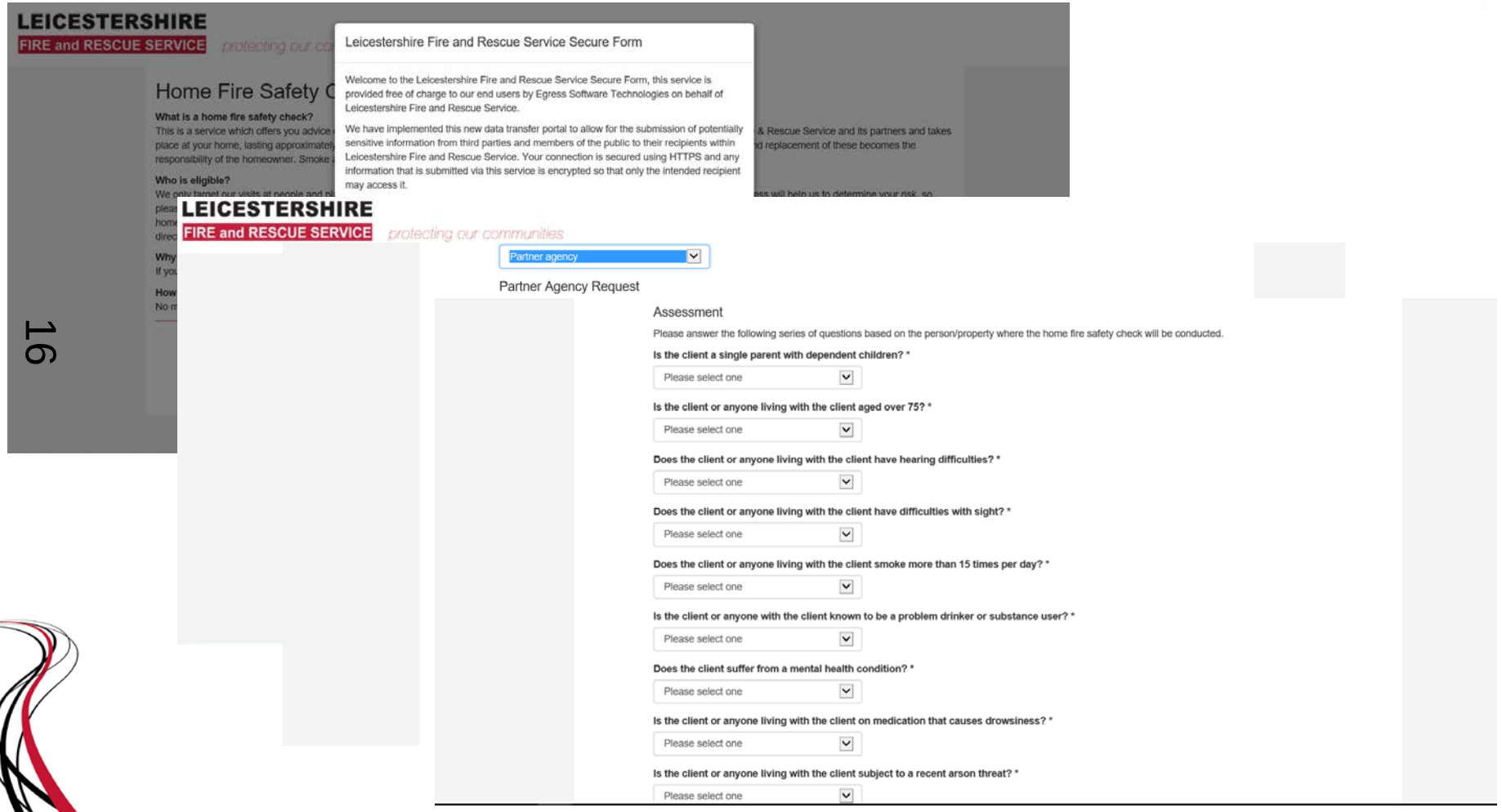
Promote Emergency SMS

www.emergencysms.org



How to refer to us:

http://www.leics-fire.gov.uk/



Response times

- **P1**
  - Threat of arson / immediate threat to fire or harm to themselves
  - To make contact and visit within 24 hours
- **P2**
  - Hearing / Sight / history of fires
  - To make contact and visit within 5 working days
- **P3**
  - Dementia
  - Has a care package
  - Drinker / Substance user
  - Smoker
  - Limited mobility
  - To make contact and visit within 16 working days
- **P4**
  - Over 75
  - Lives alone
  - To make contact and visit within 30 working days

LFRS Risk Factor Questions

Priority	Working Days	Risk Factor	Question on LFRS HFSC Online Request Form		Additional Bump-up Rules
			Partner Question	Public Question	
1	1	Imminent fire risk	Is the client or anyone living with the client subject to a recent arson threat	n/a	No changes based on answers to these questions
2	5	Impaired hearing	Does the client or anyone living with the client have hearing difficulties	Do you or anyone living with you have hearing difficulties	No changes based on answers to these questions
2	5	Impaired sight	Does the client or anyone living with the client have difficulties with sight	Do you or anyone living with you have difficulties with sight	No changes based on answers to these questions
2	5	History/evidence of fires	Is there a history of fire setting or evidence of burn marks	Has the property suffered from a fire recently	No changes based on answers to these questions
3	16	Dementia/mental health	Does the client suffer from mental health condition	Do you or anyone living with you have an issue with short term memory	If three or more yes change to priority 2
3	16	Occupant has care package	Are they in receipt of a care package	Are you in receipt of a care package	If three or more yes change to priority 2
3	16	Problem drinker or substance user	Is the client or anyone living with the client known to be a problem drinker or substance user?	n/a	If three or more yes change to priority 2
3	16	Drowsiness from Medication	Is the client or anyone living with the client on medication that causes drowsiness	Are you, or anyone living with you on medication that causes drowsiness	If three or more yes change to priority 2
3	16	Heavy smoker	Does the client or anyone living with the client smoke more than 15 times a day excluding e-cigarettes	Do you or anyone living with you smoke more than 15 times per day excluding e-cigarettes	If three or more yes change to priority 2
3	16	Limited mobility	Is the client or anyone living with the client mainly confined to a bed or chair	Are you or anyone who you live with confined to a bed or a chair	If three or more yes change to priority 2
4	30	Age 75+	IS the client or anyone living with the client aged over 75	Are you or anyone who you living with you aged over 75	If two or more yes change to priority 3
4	30	Hoarder/exits obstructed	Is the client or anyone living with the client considered to be a hoarder	Are any of the exits from your property obstructed by your belongings to the extent it delays you leaving the property	If two or more yes change to priority 3
4	30	Lives alone	Does the client live alone	Do you live alone	If two or more yes change to priority 3
4	30	Single parent	Is the client a single parent with dependent children	Are you a single parent to children under the age of 18	If two or more yes change to priority 3
4	30	Solid fuel/portable heaters is primary heat Source	Is the clients main source of heating either a solid fuel fire or portable heaters	Is your main source of heating either a solid fuel fire or portable heaters	If two or more yes change to priority 3
5	60	n/a	Priority 4 questions		If three or more yes change to priority 4

Hoarding Risk Assessment Matrix.

1

2

3

4

5

6

7

8

9

General advice on detectors

- **Should be on every level**
- **There are a number of types of detectors**
  - Battery / Mains
    - 1 year battery / long life battery / mains battery back up
  - Smoke / Heat
  - Deaf alarms
  - Carbon Monoxide detectors
  - Log burners / boilers / open fires
- **Should be tested monthly**
- **They do need to be hoovered out**
- **Alarms will chirp if…**
  - The battery is flat
  - A sudden change in temperature
  - May have some contaminant in them

What “you” can do…

- Check that they have a smoke detector
- Ask if they know what it sounds like if it goes off
- What to do if it goes off
- Check that the deaf alarm is plugged in and turned on
- Check that sockets are not overloaded
- Do they have a telephone in the bedroom
- Are heaters to close to anything combustible
- Look at their exit route
- What do they do with Smoking material
- Keep ignition sources away from Oxygen
- Open fires
  - Ensure fire guards are in place
- Do they know what number to call if they need an emergency service?
- Make individual aware of emergency lines
  - Register with www.emergencysms.org
- Refer to First Contact – if in doubt refer again !
  - http://www.firstcontactplus.org.uk/

Remember...its not just the elders !

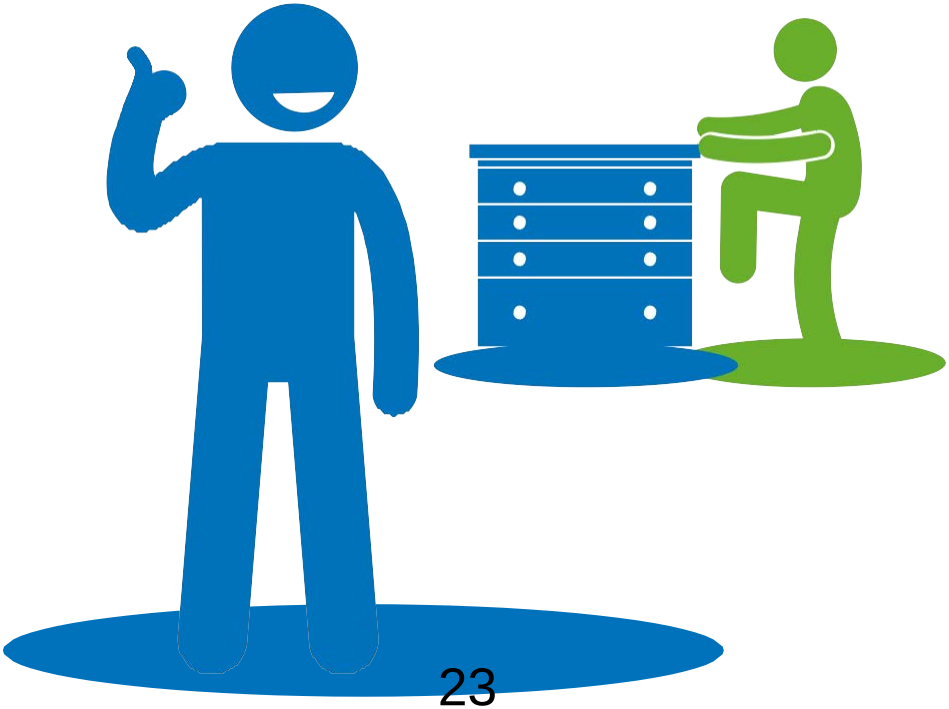
- **Firecare**
  - Free of charge service aimed at early Intervention for young people 3 – 17 years who set fires or play with fire. Anyone can refer via website or phone.
- **Fire Skills**
  - Dependent on external funding, commissioned by schools, local councils etc. Approx (max) £1600 per course for up to 14 young people
  - 30 hour experience (can be delivered very flexibly, over at least 5 days) consisting of basic fire-fighting drills such as hose-running and pitching ladders mixed in with "classroom" session on arson/ hoax calls/ first aid.
- **Fire Cadets**
  - Weekly 2 hour after-school sessions open to all young people aged 13 – 17 years.
  - Links into the new government-backed National Fire Cadets model, focusing on community action and volunteering.

Schools Education

- We make annual visits to all primary schools in LLR, targeting Years 1 and 5.

Preventing falls

Falls can have a serious effect on anyone, here are some basic steps you can take and some exercises to help you prevent them.



Anyone can have a fall, but older people are more vulnerable and likely to fall, especially if they have a long-term condition. Don't worry, there is lot of help available.

Do you:

Yes

- feel nervous about the possibility of falling? ☐
- hold on to furniture as you move around? ☐
- have dizziness or feel light-headed as you get up out of a chair or bed? ☐
- feel more drowsy than usual? ☐
- have difficulty walking or feel unsteady on your feet? ☐
- find it harder to see or things look blurry? ☐
- find it harder to hear what people are saying to you? ☐
- take regular medication for a long-term condition including heart disease, dementia, diabetes, blood pressure or asthma? ☐
- exercise less than twice a week? ☐
- rush to, or need to go, to the toilet more often? ☐
- feel confused even for a short while? ☐

If you tick yes to one or more of these questions, then you might be at risk of falling and the information in this leaflet could help.

If you think you are at risk of having a fall, talk to your GP or pharmacist – many falls can be avoided with help

Top six ways to prevent falls

1. Look after your feet

- Make sure your shoes/slippers keep your foot firmly in place. Avoid narrow heels, open backs or worn soles.
- See a podiatrist if your feet are painful.

2. Stay well

- Eat a balanced diet, including foods rich in calcium (dairy products, foods fortified with added calcium, canned sardines and salmon, green leafy vegetables) and vitamin D (fatty fish like tuna, mackerel and salmon, foods with added vitamin D, cheese, egg yolks, beef liver) for healthy and strong bones.
- Avoid going for long periods between meals.
- Drink plenty of fluid: about six to eight glasses each day. This does not have to be water; tea, coffee, fruit juice, squash or even yoghurt or custard will help.
- Always take your medicines on time and as prescribed. Check if they have side effects like dizziness/light headedness or drowsiness. If you aren't sure, ask your pharmacist when you pick up your prescription.
- Be aware of changing weather conditions, especially if rain or freezing temperatures are forecast.

3. Look after your eyes

- Have your eyes tested regularly (every two years if under 70, annually thereafter) – it's free if you're over 65.
- Look after your glasses and clean them often.

4. Stay active, stay steady

- Be active – try to do 30 minutes of moderate activity every day. Moderate activity means you will be slightly out of breath.
- Try to avoid sitting for longer than 30 minutes at a time, keep doing little things every day, like the exercises in this leaflet.
- On two days per week try to do exercises to increase your
- strength (eg carrying shopping) and balance (eg dancing, Tai Chi).
- Continue with any exercises you have been advised to do.

5. Look after your home

- Replace worn floor coverings.
- Replace or remove rugs that have curled edges.
- Remove clutter and trailing cables and ensure your home is well lit.
- Replace low beds and chairs if you struggle to get up from them.
- Use non-slip mats in the bath/shower and anti-slip rug underlay. Have grab rails fitted next to the toilet and in the bath/shower.
- Keep items you often use in easy reach, so you don't have to climb to get them. NEVER stand on a chair to reach up to higher shelves. Have someone to help you if you're using a stepladder.
- Keep your home warm.
- If you have pets, be aware of them when moving about
- Keep garden paths clear and free from moss. Watch out for uneven paths and slippery surfaces. Hand rails or posts can be helpful.

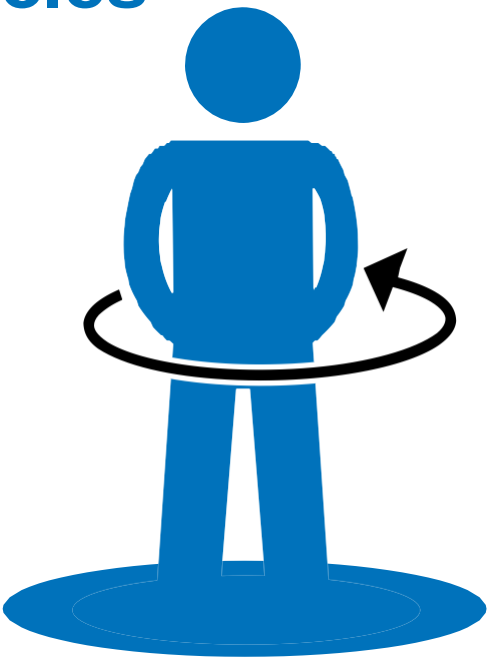
6. Try not to rush

- If you find you are having to rush to the toilet, don't be embarrassed, this is not uncommon and can be improved. Talk to your doctor or nurse.
- Speak to your doctor about medications that have changed your bladder or bowel habits.
- Always leave a light on in the hallway or a night light when getting up to the toilet during the night.

Exercises you may find helpful

You may find it safer and more fun to have someone with you when you do these

Hip circles

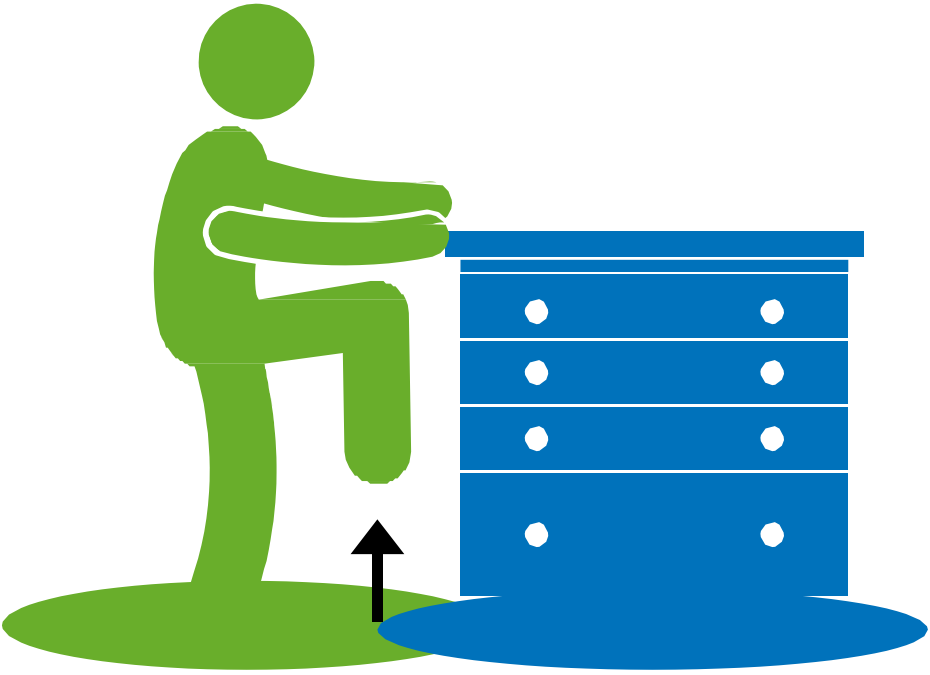


Standing with feet hip width apart, hands resting on a surface if required.

Slowly circle your hips 5 times in one direction, then 5 times in the opposite direction.

Whilst doing this, concentrate on your feet - you should feel your body weight shifting over different portions of your feet as you circle.

High knees



Standing with feet hip width apart, hands resting on a surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady.

Start movement at your ankle and pull your toes upwards then lift your whole leg up in front of you.

Bending at your hip and knee. Hold the leg up for 3 seconds, then slowly lower.

Make sure your heel hits the ground first and you maintain the hip width stance throughout.

Repeat 10 times each leg

Hip extension

Standing with feet hip width apart, hands resting on surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady.

Keeping your knees straight, move your straight leg backwards extending your hip (without pointing your toes).

Make sure you keep your back straight - do not lean forwards.

Repeat 10 times each leg.

Heel raises

Standing with feet hip width apart, hands resting on a surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady.

Slowly raise up onto your tip toes, pushing through feet not hands.

Hold for 3 seconds and gradually lower your heels back down.

Do not let your body rock backwards when you lower back to the floor.

Repeat 10 times each leg.

Hip abduction

Standing with feet hip width apart, hands resting on a surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady. **Important: your toes must face forwards at all times during this exercise.**

If you imagine you are standing in the middle of a clock your toes need to be pointing towards 12 o'clock. Do not let them turn to face 2 o'clock or 10 o'clock.

If they do not face forwards you are not working the correct muscles. Keeping your knee straight and toes forwards, slowly lift one leg out to the side and hold for 2 - 3 seconds then return to the original position.

Make sure your body remains upright. Do not lean over to lift your leg higher.

Repeat 10 times each leg

Sit-to-stand

Sitting in a stable chair of adequate height (your hips and knees should be in line).

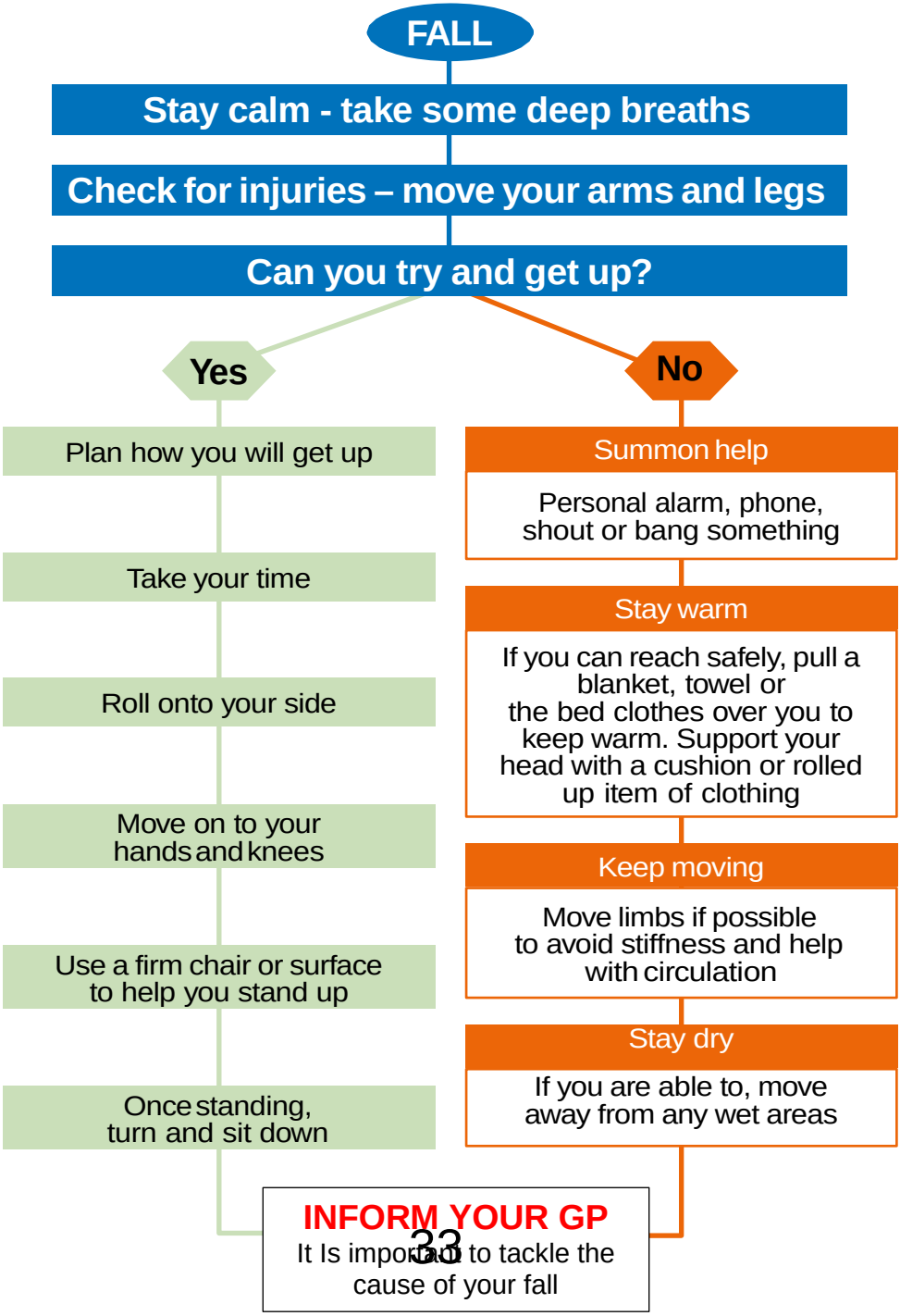
Come forwards in the seat, feet flat on the floor and lean forwards with your body.

Push down through your legs and stand up straight without using your arms to assist. Stand for a few seconds before slowly sitting back down.

To sit; stick your bottom out and sit down slowly again without using your arms for support. Do not drop down in to the chair.

Repeat 10 times each leg

What to do if you have a fall



I have had a fall

I can get up

I can't get up

Ease your self up onto your elbows

Can I attract attention?

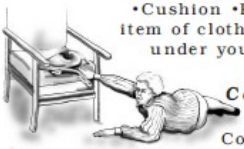
•Shout and bang something •**Press** your pendent alarm •Use the telephone if you can

Move onto your hands and knees

Hold onto a firm surface to support you

Can I get comfortable?

Find a near by •Pillow •Cushion •Rolled up item of clothing to put under your head



Can I keep warm?

Cover yourself with clothing. •Tablecloth •Rug

Facing the chair ease yourself to a standing position

Turn yourself gently and sit on a firm surface

Can I keep moving?

•Move position to avoid getting pressure sores •Move joints to avoid stiffness and help circulation •Roll away from a damp area if your bladder "Lets go"

Tell your G.P. or Health Professional about your fall

Do you feel safe and secure?

- Would a lifeline or community alarm system help? Not all falls can be prevented, but if you do fall, wearing a pendant alarm will enable you to get help quickly

- Where do you feel off balance? – would a rail there help?
- Are your alarms/pull cords easy to reach when necessary?

For information about all of these, please contact Leicester City Council, Adult Social Care & Safeguarding Tel: 0116 454 1004 (Monday-Friday 8am-6pm)

https://mysupportneeds.leicester.gov.uk/web/portal/pages/supportathome

For further information visit **NHS choices**: www.nhs.uk/conditions/Falls/Pages/Introduction.aspx

Do you need more advice?

If you are worried about falling or are concerned about a relative falling, talk to your GP or pharmacist or call the number listed below that covers the area where you or your relative live.

Leicester (city residents only)
0116 454 1004
Mon - Fri 8am - 6pm

Leicestershire
0116 305 0004
Monday - Thursday, 8.30am – 5pm
Friday, 8.30am - 4.30pm

Rutland
01572 722 577
Monday, Wednesday, Thursday, 8.30am – 5.00pm
Tuesday, 9.00am – 5.00pm
Friday 8:30am – 4.30pm

Leicestershire County Council
Leicester City Council
Rutland County Council

NHS Leicester City Clinical Commissioning Group
NHS West Leicestershire Clinical Commissioning Group
NHS East Leicestershire and Rutland Clinical Commissioning Group

East Midlands Ambulance Service NHS Trust
Leicestershire Partnership NHS Trust
University Hospitals of Leicester NHS Trust

healthwatch Rutland
healthwatch Leicestershire
healthwatch Leiceste

Joint Health and Social Care Learning Disability Strategy: Consultation Update

Tom Elkington – Business Change Commissioning Manager

Leicester City Council

Background

- The existing strategy ends on March 31st. 2019
- A new draft strategy has been co-produced with service users and other stakeholders
- It will run from 2019 to 2022
- Consultation is now open and will run until 23rd of April

Leicester City Council

What have we done so far?

- Sent out letters to all our contracted providers and to and posted 750 letters to people with a learning disability
- Held five open consultation meetings at across Leicester
- Attended the Leicestershire Partnership Trust 'Talk and Listen' service user group
- We have received over fifty online and postal survey responses.

Leicester City Council

Consultation Events

Venue	Number of sessions	Dates	Time	Locality
Town Hall **Tea Room** Town Hall Square Leicester LE1 9BG	X2	Thursday 28 February Friday 1st March	10 am – 12 pm	City Centre
The BRITE Centre **Main Hall** Braunstone Ave Leicester LE3 1LE	X2	Wednesday 6 March & Thursday 7 March	10 am – 12 pm	West Locality
Leicester Quaker meeting house **Library** 16 Queens Road Leicester LE2 1WP	X2	Thursday 14 March & Friday 15 March	10.00am – 12.00pm 2.00pm – 4.00pm	South Locality
Peepul enterprise, **Training Room 4** Orchardson Avenue Leicester LE4 6D#	X2	Tuesday 19 March & Thursday 21 March	10.30am – 12.30pm	East Locality
Voluntary Action Leicestershire Orange rooms Conference Room 3, Level 3 9 Newarke street Leicester LE1 5SN	X1	Wednesday 3rd April	6.00pm – 8.00pm	Central

Leicester City Council

What have we found out?

- We need to include access to public transport in the strategy.
- Some people have health checks but not a Health Action Plan.
- Most people so far agree with our plans
- Having inconsistent experiences of health and social care services has been reflected in the responses.

Leicester City Council

Other events

- Health and Social care Professionals session
- Care Provider session
- Leicestershire Partnership trust talk and listen group
- Leicester College supported learning students

Leicester City Council

How to contribute

- Information and consultation survey can be found on the Leicester City Council consultation pages

https://consultations.leicester.gov.uk/

Leicester City Council

Any Questions

Leicester
City Council

Annual Operating Plan 2018/19
Adult Social Care

Steven Forbes

Strategic Director, Social Care and Education

Leicester City Council

Introduction to the AOP

- underpins delivery of our Strategic Priorities
- Builds on previous years progress
- delivery of ‘change’ not day to day business
  - process change
  - professional practice change
  - cultural change
- operationally focused – driven by Heads of Service

Leicester City Council

Strategic Priorities

- Carried forward ‘as is’ from 2017/18
- Six SPs:

1) protecting from harm and abuse
2) strength based, preventative - promoting wellbeing
3) independent living – working age
4) supporting remaining at home for older people
5) improving transitions to adulthood
6) improving customer experience

Leicester City Council

Progress at Q3 / Period Nine

- Mental Capacity Act (SP1) –
  - Staff guidance for completing Mental Capacity Assessments published in July 2018
  - Training relating to the Mental Capacity Act, based on feedback from managers, is being developed.
- Safeguarding (SP1) –
  - New on-line incident reporting form and process for providers developed and tested. Planned to go live by year-end.
  - MSP scoped into In-house safeguarding training. MSP recording on LiquidLogic improved.
  - Work underway through an LSAB task and finish group to update the Safeguarding Competency Framework.

Leicester City Council

Progress at Q3 / Period Nine

- Strength Based Practice (SP2) –
  - Fixed-term post of 'Practice Implementation Lead' established and appointed to.
  - Oversight Group established to drive and champion the shift to a strength based approach to practice
- Supported Housing (SP3) –
  - Commissioning Strategy for Independent and Supported Living drafted.
  - Strategy is supported by demand forecasting and delivery plan.
  - Shared Lives service now engaged in wider work around the ASC accommodation based support portfolio.
- Assistive Technology (SP3) –
  - Guide for ASC staff published in November 2018.
  - AT Co-ordinator appointed.
  - Work underway to establish AT Project Manager post to drive AT Strategy and operating model.

Leicester City Council

Progress at Q3 / Period Nine

- Residential Care (SP4) –
  - Accommodation Board established to oversee the strategic and operational ASC accommodation offer.
  - Comprehensive review of fees consulted on and implemented successfully
- Transitions (SP5) -
  - Joint Health, Social Care and Education Transitions Strategy and underpinning delivery plan subject to public consultation. Positive comments received with over 90% in support of proposed aims/ambition.
  - Strategy and delivery plan to be amended in response to consultation prior to sign-off by the City Mayor, and official launch of strategy at joint partnership event on 6th March.
- "Good enough within resources" (SP6) –
  - Evidence as to 'what good looks like' gathered from various agencies including SCIE, TEASC, ADASS, LGA, NICE, LG&SC Ombudsman, CQC and Healthwatch.
  - QA system and audits embedded – demonstrating improvement

Leicester City Council

Progress at Q3 / Period Nine

The "must do":

- Spending Review 4 –
  - all agreed SR4 projects delivered for 19/20
  - totalling £4.5m

- Managing Demand –
  - At the end of Q3 2018/19 we had a 17.6% increase in requests for support from new clients compared to the same period in 2017/18.
  - Over the same period we had a 27.1% decrease in requests for support resulting in long-term packages of care.
  - We are forecasting that we will contain spend within agreed budget.

Leicester City Council

Planning Ahead

- Business planning events held with managers from ASC, Children's and Learning and Inclusion
- Developed a common purpose across the whole department
- Developing a Social Care and Education AOP for 2019/20

Leicester City Council

AOP themes for 2019/20

- Workforce
- Transitions
- Doing the basics consistently
- Partnership and Integration
- Finance and Income Generation
- Empowering and Enabling
- Practice quality and methodology
- Prevention and sustainability

Leicester City Council

SCRUTINY COMMITTEES: TERMS OF REFERENCE

Scrutiny Committees hold the executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview and Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its Terms of Reference.

Scrutiny Committees may:-

1. Review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.

2. Develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.

3. Question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.

4. Make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.

5. Review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and

6. Question and gather evidence from any person (with their consent).

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

The Scrutiny Committees which have currently been established by the Council in accordance with Article 8 of the Constitution are:

- Overview Select Committee (OSC)
- Adult Social Care Scrutiny Commission
- Children, Young People and Schools Scrutiny Commission
- Economic Development, Transport and Tourism Scrutiny Commission
- Health and Wellbeing Scrutiny Commission

- Heritage, Culture, Leisure and Sport Scrutiny Commission
- Housing Scrutiny Commission
- Neighbourhood Services and Community Involvement Scrutiny Commission

SCRUTINY COMMISSIONS

Scrutiny Commissions **will**:

- Be aligned with the appropriate Executive portfolio.

- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.

- Engage in policy development within its remit.

- Normally be attended by the relevant Executive Member, who will be a standing invitee.

- Have their own work programme and will make recommendations to the Executive where appropriate.

- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.

- Report on their work to Council from time to time as required.

- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.

- Consider the training requirements of Members who undertake Scrutiny and seek to secure such training as appropriate.

Appendix C

Adult Social Care Scrutiny Commission Report

Dementia Strategy Update

Date: 16th July 2019
Lead Member: Cllr Sarah Russell
Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Bev White
- Author contact details: Beverley.white@leicester.gov.uk
- Report version number: 1

1. Purpose of report

1.1. To provide the Adult Social Care Scrutiny Commission with an update on development and implementation of the Joint Social Care and Health Leicester, Leicestershire and Rutland Dementia Strategy - 2019 to 2022.

1.2. The strategy is detailed at Appendix 1.

2. Summary

2.1. The strategy has been developed in conjunction with the three local Clinical Commissioning Groups (CCG's) and the three Local Authorities (Leicester, Leicestershire and Rutland (LLR)). The strategy development was led by the City Council and overseen by the LLR Dementia Programme Board and signed off by the City Mayor and Executive in November 2018.

2.2. There is no statutory duty to have a dementia strategy. However, the Prime Minister's Challenge regarding Dementia in 2012 and a subsequent refresh in 2015 expects all local authorities to work in partnership with health colleagues to set out plans which describe how they will deliver the national agenda.

2.3. The Strategy reflects the national agenda/guidance and is based around 5 priority themes. These actions (and others) have been transferred into our City Implementation Plan, which will be monitored by the LLR Dementia Programme Board, with regular reports being submitted to the City Mayor, Executive and the ASC Scrutiny Commission.

2.4. The report outlines the progress made by the City Council and plans to further develop its implementation plan.

3. Recommendations

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

4. Report

Overview of Vision and Guiding Principles

4.1. The strategy defines a shared vision and guiding principles for supporting people affected by dementia and their families and carers

4.2. The vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles: preventing well; diagnosing well; supporting well; living well; dying well.

4.3. The strategy began in January 2019 and runs for three years.

4.4. The strategy is attached at Appendix 1.

Workstreams

4.5. There are five workstreams with high level actions. These have a lead officer who provides oversight but actions within each workstream fall to all partners to deliver.

- Preventing Well – led by West Leicestershire CCG
- Diagnosing Well - led by East Leicestershire & Rutland CCG
- Supporting Well – led by Leicester City Council
- Living Well – led by Leicestershire County Council
- Dying Well – led by Rutland County Council

Governance

4.6. The Joint Dementia Strategy is owned by the LLR Dementia Programme Board (DPB) which sits under the Sustainable Transformation Plan (STP) arrangements. Partners in the strategy include:

Leicester City Council, Leicestershire County Council, Rutland County Council, the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland, Healthwatch, Alzheimer's Society, Leicestershire Partnership Trust (LPT), University Hospitals of Leicester (UHL) and Age UK Leicestershire.

4.7. The strategy was drafted following ongoing engagement with people living with dementia, carers and stakeholders. Consultation took place between April and June 2018 and over 250 responses were received, 116 of which came from the City. Feedback shaped the final draft.

4.8. A sub group of the DPB, the Dementia Oversight Group, comprising lead officers for the 5 workstreams oversees the reporting of progress to the DPB. It also picks up pieces of work which extend across the strategy partners e.g. contribution to the primary care online recording system for people with a dementia diagnosis.

4.9. A dementia forum is being established to provide key local stakeholders, people affected by dementia and carers with an oversight and advisory role. Plans are in progress for it to meet for the first time in September 2019 (World Alzheimer's Day).

Implementation Plan

4.10. The City specific implementation plan is being drafted with the Leicester City Clinical Commissioning Group (CCG) and it is anticipated that this will be completed by October 2019. The City Council will provide a corporate response by ensuring that key departments are represented.

4.11. The dementia forum will further shape and oversee the implementation plan.

4.12. The implementation plan will be signed off through Leicester City Council and the Leicester City CCG governance processes.

High Level Actions

LLR Dementia Strategy Guiding Principle:	**Actions:**
Preventing Well	- Awareness raising in primary care – risk reduction, signs and symptoms of dementia - Awareness raising of dementia amongst the public
Diagnosing Well	- Making sure that all professionals know how to refer people into dementia services - Working with dementia clinics to ensure people get a timely dementia diagnosis
Supporting Well	- Work with housing providers to raise awareness of dementia - Review the training available for staff who work with people living with dementia
Living Well	- Ensure that there is greater awareness of the types of support service available for people living with dementia and their carers - Work to create dementia friendly communities

Dying Well	- Ensure that robust links are made with professionals who care for people with dementia who are at end of life - Ensure that conversations happen with people with dementia and their carers about advanced care planning

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications. R Rughani, Principal Accountant, Ext 37 4003

5.2 Legal implications

A consultation exercise has been conducted on the strategy and the findings of the same have fed into the decision-making process thereby formulating the final strategy. It is noted an engagement forum is to be established/re-shaped and this will also be consulted upon. Detailed consultation advice should be sought as required.

There are no further legal implication arising directly from this report.

Mannah Begum, Solicitor (Commercial, Property and Planning Team) Ext 1423

5.3 Climate Change and Carbon Reduction implications

There are no direct climate change/carbon reduction implications associated with this report.
Aidan Davis, Sustainability Officer, ext 2284

5.4 Equalities Implications

There are no direct equalities implications associated with this report.

6. Background information and other papers:

7. Summary of appendices: LLR Joint Dementia Strategy 2019 - 22

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

Leicestershire County Council

NHS

Rutland County Council

Leicester City Council

1. Introduction

Supporting and helping those living with dementia and their carers remains a priority for Leicester, Leicestershire 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, Leicestershire 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. We acknowledge that by collaborating in this way, efficiencies across the wider health and social care system will also be realised.

As a partnership, we are committed to minimising the impact of dementia whilst transforming dementia care and support within the communities of Leicester, Leicestershire and Rutland, not only for the person with dementia but also for the individuals who care for someone with dementia. We also aim to improve access to diagnosis and support services for all patients and service users, especially those from Black, Asian, minority ethnic and hard to reach groups who currently do not access services.

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.

*list of reference websites provided at the end

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.

Links to further information about the different types of dementia are provided at the end.

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 Leicester, Leicestershire and Rutland are all places where people with dementia can live well 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

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

Prime Minister's Challenge on Dementia 2020

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

The priorities identified within this are:

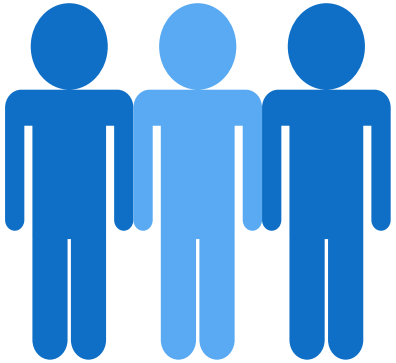
1) To improve health and care
2) To promote awareness and understanding
3) Research

National picture

There are currently 850,000 people living with dementia in the UK. 42,325 of these have early onset dementia.

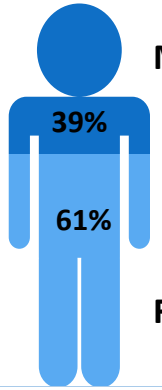
The number of people with dementia is forecast to increase to 1,142,677 by 2025 – an increase of 40%.

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

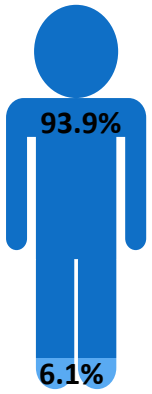


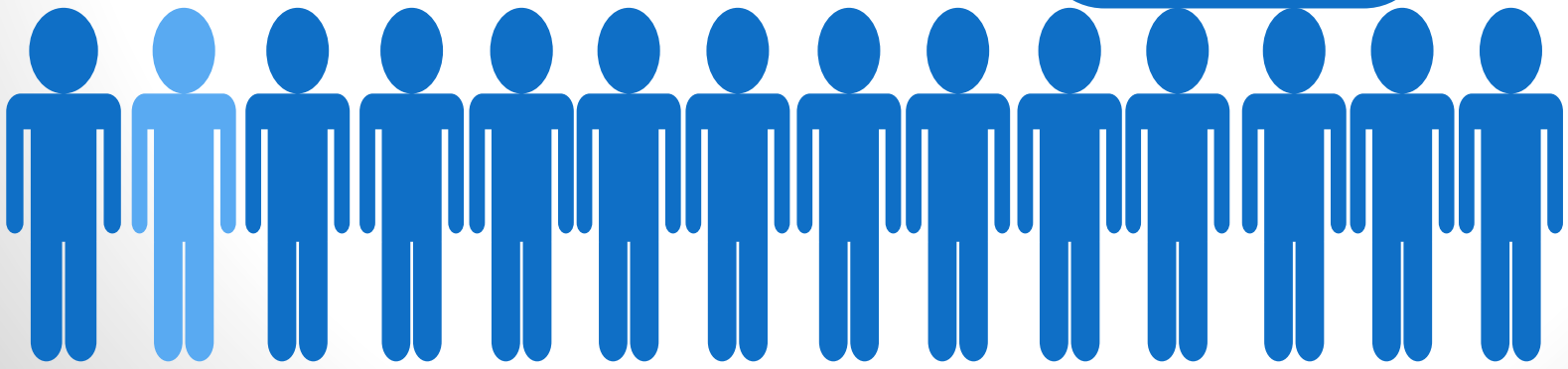
1 in every 14 of the population over 65 years has dementia

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.

Dementia and Ethnicity



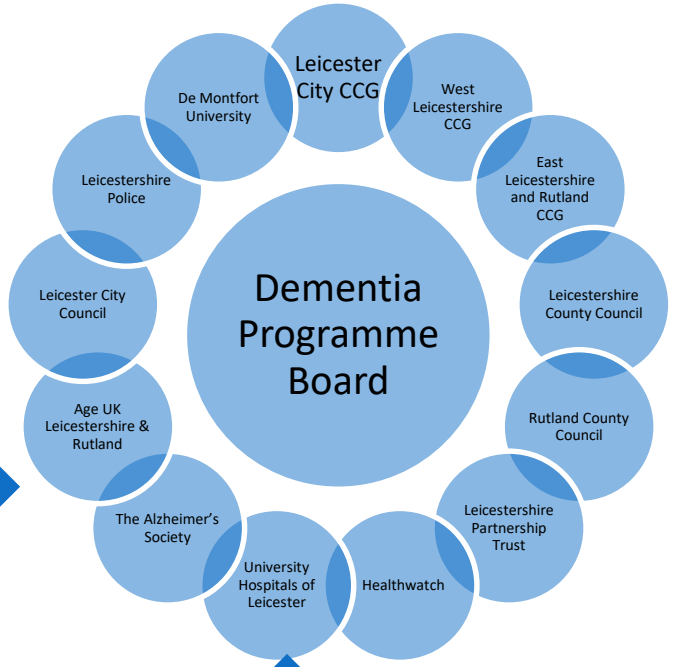


5. Local context and background

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 is 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 including but not limited to:

- Home First
- Urgent and emergency care
- Integrated locality teams
- Resilient primary care
- Planned care
- Mental health
- Prevention
- Medicines Management
- Learning disabilities
- End of life
- Continuing health care and personal budgets



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's Strategic Plan 'Working together for the benefit of everyone'

2018-2022

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 2018-2019

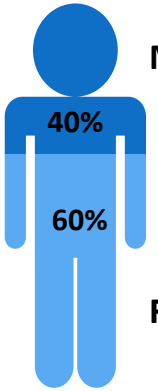
University Hospitals of Leicester NHS Trust Dementia Strategy 2016-2019

Local picture

There are currently 13,372 people living with dementia across Leicester, Leicestershire & Rutland. This number is set to increase to 16,969 by 2025.
269 of these people have early onset dementia.

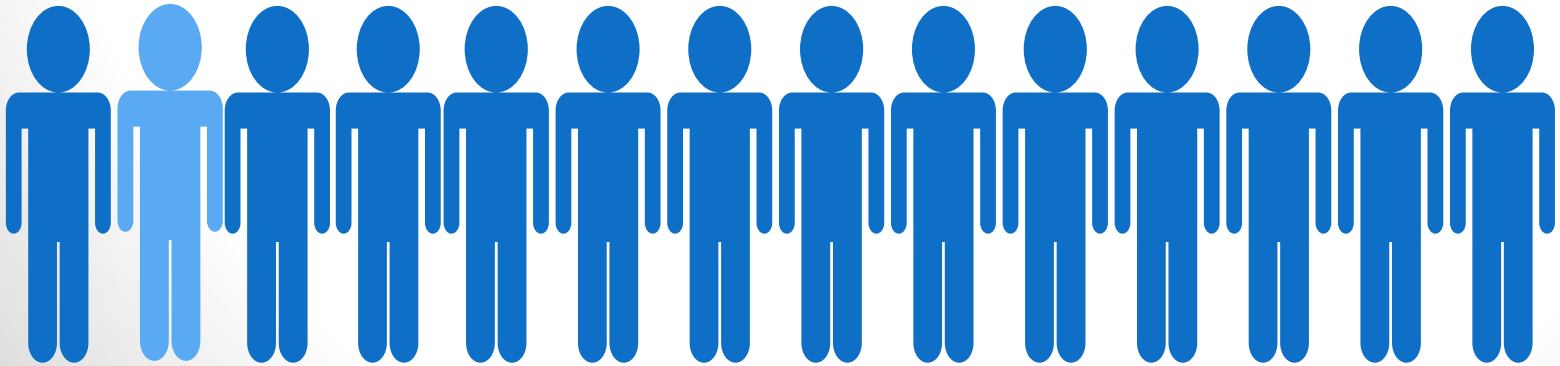
Across LLR 60% of people with dementia are female and 40% are male. This reflects the national trend.

Gender



It is estimated that there are 105,000 carers across LLR. For further information relating to carers, see the draft LLR Carers Strategy.

1 in every 14 of the population of LLR over 65 years has dementia, reflective of the national trend



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
71%	86%	67%

(Percentages represent the proportion of people living with dementia that have a formal diagnosis as of August 2018)

Leicestershire

- 9,642 individuals thought to be living with dementia
- 9,458 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

- 3,026 individuals thought to be living with dementia
- 2,951 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

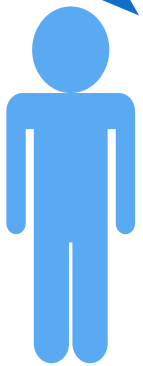
- 704 individuals thought to be living with dementia
- 694 of these are 65 years or over
- The total population of people aged 65 years or over is 9,500 which equates to 7.3% of this cohort of the population living with dementia

Local picture - What people told us

"My husband needs to go somewhere to help him feel like a man again"
(carer of person with dementia)

"I was very depressed after diagnosis. I felt suicidal"
(person living with dementia)

"We need somewhere for people to go and sit down and get proper advice"
(person living with dementia)



"My GP couldn't find anywhere to accept the referral for my husband when seeking a diagnosis because he was too young"
(carer of younger person with dementia)

"All agencies need some understanding of dementia"
(person living with dementia)

"Once you have a diagnosis of dementia, you are written off as far as any other problem is concerned"
(person living with dementia)

6. How dementia support currently looks across LLR

General medical practice

Memory clinics

Community dementia support services such as those provided by Admiral Nurses, the Alzheimer's Society and Age UK, including support for carers

Social care services including care management and assistive technology services

Advocacy services and deprivation of liberty safeguards services

Extra care, residential and nursing homes

Members of Dementia Action Alliances working towards creating more dementia friendly communities

Advice and information services, including welfare benefits

7. Achievements of the previous LLR Strategy 2011 – 2014

GPs 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 commissioned a dementia support service who worked with local partners to support people with dementia and their carers

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

7. 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

8. 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 the inclusion of dementia risk reduction messages within health checks across primary care	CCGs	Preventing Well	2019/2020
Increase Public Health involvement in the work of the Dementia Programme Board	LLR Dementia Programme Board	Preventing Well	2019
Promote opportunities to be involved in research to people affected by dementia and their carers throughout the memory pathway	LLR Dementia Programme Board	Preventing Well	2019/2020
Review memory assessment pathway and referral processes	CCGs and 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

8. 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 and 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 dementia training on offer with a focus on delivering personal care to ensure a high level of expertise	Health and Social Care professionals and workforce development providers, LLR Dementia Programme Board	Supporting Well	2019/2020
Continue to focus on improving the in-patient experience and hospital discharge pathways	LLR Dementia Programme Board	Supporting Well	2019/2020
Promote Dementia Support Services across LLR	Health and Social Care professionals and providers	Living Well	2019/2020
Support the work to improve residential provision for people with complex dementia	CCG and Local Authority Commissioners	Living Well	2019/2020

8. LLR Dementia Strategy Delivery Plan

Action	Responsible	Guiding Principle	Actioned By
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 and Social Care professionals and 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
Ensure that people living with dementia and their carers are aware of Advanced Care Planning	LLR Dementia Programme Board	Dying Well	2020/2021

9. Useful websites

Context

NHS England Well Pathway for Dementia: england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

Further information about the different types of dementia: nhs.uk/conditions/dementia-guide/Pages/dementia-choices.aspx and alzheimers.org.uk/info/20007/types_of_dementia

Prime Ministers Challenge on Dementia: gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020

Living Well with Dementia: gov.uk/government/uploads/system/uploads/attachment_data/file/168221/dh_094052.pdf

Dementia 2015 – Aiming Higher to Transform Lives (report by the Alzheimer's Society): alzheimers.org.uk/info/20093/reports/253/dementia_2015

NHS Outcomes Framework & Adult Social Care Outcomes Framework 2016-17:
gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf
gov.uk/government/uploads/system/uploads/attachment_data/file/629812/ASCOF_handbook_definitions.pdf

Fix Dementia Care 2016: alzheimers.org.uk/info/20175/fix_dementia_care

Legislation

Care Act 2014: legislation.gov.uk/ukpga/2014/23/contents/enacted

Equality Act 2010: gov.uk/guidance/equality-act-2010-guidance

Local Policy

Leicestershire County Council Adult Social Care Strategy 2016 – 2020:
leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC_Strategy_2016_2020_0.pdf

Leicester City Council – Adult Social Care: Strategic Commissioning Strategy 2015-2019:
leicester.gov.uk/media/179825/strategic-commissioning-strategy-2015-2019.pdf

Draft Leicester, Leicestershire and Rutland Carers Strategy: leicestershire.gov.uk/carers-strategy.

Rutland County Council – The Future of Adult Social Care in Rutland:
rutland.gov.uk/my-services/health-and-family/adult-social-care/adult-social-care-strategy/

East Leicestershire and Rutland Operational Plan 2016-2017
West Leicestershire Operational Plan 2016-2017
Leicester City Operational Plan 2016-2017

University Hospitals of Leicester NHS Trust Dementia Strategy – April 2016 – March 2019:
leicestershospitals.nhs.uk/EasysiteWeb/getresource.axd?AssetID=41809&type=full&servicetype=Attachment

Appendix D

Adult Social Care Scrutiny Commission

Brokerage Service – 6 Month Update

Date: 16th July 2019
Lead Member: Cllr Sarah Russell
Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Andy Humpherson; Group Manager – Health & Partnerships
- Author contact details: 0116 454 2353
- Report version number: 1

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an update on the implementation of the Brokerage Service and its achievements/performance in the first 6 months of operation.

2. Summary

2.1 The Brokerage Service commenced on the 12/11/2018 and is responsible for securing the appropriate care and support for adults who have a statutory need for the following services:

- Domiciliary care
- Residential respite care
- Long-term Residential care

2.2 Previously, individual social work staff would be responsible for arranging care and support packages. However, it was recognised that this approach lacked consistency and the ability to collect the necessary market intelligence information and to reduce the amount spent on 'additional allowance' payments above the residential care banded rates.

2.3 Therefore, this report provides an overview of the progress of the service between November 2018 and May 2019 and next steps.

3. Recommendations

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

4. Supporting information:

4.1 Introduction

4.1.1 The Brokerage Service commenced on 11/12/2018, creating a centralised function which has moved the responsibility of sourcing packages of care from social workers staff to a centralised team. Social workers and care management officers are still responsible for assessing need and creating a support plan.

4.1.3 The aims of the Brokerage Service are:

- to improve consistency in approach to securing packages of care.

- increase the use of data and market intelligence to inform commissioning and contracting decisions.
- to engage with service providers to build a more effective relationship and share information and market intelligence.
- reduce the significant resources spent on 'additional allowance' payments above the residential care banded rates.

4.1.4 The Brokerage Service is responsible for securing the appropriate care and support for adults who have a statutory need for the following services:

- Domiciliary care
- Respite care into residential care
- Residential care

4.1.5 The service became operational on the 12th November 2018 and is hosted within the Contracts & Assurance Service.

4.1.6 The team consists of a Brokerage Manager, 6 FTE Brokerage Officers, and 2 Brokerage Assistants.

4.2 Achievements / Activity in the first 6 months:

4.2.1 The Brokerage Service has supported the closure and transfer of clients from 3 residential care services to other providers. These closures resulted in the displacement of around 12 clients at short notice, and the Brokerage Service sourced new packages with other providers.

4.2.2 The Brokerage Service at short notice (5 days) supported the transfer of 18 service users from a domiciliary Care provider following notice being received by the provider. Within 3 days, 12 service users had permanent packages of care (POC), whilst the remaining 6 service users were supported with alternative arrangements.

4.2.3 In summary, the service has been responsive and successful in supporting emergency provider situations.

4.2.4 The Brokerage Manager has met with domiciliary care providers and residential providers as part of their engagement role to discuss issues and concerns. This has resulted in improved market intelligence being available to commissioners and contracts & assurance.

4.3 Issues / Challenges

4.3.1 The Brokerage Service has been able to identify areas where there is difficulty sourcing residential placements for certain service user groups.

- Short term respite placements for younger people with profound & multiple learning disabilities, learning disabilities and mental health issues transitioning into adult care. Residential homes are reticent to accept block bookings which are suited for these individuals.
- Asian Lifestyle services for older persons.
- Long term placements for people whose behaviour challenges services significantly.

4.3.2 The Brokerage Service is working with commissioners and the contracts & assurance service to address these issues. A meeting has been held with a prospective residential care provider who are developing a new residential home. The Brokerage Service has been able to secure specific areas within the home (the home is split into three floors) for Asian lifestyle and service users whose behaviour challenges services significantly.

4.4 Performance

4.4.1 In the first 6 months of operation, the Brokerage Service has started to build up very good relationships with providers, both in domiciliary care and residential care. The team are continuing to build up market intelligence and are using both internal and external tools to help source packages of care.

4.4.2 Performance is good and internal performance monitoring shows:

- For domiciliary care, the brokerage service are sourcing domiciliary care packages for urgent cases in an average of 3 days and for non-urgent cases, 4 days.
- For residential care, the average time was in an average of 6 days between a request being made and a placement being confirmed.

4.4.4 The Brokerage Service has also been able to make some savings for residential care packages, by direct negotiation with providers.

4.5 Forward Plan/next steps

4.5.1 The Brokerage Manager will continue to meet with service providers to discuss issues and concerns both individually and collectively through forums.

4.5.2 The remit of the Brokerage Service includes the review of historic additional needs allowances to ensure the Council efficiently meets service user needs. A methodology for this review is currently being developed with a view to start reviews in July / August.

5. Details of Scrutiny

The ASC Scrutiny Commission has been advised previously of the creation of a centralised Brokerage Service and this the first detailed update report.

6. Financial, legal and other implications

6.1 Financial implications

No Financial implications.

Yogesh Patel – Accountant ext 4011

6.2 Legal implications

There are no legal implications as the report is for noting.

Emma Jackman, Head of Law (Commercial, Property & Planning) 454 1426

6.3 Climate Change and Carbon Reduction implications

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

6.4 Equalities Implications

There are no direct equalities implications arising from this report.

Sukhi Biring, Equalities Officer, 454 4175

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

None

7. Background information and other papers:

8.Summary of appendices: None

Appendix E

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

Quarter 4 (provisional year-end) - 2018/19

Date: 16th July 2019

Lead Director: Steven Forbes

Useful information

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

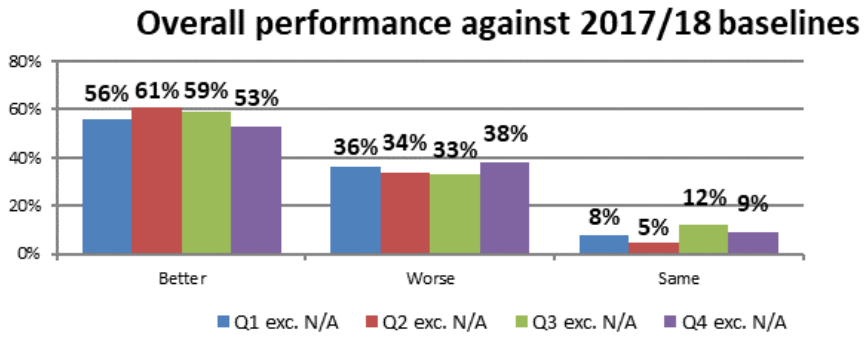
1. Summary

1.1 This report is presented in the format used throughout 2018/19. This provides continuity in reporting and allows for a comparable assessment of performance across the year. However, we are always keen to improve our reports and would welcome any comments on the content and format of this report to inform future developments (see recommendation 2.2 below).

1.2 This report brings together information on various dimensions of adult social care (ASC) performance for the final quarter of 2018/19 and can be considered as a provisional year-end report. 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. Our model draws on best practice, for example, incorporating features of a Balanced Scorecard.

1.2 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,* and not least, the *outcomes* we deliver for our service users and the wider community of Leicester.

1.3 The overall position at year-end remains broadly positive, although the rate of improvement has slowed over the course of the year. This is not unexpected given the impressive rate of improvement over recent years at the same time as we have seen resources reduced. For those measures where data is available, 53% are showing improvement from the baseline position (2017/18 outturn); 38% of measures are not performing as well as the baseline position; and 9% of measures are unchanged. It is not possible to make a judgement on 14% of measures as they are either new measures without a baseline position or (in most cases) they provide management information rather than a reflection of departmental performance. Overall performance for the year is subject to change dependent on confirmation of workforce performance (see para 3.4) and the outcome of validation processes for our national survey results.



2. Recommendation

The Scrutiny Commission is requested to:

2.1 Note the areas of positive achievement and areas for improvement as highlighted in this report.

2.2 Comment on the content and format of this report to inform the development of reporting for 2019/20 to meet the Commission's requirements.

3. Report

3.1 Delivering ASC Strategic Priorities for 2018/19

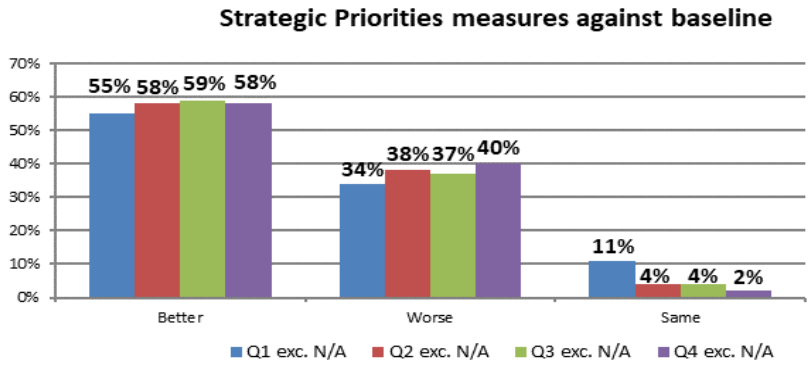
3.1.1 Our strategic Priorities for 2018/19 are unchanged from 2017/18, they are:

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 As in previous years, we have 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.

3.1.3 <u>Summary:</u>

Overall performance against those KPIs aligned to the department's strategic priorities suggest that progress on our priorities continues to be made, and that having a small number of clear and visible priorities has been effective. Overall, 26 of our measures have shown improvement from our 2017/18 baseline, with 18 showing deterioration. This is a slight deterioration on position to that reported at the end of Q3, and slightly poorer than our 2017/18 out-turn. Performance is strong across priorities four, five and six, mixed for priority one, and weak, but improving for priorities two and three.



3.1.4 <u>Achievements:</u>

All indicators relating to our priority of improving our offer to older people are showing a positive direction of travel. There is also strong performance at the other end of the age spectrum relating to our priority around improving the transition from childrens' services to adulthood. User satisfaction levels, particularly those derived from our local survey (at assessment) and questions asked in the supported self-assessment (at re-assessment) remain positive. Critically here, over 78% of service users said that their quality of life had improved very much or completely as a result of our support and services. This is backed up by the fourth consecutive year of improvement in our ASCOF 'quality of life' score (provisional data for 2018/19).

3.1.5 Concerns:

For the first time since reporting on our strategic priorities we have seen the overall performance against SP2 drop. The changes over the year are relatively small, but we should monitor performance over the coming year. Performance against SP3 continues to show some improvement but the overall balance remains negative. The provisional results from the statutory user survey have had a negative impact on performance against SP6, however overall performance against this priority remains positive.

3.2 Keeping People Safe

3.2.1 The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding, including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2 During Q4 2018/19, 125 individuals were involved in a safeguarding enquiry started in that period. Of these, 53 were aged 18 to 64, with 72 aged 65 years or over. 76 of those involved were female and 49 were male. 95 were 'White', 19 'Asian' and 4 were 'Black.'

3.2.3 66 individuals who were involved in an enquiry have a recorded Primary Support Reason. 48.5% of these individuals (32 people out of 66) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health support' the next most common.

3.2.4 Using figures for all completed enquiries in Quarter 4, the most commonly recorded category of abuse for concluded enquiries was "neglect" (63), followed by "physical abuse" (51), and then "emotional abuse" (26). The most common location of risk was in care homes, with a total of 64, of these, 52 were residential homes and 12 in nursing homes. The next most common abuse location recorded was the person's own home, 38 instances.

3.2.5 Quarter 4 performance:

Measure	Q4 2018/19
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	63.3% of enquiries begun within 24 hours of threshold decision being made
Number of alerts progressing to a Safeguarding enquiry	600 Alerts received in the quarter
Completion of safeguarding enquiries within 28 days target	Threshold met in 204 cases, of which 117 progressed to an enquiry
Percentage of people who had their safeguarding outcomes partially or fully met.	50.6% of safeguarding enquiries were completed within 28 days.

3.3 Managing our Resources: Budget

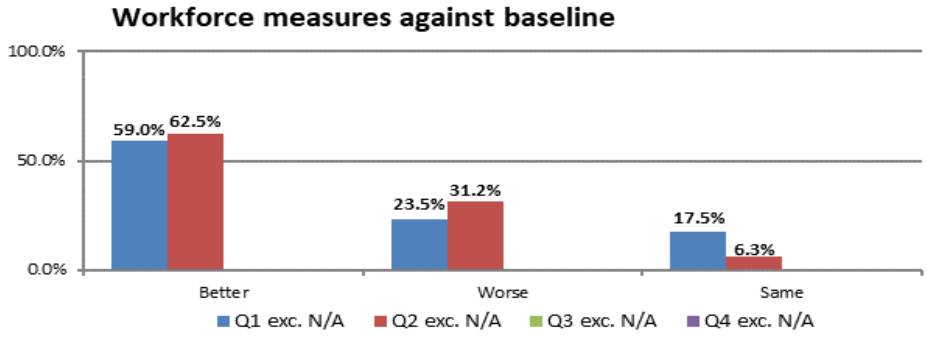
3.3.1 The department spent £104m as per the budget after transferring an in year under-spend of £5.8m to the ear-marked reserve set up last year for future demographic cost pressures. Whilst the level of under-spend compared to the budget is significant, it is essentially one off in nature and should not detract from the very significant underlying year on year increase in actual care package gross costs of £10m, a combination of increasing need and inflationary fee increases. The demographic cost pressures reserve will be used to offset the costs of adults and children's social care in future budgets.

3.3.2 The £5.8m consists of the following items:

i) £2.8m net package cost under-spend (3% of the total £89.4m budgeted cost).
ii) £0.8m of savings targets achieved ahead of schedule
iii) £1.3m of lower spend in preventative services (reablement, enablement, crisis response teams, equipment service) either through difficulties in recruitment or lower than expected demand.
iv) £0.3m net in-year staffing vacancies in care management, contracting and commissioning and administration.
v) £0.6m of various items with the main ones being no increase to the service user bad debt provision (£0.26m) and £0.14m savings in pension costs (we agreed to make payments to providers who bought our care homes. Our costs are falling over time).

3.4 Managing Our Resources: Our Workforce

3.4.1 Summary:
Workforce data for Q3 and Q4 was not available by the deadline for submission of this report due to a combination of staffing and systems issues.



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 complements the national NHS and Public Health outcome frameworks. The following analysis includes ASCOF measures derived from the user survey as full results were not previously available. Details of our ASCOF performance including 2017/18 national benchmarking can be seen in Appendix 2 of this report.

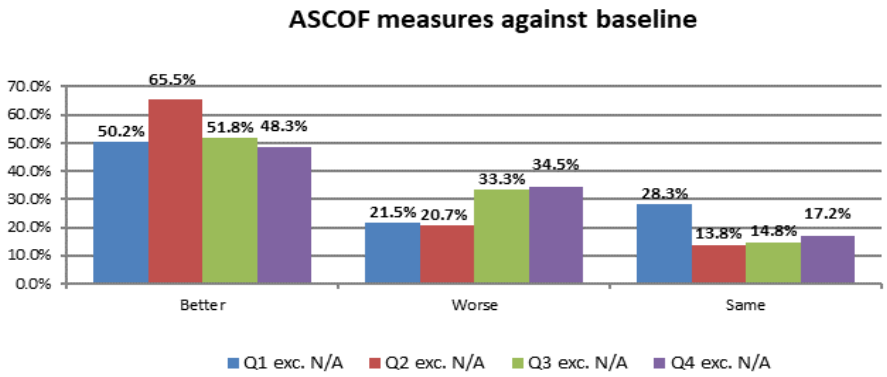
3.5.2 Summary:
In this report we are able to include provisional ASCOF scores from the 2018/19 statutory carers survey (Survey of Carers in England) and user survey (Adult Social care Survey). These scores are calculated on the basis of our data submission to NHS digital and are subject to change.

It should also be noted that we had a very poor response rate to this year's carer's survey and as such there is a high margin of error. Notwithstanding the issue of reliability, the data suggests a downturn from the very positive results from the 2016/17 survey. Four of the five ASCOF scores are likely to be lower than 2016/17. Of these two are lower than the scores from 2014/15 and two higher.

Similarly, the provisional results from the 2018/19 national ASC user survey are less positive than the excellent results from the previous year's survey. Of the eight ASCOF measures derived from this survey four showed improvement and four showed a decline. Although, six of the eight measures sustained improvement from the 2016/17 survey.

This year, we continue to have some data quality issues outside of our control: the proportion of older people provided with reablement following discharge from hospital (2Bii) is still calculated using 2015 live discharge data following the national decision that current NHS (Hospital Episodes Statistics) data cannot be shared with local authorities; and the measures based on the new Mental Health dataset (1F and 1H) continue to raise concerns over the quality of data reported by our secondary mental health providers.

This year, we continue to have some data quality issues outside of our control: the proportion of older people provided with reablement following discharge from hospital (2Bii) is still calculated using 2015 live discharge data as current data cannot be shared with local authorities; and the measures based on the new Mental Health dataset (1F and 1H) continue to raise concerns over the quality of data reported by our secondary mental health providers.



3.5.3 Achievements:

From the data for Q4 of 2018/19 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) continue to improve, have exceeded the 20178/18 benchmark and are now over 10 percentage points higher than at the end of 2016/17. Linked to this, the proportion of older people at home 91 days after hospital discharge (2Bi) has improved for the fourth consecutive quarter. The three measures for Delayed Transfers of Care (2Ci, 2Cii and 2Ciii) are all showing further improvement. The number of admissions to residential and nursing care for those aged 65 and over reduced by 12.4% from 2017/18.

Provisional results from the 2018/19 user survey show some areas of continued improvement, not least the overall quality of life score, calculated by aggregating responses to 9 questions in the user survey, which climbed from 18.7 to 18.8, our highest score since the introduction of the survey (the national range in 2017/18 was 17.3 to 20.1 with the England average being 19.1). Similarly, the adjusted score for this measure, which is designed to show the impact of ASC services on the quality of life of service users, also improved. We also see an increase in the percentage of service users who have as much social contact as they would like and those who feel safe.

3.5.4 Concerns:

The overall downturn in performance in Q4 can be attributed to the provisional results from both the carers and users surveys not matching the high benchmark set by the last round of surveys. Of the 13 ASCOF measures derived from both surveys, eight are likely to show a drop in performance.

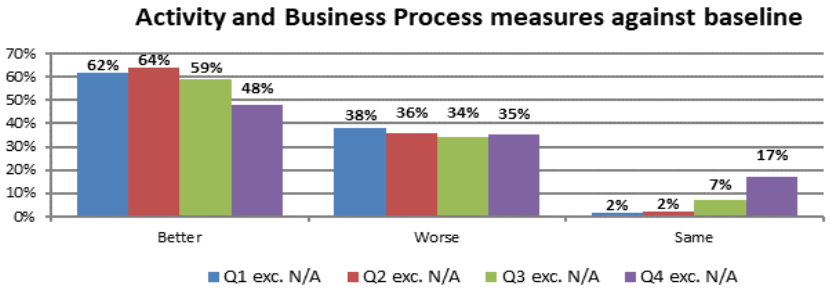
Notwithstanding the data issues referred to in the summary, only two non-survey derived measures showed a dip in performance over 2018/19: Despite rigorous controls being in place, permanent admissions to residential care for those aged 18-64 (2Ai) were eight higher than last year; and the percentage of service users receiving direct payments has dipped slightly.

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 use of these indicators will also support the overall approach to managing workflow and workloads within services and teams.

3.6.2 Summary:

Overall performance remains reasonably positive, with 48% of measures where a judgement can be made showing improvement from our 2017/18 baseline. However, this rate of improvement is lower than throughout the rest of the year. Having said that, the number of measures where performance is below the baseline has remained relatively stable. In essence, we are looking at a picture of improving but relatively stable performance, typified by 17% of measures showing no significant change from the baseline.



3.6.3 Achievements:

We can continue to be confident that we are managing demand through the provision of information, advice and guidance (including signposting to universal services) and one-off or short-term interventions. While the total number of contacts at the 'front door' continued to increase throughout 2018/19 (an overall increase of 14.4% since 2015/16), fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with assessed as having eligible needs. Fewer new contacts are moving into long-term support (726 compared to 988 in 2016/17) with more people having their needs met through provision of information and advice or through provision of low-level support.

3.6.4 Concerns:

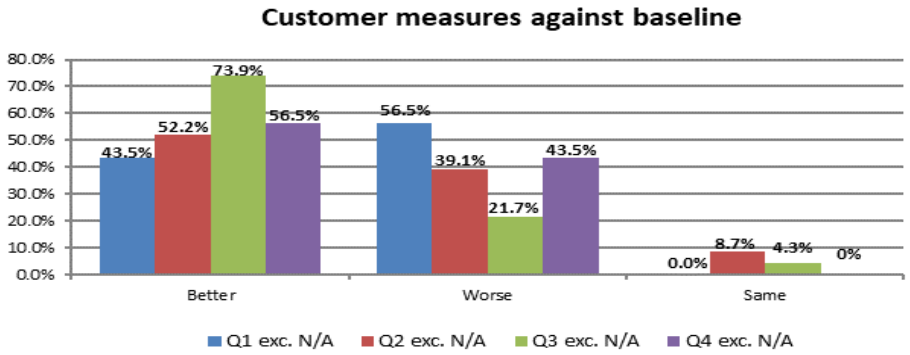
While the year-end position as reported above was very positive, some of the measures referred to show a slight dip in performance in the final quarter of the year (e.g. those assessed as having eligible needs, number of cases allocated to teams and those entering long-term support). Similarly, some of our process measures showed a similar dip (e.g. overdue reviews and cases open for more than 100/250 days). The timeliness of responses to safeguarding cases needs to be monitored as two of the three measures performed below last year's baseline, and the one which did improve did so on the basis of strong Q1 performance, declining each quarter thereafter.

3.7 Customer Service

3.7.1 We have identified 25 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services. The following analysis includes ASCOF measures derived from the user survey based on the provisional data submitted to NHS digital in May 2019.

3.7.2 Summary:

Performance on 13 of our customer measures is showing improvement from our 2017/18 baseline, with 10 showing a decline. This is an improvement from Q1, when for the first time in over two years the number of measures showing a decline in performance outnumbered those showing improvement in any of our baskets of indicators. However, the level of improvement seen in Q2 and Q3 has not been sustained largely due to some disappointing (provisional) results from the annual survey of service users.



3.7.3 Achievements:

The provisional results from the 2018/19 national ASC user survey are less positive than the excellent results from the previous year's survey. There were however areas of continued improvement, not least the overall 'quality of life score' which climbed from 18.7 to 18.8, our highest score since the introduction of the survey. Similarly, the adjusted score for this measure, which is designed to show the impact of ASC services on the quality of life of services, also improved. We also see an increase in the percentage of service users who have as much social contact as they would like and who feel safe.

The local survey conducted following all reviews enables 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 the fourth quarter of 2018/19 continue to be higher than at the end of 2016/17 and 2017/18. Results for all responses to our survey of people having received an assessment have shown significant improvement from the beginning of the year. The results from Q1 were themselves a modest improvement from Q4 in 2017/18 when results unexpectedly plummeted. Six out of eight of these measures have now exceeded our 2017/18 full-year baseline.

3.7.4 Concerns:

Results for six measures from the annual survey of service users (including four ASCOF measures) were poorer than from the previous year's survey. Having said that, results for all but one of these measures are higher than in 2016/17. In Q4 we have also seen an unexpected drop in the percentage of service users who strongly agreed their experience of the process matched what they were told to expect by the worker and those who strongly agreed they were treated with respect and dignity by their worker (from our survey following assessment). This bucks the improvement trend for these measures earlier in the year.

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.

Aidan Davis, Sustainability Officer, Ext: 37 2284

4.4 Equalities Implications

From an equalities perspective, the six strategic priorities 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: None

5. Background information and other papers: None

6. Summary of appendices:

Appendix 1: 2018/19 Key Data
Appendix 2: 2018/19 ASCOF

Appendix 1

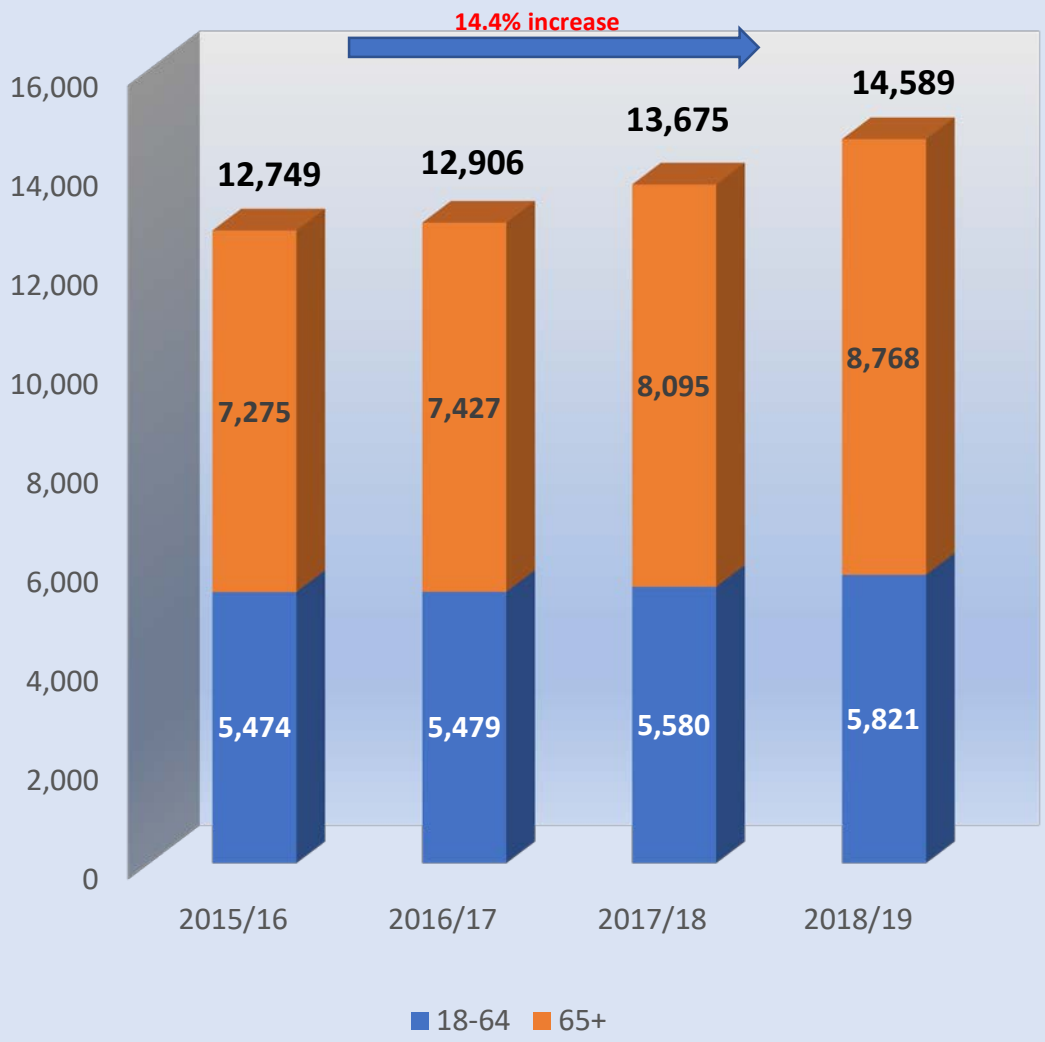
Adult Social Care

Key Data

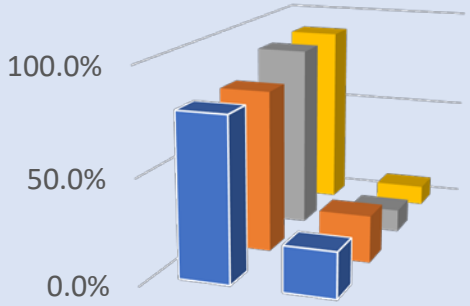
2018/19

Understanding demand

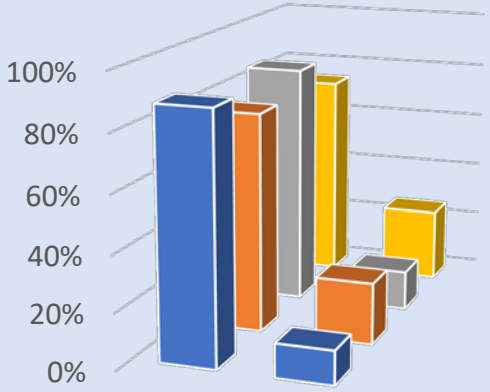
Requests for support



… for those leading to formal assessments



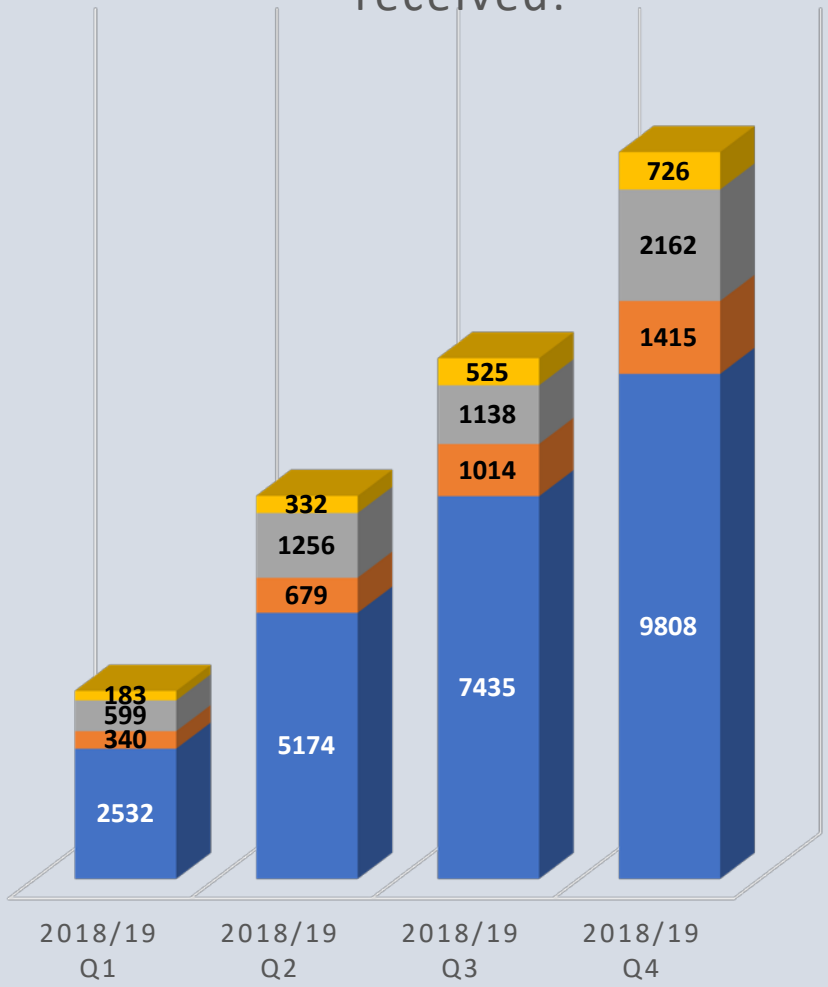
	Completed within 28 days	Not completed within 28 days
2015/16	78.2%	21.8%
2016/17	78.3%	22.7%
2017/18	89.1%	10.9%
2018/19	90.4%	9.6%



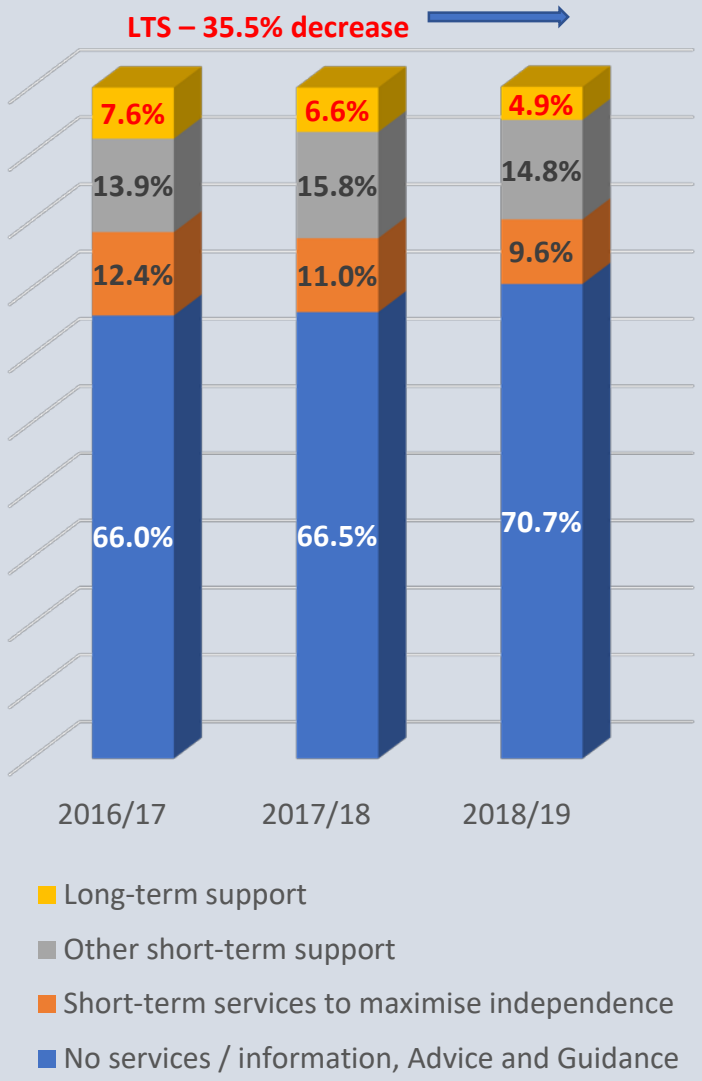
	Eligible for support	Not eligible for support
2015/16	88%	12%
2016/17	78%	22%
2017/18	86%	14%
2018/19	74%	26%

Meeting needs appropriately

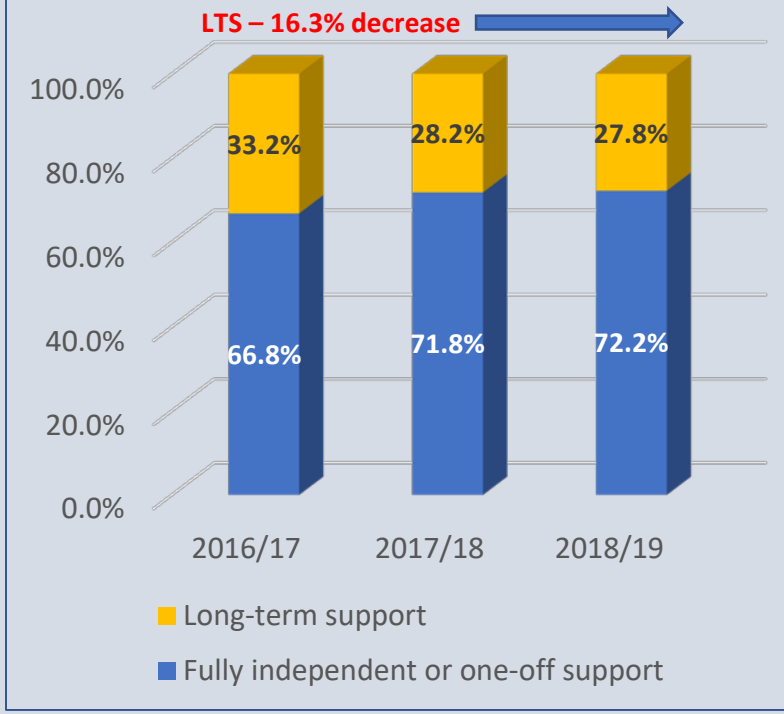
During 2018/19, following a request for support, clients received:



Compared to previous years

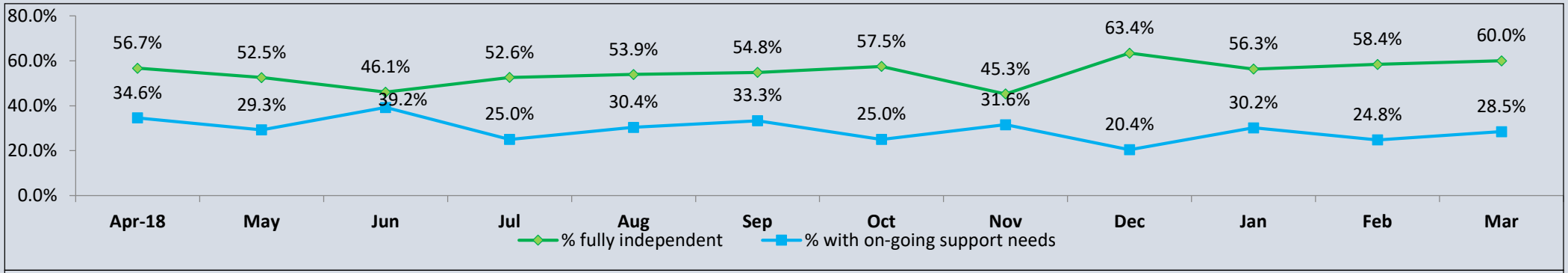


Following short-term support to maximise independence for new clients …

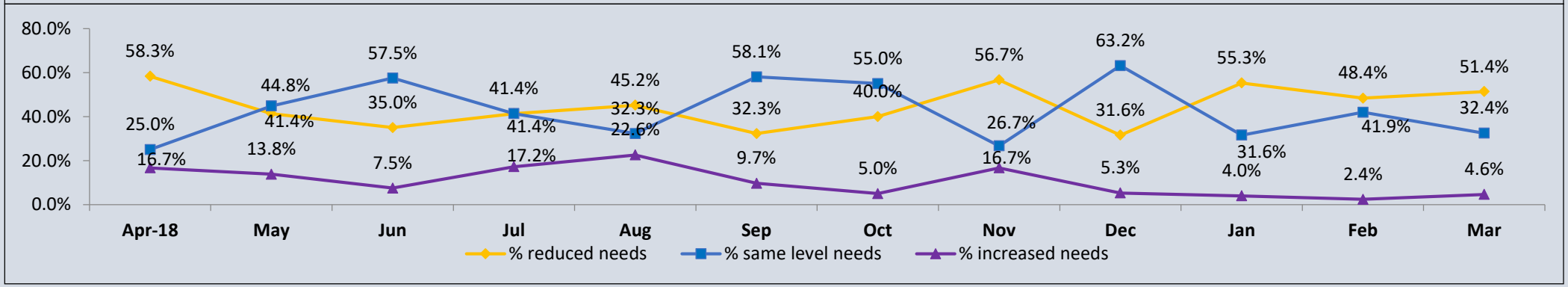


Preventative services

Outcomes of preventative services (April '18 – March '19)

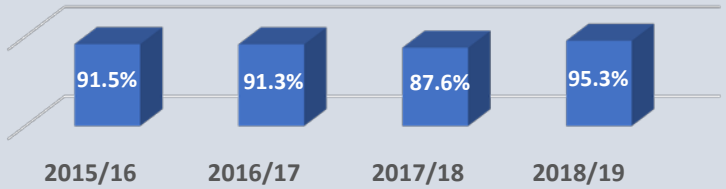


Outcomes for those with on-going support needs (April '18 – March '19)



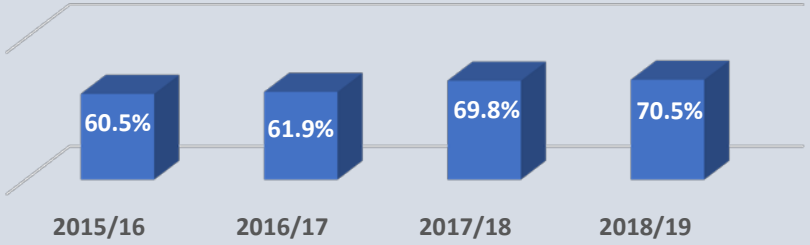
Adult Social Care Outcomes Framework measures:

2B(i) Outcomes for older people receiving reablement following a hospital discharge



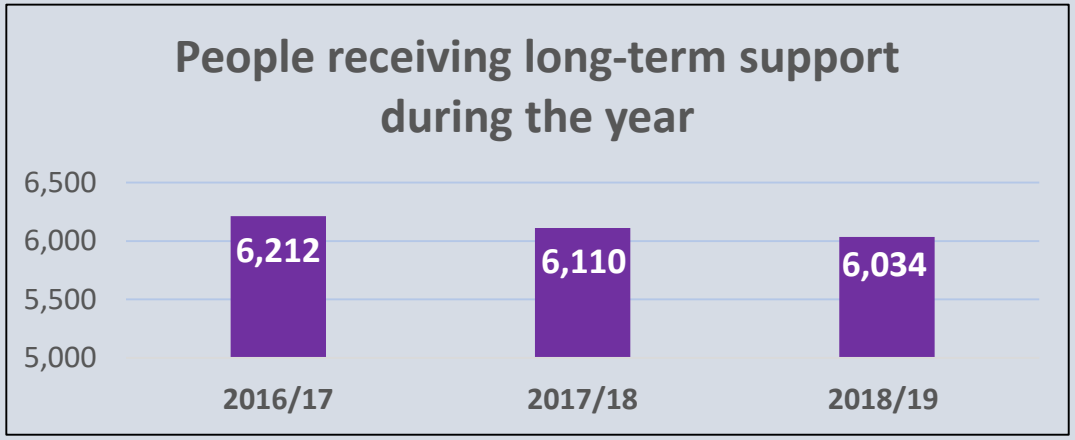
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

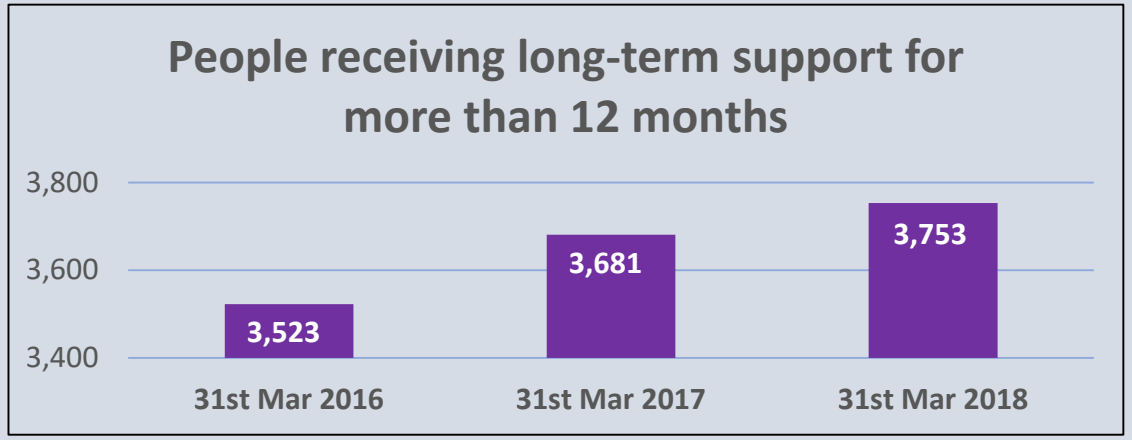
2D: The outcomes of short-term services



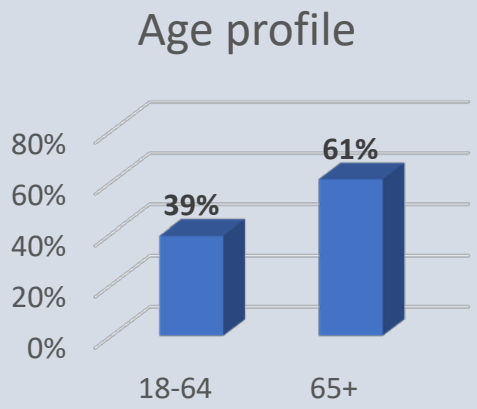
- Percentage of those that received a short term service during the year where the sequel was either no ongoing support or support of a lower level

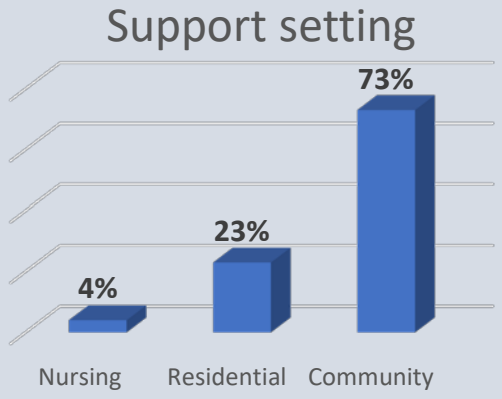
Long-term support

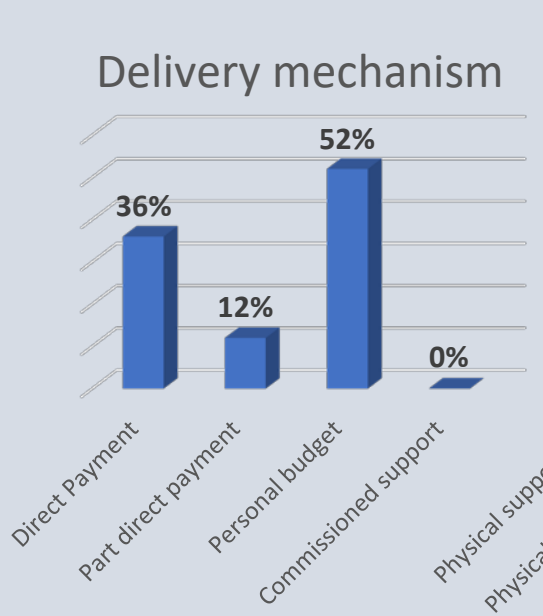


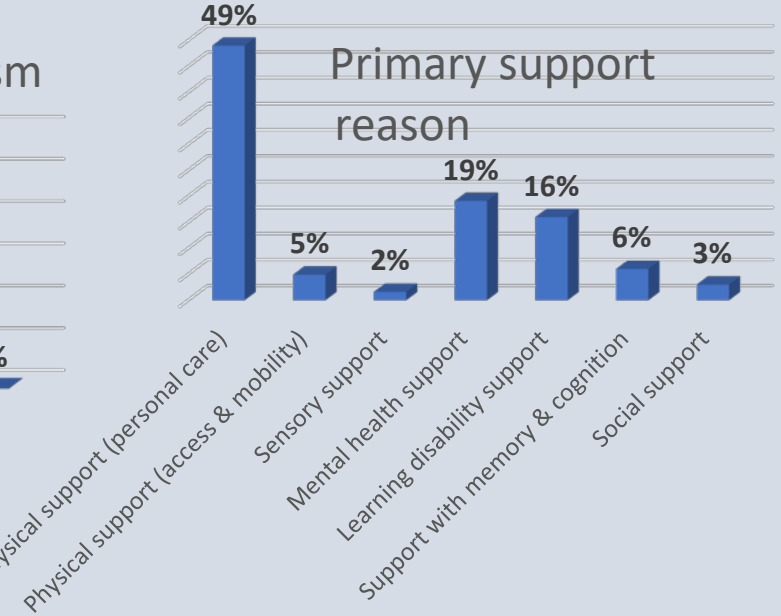


For 2018/19:

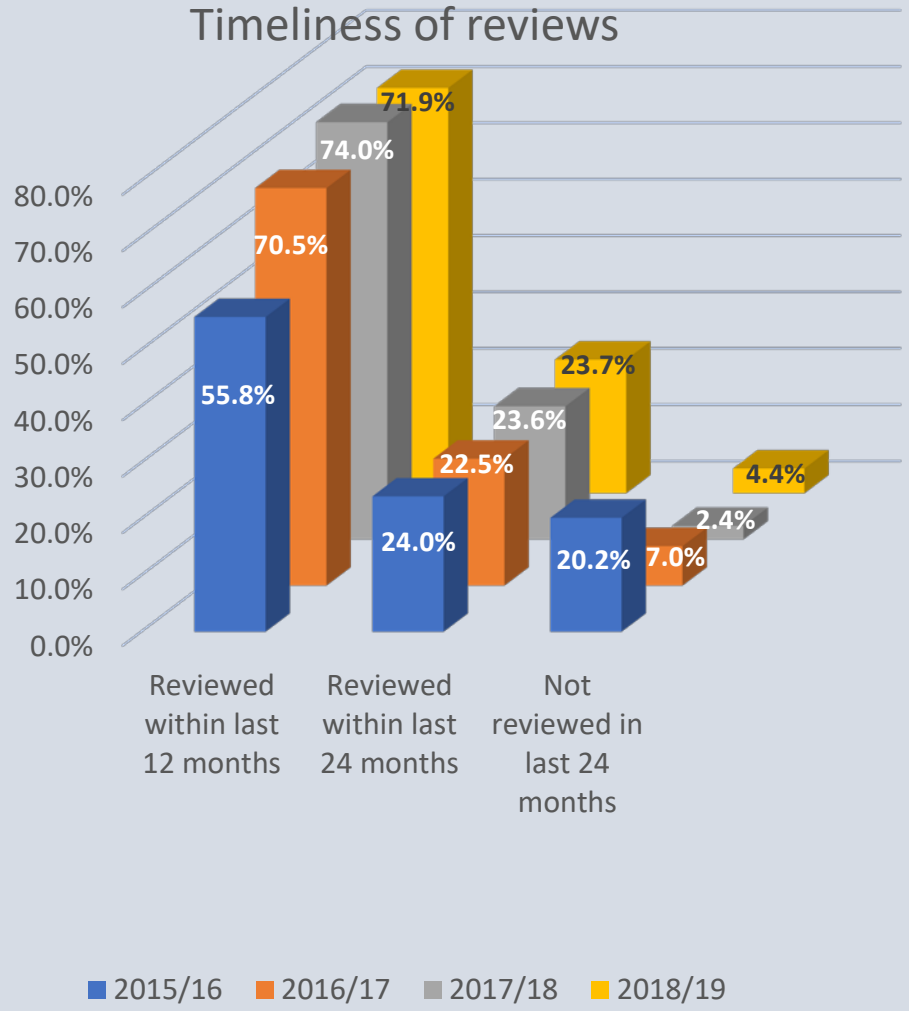


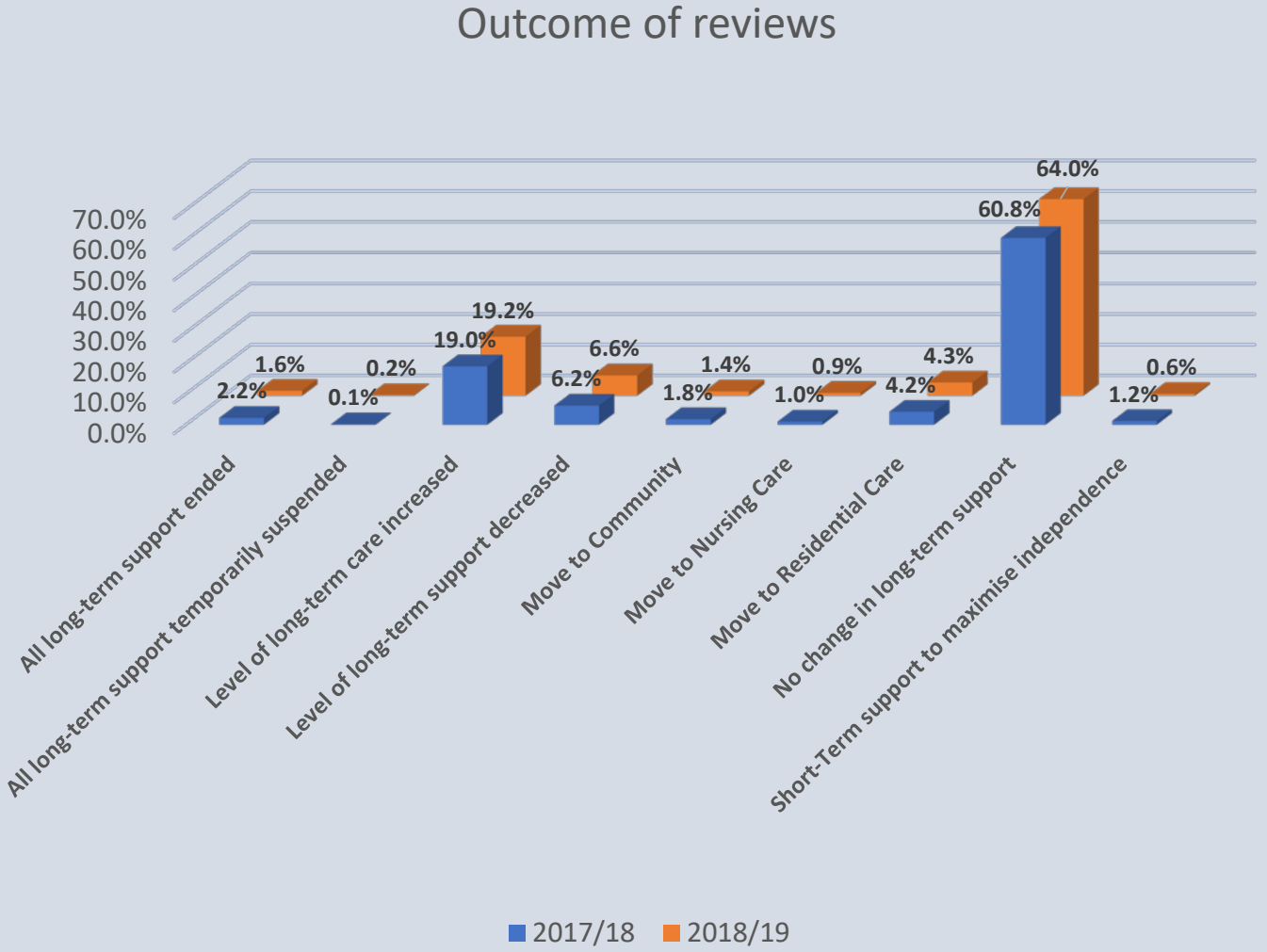






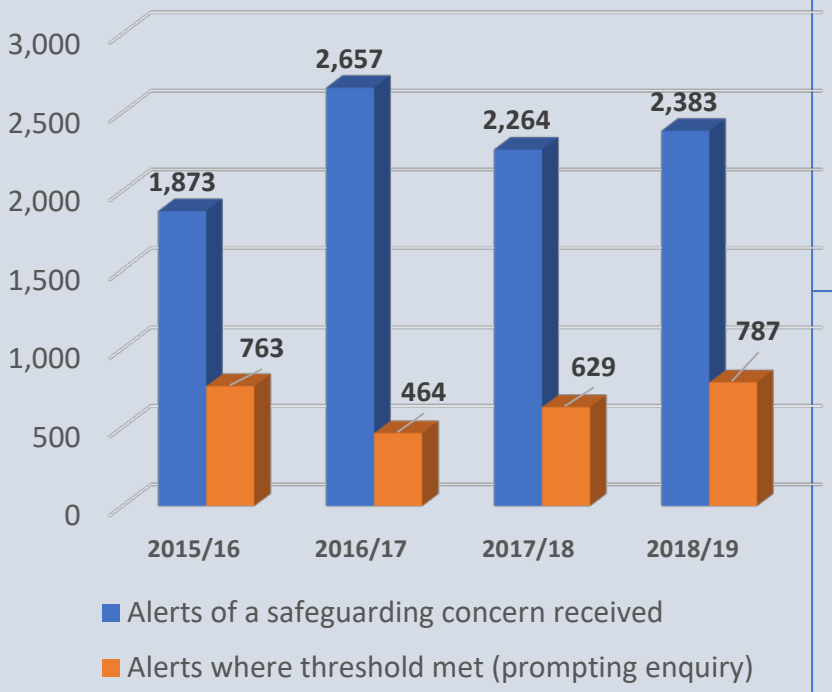
Reviewing needs



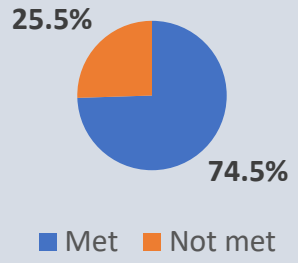


Safeguarding

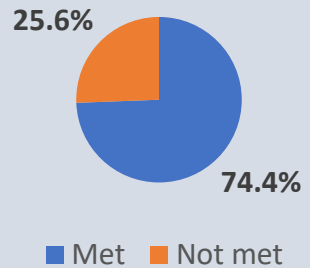
Alerts and Enquiries



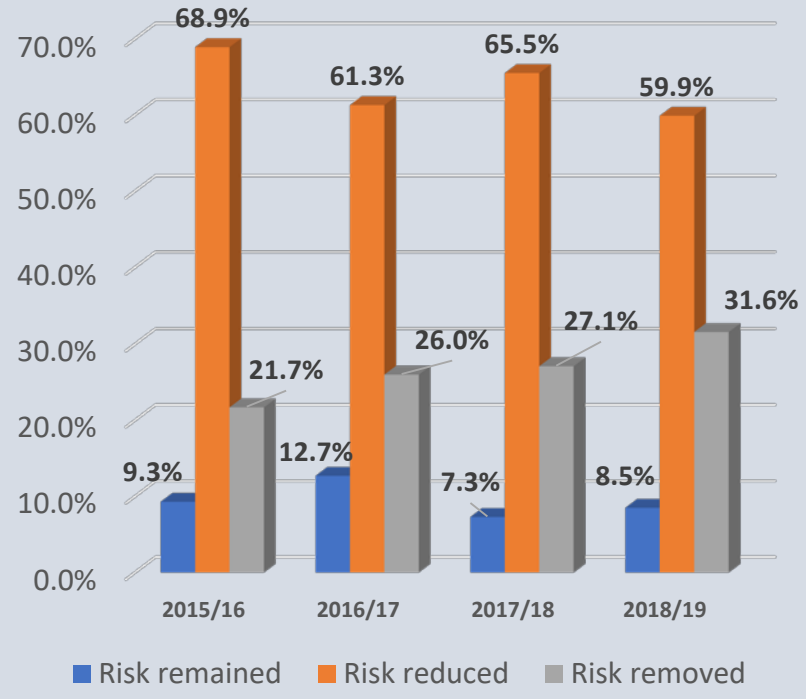
Threshold decisions made within 7 days of receipt of alert (2018/19)

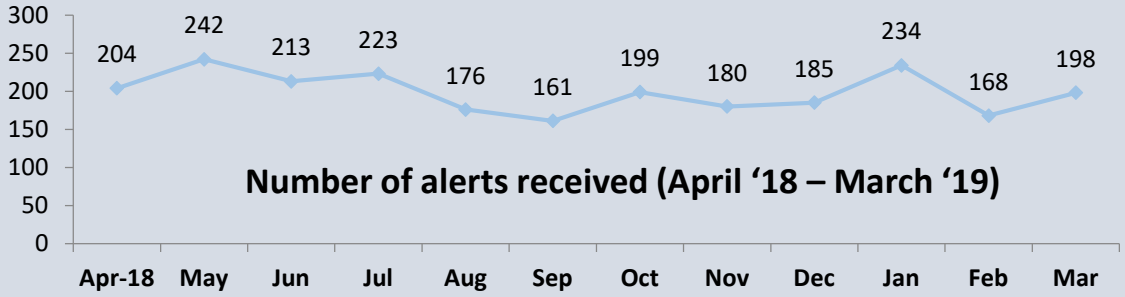


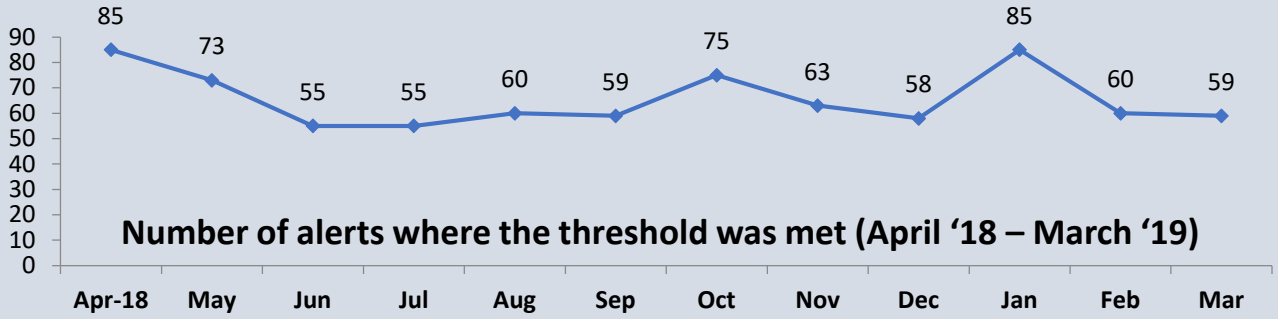
Action to make safe taken within 24 hours of threshold decision (2018/19)



Outcomes

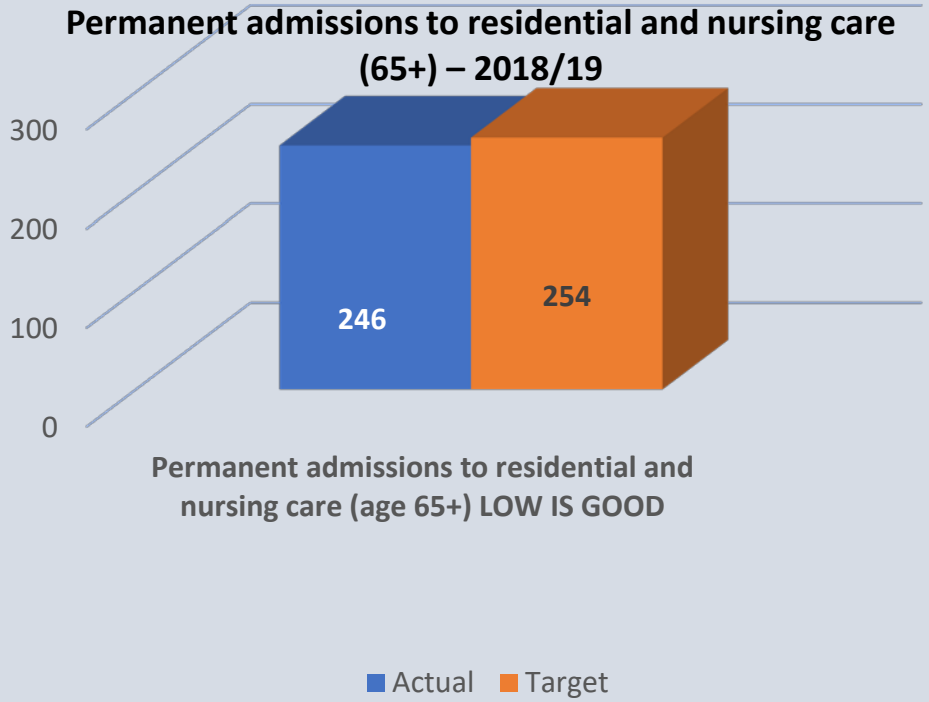


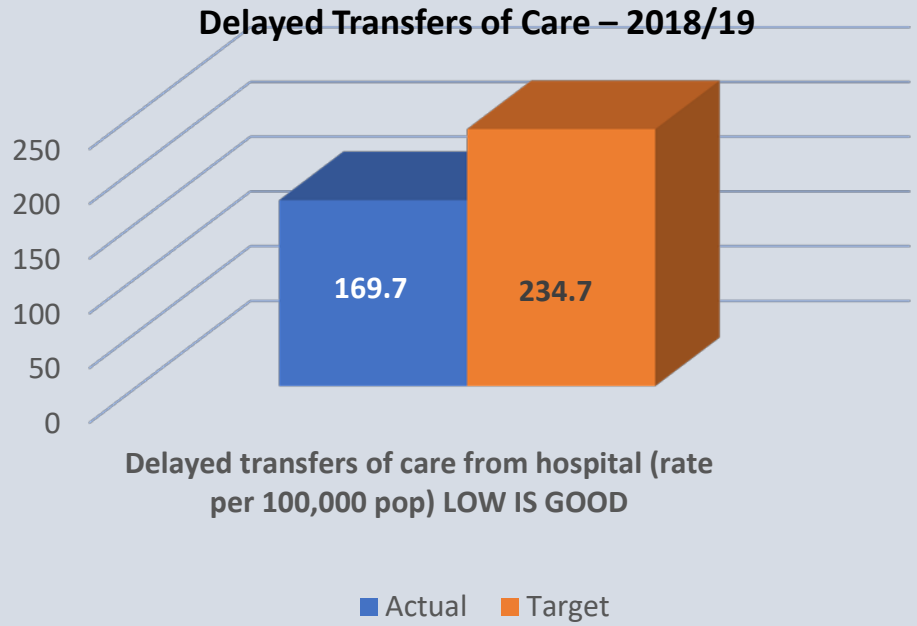




Better Care Fund (Health and Social Care integration)

Better Care Fund national metrics - see also '91 days' measure on slide 4



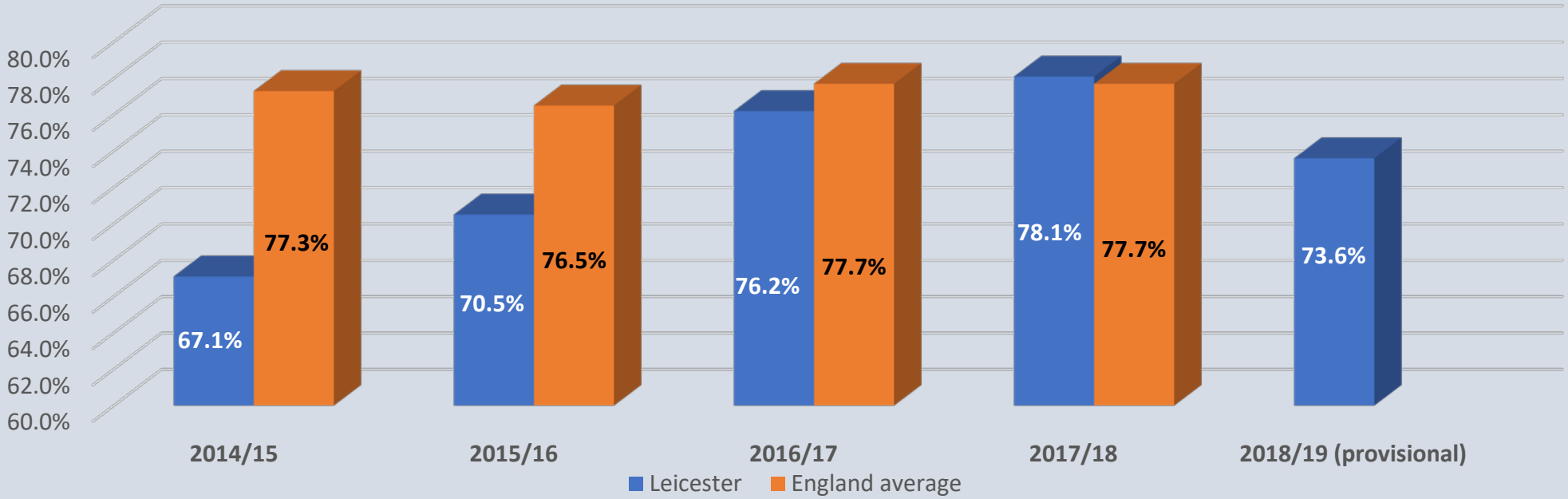


Permanent admissions to residential and nursing care (65+)				
2014/5	2015/16	2016/17	2017/18	**2018/19**
287	258	282	281	**246**

Delayed Transfers of Care - ASCOF definition				
2014/5	2015/16	2016/17	2017/18	**2018/19**
13.0	6.0	8.9	8.8	**5.5**

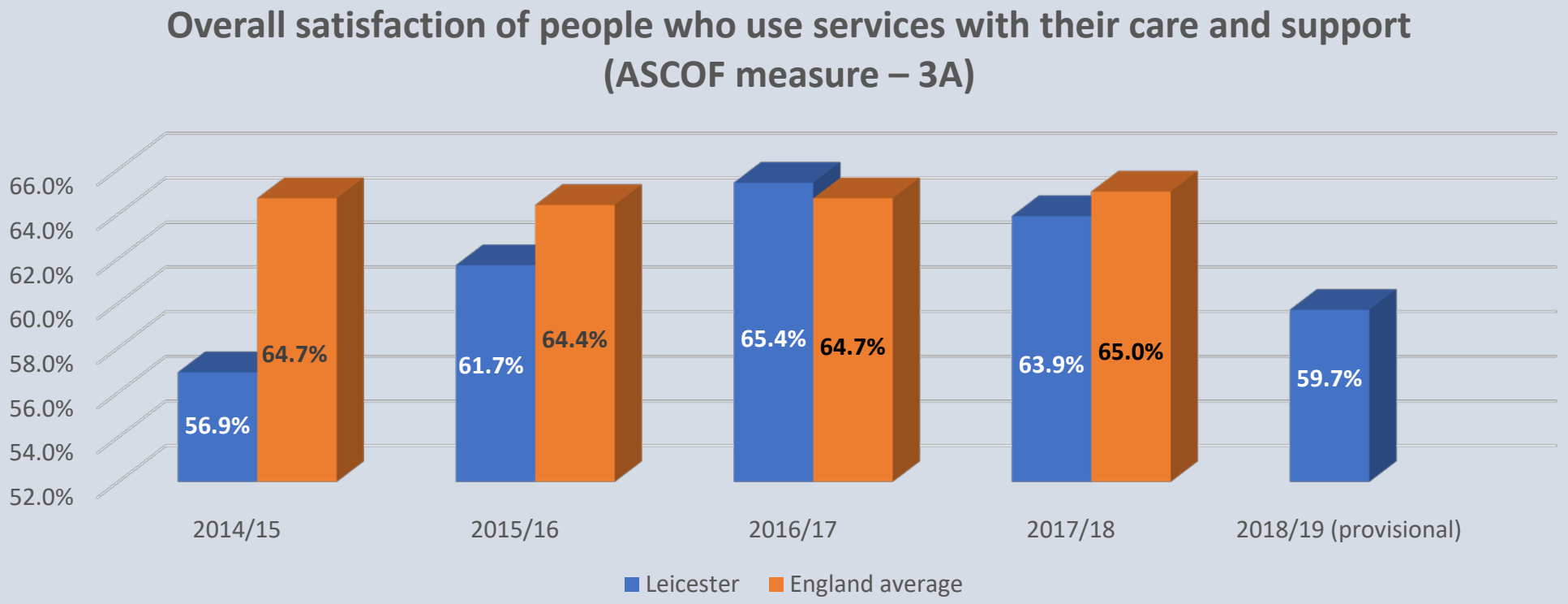
Choice and control

Proportion of people who use services who have control over their daily life (ASCOF measure – 1B)



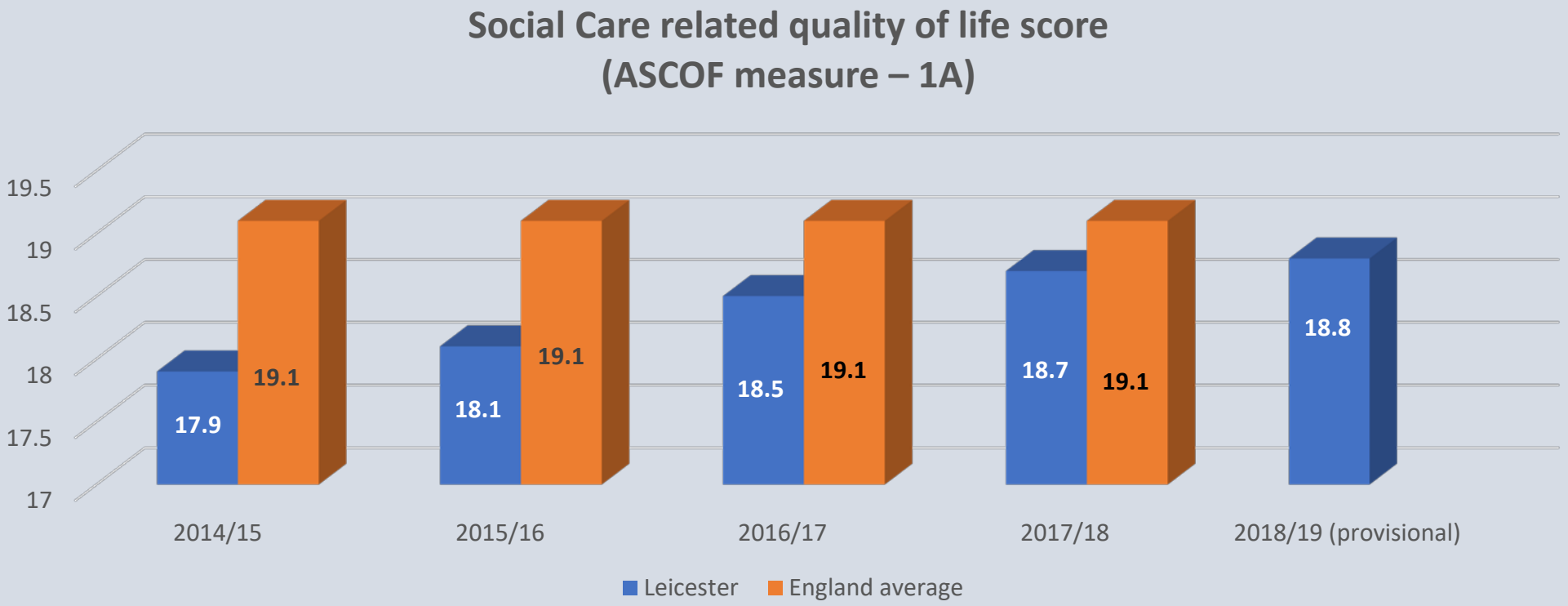
England ranking				
146/150	138/150	100/150	72/150	TBC

Customer satisfaction



England ranking				
139/150	104/150	64/150	80/150	TBC

Quality of Life



England ranking				
150/150	147/150	126/150	116/150	TBC

Appendix 1

Adult Social Care Performance: 2018/19

Adult Social Care Outcome Framework

Indicator	2017/18 (baseline)	2017/18 Benchmarking			2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2018/19 Target	Rating	Comments
		England Average	England Ranking	England Rank DoT							
1A: Social care-related quality of life.	**18.7**	19.1	=116/150	↑ Up from = 126/150	N/A	N/A	N/A	***18.8***	18.9	↑	***Provisional data***
1B: Proportion of people who use services who have control over their daily life.	**78.1%**	77.7%	= 72/150	↑ Up from 100/150	N/A	N/A	N/A	***73.6%***	80%	↓	***Provisional data***
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	**100% (3,533/3,533)**	89.7%	=1/152	↑ Up from = 26/152	100% (3,640/3,640)	100% (3,655/3,655)	100% (3,606/3,606)	**100% (3,617/3,617)**	100%	↔	
1Cib: Carers receiving self-directed support in the year.	**100%**	83.4%	=1/152	↔	100% (85/85)	100% (90/90)	100% (94/94)	**100%**	100%	↔	
1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date.	**50.9% (1,800/3,533)**	28.5%	5/152	↑ Up from 7/150	49.3% (1,796/3,640)	49.0% (1,791/3,655)	49.1% (1,769/1,769)	**49.8% (1,800/3,617)**	50%	↓	
1Ciib: Carers receiving direct payments for support direct to carer.	100%	74.0%	=1/152	↔	100% (85/85)	100% (90/90)	100% (94/94)	**100%**	100%	↔	

Indicator		2017/18	2017/18 Benchmarking			2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2018/19 Target	Rating	Comments
			England Average	England Ranking	England Rank DoT							
1D: Carer reported quality of life.		***2016/17 7.2***	*2016/17 7.7*	*2016/17 130/151*	*2016/17* ↑	N/A	N/A	*6.9*	***6.9***	7.4	↓	***Provisional data***
1E: Proportion of adults with a learning disability in paid employment.		**4.5% (35/774)**	6.0%	=81/151	↑ Up from 85/151	4.4% (33/750)	4.4% (35/775)	4.4% (35/785)	**4.4% (35/793)**	5%	⇔	
1F: Proportion of adults in contact with secondary mental health services in paid employment.		**1.0%**	7.0%	=146/150	N/A No data published in 2016/17	>1.0%	>1%	>1%	**> 1%**	TBC	⇔	Data only up to February (no rating against target) **DATA QUALITY ISSUES**
1G: Proportion of adults with a learning disability who live in their own home or with their family.		**74.9% (580/774)**	77.2	105/151	↓ Down from 97/152	72.9% (547/750)	73.3% (568/775)	73.9% (580/785)	**77.0% (611/793)**	75%	↑	
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.		**30%**	57%	137/152	N/A No data published in 2016/17	18%	3%	38%	**35%**	TBC	⇔	Data only up to February (no rating against target) **DATA QUALITY ISSUES**
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	**Users**	**43.0%**	46.0%	110/150	↑ Up from 148/150	N/A	N/A	N/A	***46.0%***	44%	↑	***Provisional data***
	Carers	***2016/17 31.0%***	*2016/17 35.5%*	*2016/17 105/151*	*2016/17* ↑	N/A	N/A	*27.6%*	***27.6%***	32%	↓	***Provisional data***
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.		**0.404**	0.405	84/150	↑ Up from 133/150	N/A	N/A	N/A	***0.419***	0.407	↑	***Provisional data***

Indicator		2017/18	2017/18 Benchmarking			2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2018/19 Target	Rating	Comments
			England Average	England Ranking	England Rank DoT							
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)		**14.5** **33 admissions**	14.0	= 96/152	Up from =121/150	4.81 11 admissions	9.20 21 admissions	13.4 30 admissions	**17.96** **41 admissions**	35 admissions		Cumulative measure
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).		**703.0** **281 admissions**	585.6	110/152	Down from 99/152	139.63 58 admissions	281.68 117 admissions	462.24 192 admissions	**592.25** 246 admissions	254 admissions		Cumulative measure (BCF target)
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	**Statutory**	**87.6%** **(162/185)**	82.9	= 47/150	Down from =22/152	N/A	N/A	N/A	**95.3%** **(2014/214)**	92%		**Statutory measure counts Oct – Dec discharges** (BCF Target)
	Local	***85.4%*** ***(695/814)***	*N/A*	*N/A*	*N/A*	*86.0%* *(172/200)*	*86.5%* *(346/400)*	*87.6%* *(496/566)*	***90.4%*** ***(707/782)***	*90%*		**Local measure counts full year**
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	**Statutory**	**2.8%** **(185/6,496)**	2.9%	= 82/152	Down from 64/152	N/A	N/A	N/A	**3.3%** **(214/6,496)**	3.1%		**Statutory counts Oct – Dec discharges**
	Local	***3.2%*** ***(814 in reablement)***	*N/A*	*N/A*	*N/A*	*3.3%* *(200 in reablement)*	*3.3%* *(400 in reablement)*	3.0% (566 in reablement)	**3.1%** **(782 in reablement)**	3.5%		Rate calculated using 2015 live hospital discharge data as a proxy due to this data no longer being made available to LAs.
2Ci: Average number of delayed transfers of care (Total) per 100,000 pop. (Low is good)		**8.7**	12.3	= 62/152	Down from 46/152	5.0	5.2	5.4	**5.5**	7.8		

Indicator	2017/18	2017/18 Benchmarking			2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2018/19 Target	Rating	Comments
		England Average	England Ranking	England Rank DoT							
2Cii: Average number of delayed transfers of care attributable to Social Care per 100,000 pop. (Low is good)	**0.6**	4.3	=16/152	N/A New measure for 2017/18	0.2	0.2	0.2	**0.2**	0.4	⇧	
2Ciii: Average number of delayed transfers of care jointly attributable to NHS and Social Care per 100,000 pop. (Low is good)	**1.9**	0.9	142/152	↓ Down from 47/152	0.9	0.7	0.6	**0.6**	0.8	⇧	
2D: The outcomes of short-term services (reablement) – sequel to service	**69.8%**	77.8	106/152	↑ Up from 127/152	68.3%	71.7%	72.4%	**70.5%**	71.5%	⇧	
3A: Overall satisfaction of people who use services with their care and support.	**63.9%**	65.0%	80/150	↓ Down from 64/150	N/A	N/A	N/A	***59.7%***	65.2%	⇩	***Provisional data***
3B: Overall satisfaction of carers with social services.	***2016/17 43.5%***	*2016/17 39%*	*2016/17 24/151*	*2016/17* ↑	N/A	N/A	*38.2%*	***38.2%***	43.5%	⇩	***Provisional data***
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	***2016/17 70.7%***	*2016/17 70.6%*	*2016/17 70/151*	*2016/17* ↑ --	N/A	N/A	*75.0%*	***75.0%***	72%	⇧	***Provisional data***

Indicator		2017/18	2017/18 Benchmarking			2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2018/19 Target	Rating	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	**70.5%**	73.2%	= 109/150	⇧ Up from 142/150	N/A	N/A	N/A	***67.6%***	72%	⇩	***Provisional data***
	Carers	***2016/17 57.3%***	*2016/17 64.2%*	*2016/17 134/151*	*2016/17* ⇧	N/A	N/A	*55.6%*	***55.6%***	59.5%	⇩	***Provisional data***
4A: The proportion of service users who feel safe.		**66.1%**	69.9%	120/150	⇧ Up from 125/150	N/A	N/A	N/A	***67.3%***	67%	⇧	***Provisional data***
4B: The proportion of people who use services who say that those services have made them feel safe and secure.		**86.7%**	86.3%	= 78/150	⇧ Up from 139/150	N/A	N/A	N/A	***84.5%***	86.5%	⇩	***Provisional data***

Including historic survey-based measures (i.e. last known DoT):

Improvement from baseline - 14 ⇧	No significant change from baseline - 5 ⇔	Deterioration from baseline - 10 ⇩	N/A - No data on which to make a judgement on performance - 2 ⇔

Adult Social Care Scrutiny Commission

Draft Work Programme 2019 – 2020

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
16 July 2019	*PRE-MEETING ITEM: An Overview of the Adult Social Care Services (to be held as a pre-meet session prior to the main meeting - for the benefit of new members).*	SF		
	Dementia Strategy: Action Plans	TR		
	Extra Care Housing Update inc. planned schemes, detail on full wheelchair access	TR		
	Brokerage Team – Monitoring Report	SF		
	Adult Social Care Performance monitoring: Quarter 4 report	SF		

DRAFT

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
10 Sept 2019	BCF Annual Report including work with NHS and Over 85s Professional Development Opportunities Update on ASC Communications Co-ordination Sept or Oct item tbc re: Carers Strategy: Update following Amendment of the Strategy *(invite CYPS and hold this as a pre-meet/first Commission meeting item)*	RL RL SF TR		
29 Oct 2019	Refresh of the Learning Disability Strategy: Consultation findings including Autism Self-Assessment			
17 Dec 2019	VCS Review Phase 1 and 2: Progress Report, including information on Accomodation Based Support, DPSS/SUPS and relevant EIAs) ASC Budget (to feed into councils budget process)	TR/KG		

DRAFT

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
4 Feb 2020	Carers Strategy: 6 month Progress Update (inc. information on KPIs) Learning and Development	TR SM		
31 March 2020	End of Life Case File/Records Audit (Review) ICRS Review Annual Operating Plan 2019/20 End of Year Report	SF SF/Head of Service for Independent Living (Jagjit Bains (JB)?) SF		

DRAFT

Forward Plan/Suggested Items

Topic	Detail	Proposed Date
FORWARD PLAN OF KEY DECISIONS	Commission members to be kept updated on items impacting on Adult Social Care service areas. Watching brief, as required	Watching brief, as required.
CONSULTATIONS	Commission to contribute to planned and live consultations impacting on Adult Social Care service areas. Watching brief, as required	Watching brief, as required
BUDGET REVIEWS AND ANNUAL BUDGET	Commission members to be kept updated on budget impacts on Adult Social Care service areas. Watching brief, as required.	Watching brief, as required
Green Paper Task Group Response: Sustainable Funding for Social Care		
Test of Assurance – Joint Service: Internal Review		
Managing our Workforce Report		
Carers support		
Looked after children leaving care: a) support for housing e.g. council tax and rent b) living wage c) NEETs		
Housing adaptations programme (private and council) for people with disabilities		
Review of contracting out social care services		
Care homes - staffing		
Ethical Care Charter (unison)		
Tackling isolation		

DRAFT