

Leicester  
City Council

## **MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION**

**DATE: TUESDAY, 4 AUGUST 2015**

**TIME: 5:30 pm**

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

### **Members of the Committee**

Councillor Cleaver (Chair)

Councillor Bajaj (Vice-Chair)

Councillors Cutkelvin, Dawood, Halford, Joshi and Khote

One unallocated non-grouped place.

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

For Monitoring Officer

### **Officer contacts:**

**Julie Harget**, tel: 0116 454 6357, e-mail: [julie.harget@leicester.gov.uk](mailto:julie.harget@leicester.gov.uk)  
Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

## Information for members of the public

### Attending meetings and access to information

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

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

### Further information

If you have any queries about any of the above or the business to be discussed, please contact:

**Julie Harget, Democratic Support Officer on 0116 454 6357.** Alternatively, email [julie.harget@leicester.gov.uk](mailto:julie.harget@leicester.gov.uk), or call in at City Hall.

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

## **PUBLIC SESSION**

### **AGENDA**

#### **FIRE / EMERGENCY EVACUATION**

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

#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

Members are asked to declare any interests they may have in the business to be discussed.

#### **3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the Adult Social Care Commission held on 5 March 2015 have been circulated and the Commission is asked to confirm them as a correct record.

#### **4. TERMS OF REFERENCE**

**Appendix A**

Members will be asked to note the Terms of Reference for Scrutiny Commission, as attached in Appendix A.

#### **5. TO NOTE MEMBERSHIP OF THE COMMISSION**

Members will be asked to note the membership of the commission as detailed on the front of the agenda.

#### **6. TO NOTE DATES OF MEETINGS OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION FOR 2015-16**

Members are asked to note future dates of the Adult Social Care Scrutiny Commission for 2015 – 2016:

Tuesday 22 September 2015  
Tuesday 3 November 2015  
Tuesday 12 January 2016  
Tuesday 8 March 2016  
Tuesday 3 May 2016

All meetings to commence at 5.30 pm.

**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. ADULT SOCIAL CARE REVENUE BUDGET MONITORING - OUTTURN 2014/15** **Appendix B**

The Interim Strategic Director of Adult Social Care submits a report that updates the Adult Social Care Scrutiny Commission on the Department's financial performance against its revenue budget in the financial year 2014 / 15. Appendices A – C of the report contain extracts from the Executive Report 'Revenue Budget Monitoring – Out-turn 2014 / 15 (taken to the Overview Select Committee on 9 July 2015) which relate to Adult Social Care.

The commission is recommended to note the report.

**10. BETTER CARE FUND: UPDATE REPORT** **Appendix C**

The Director of Adult Social Care and Safeguarding submits a report that provides the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund (BCF), highlighting those schemes that relate directly to Adult Social Care.

The commission is recommended to note the progress made and the positive impacts achieved.

**11. ADULT SOCIAL CARE LOCAL ACCOUNT 2014 / 15** **Appendix D**

The Director, Adult Social Care and Safeguarding submits a report that presents Leicester's Adult Social Care Local Account for 2014 / 15. The report provides a retrospective backward looking review of the key developments, achievements and performance over the course of the year and also sets out future plans in response to challenges faced in the forthcoming year. The commission is recommended to note and comment on the report.

**12. UPDATE ON THE CLOSURE OF HERRICK LODGE**

The commission will receive an update on the closure of Herrick Lodge Elderly Persons' Home.

**13. ADULT AND SOCIAL CARE SCRUTINY COMMISSION [Appendix E](#)  
WORK PROGRAMME**

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

**14. ANY OTHER URGENT BUSINESS**



## 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 B



## Report to Scrutiny Commission

Adult Social Care

Date of Commission meeting: 4<sup>th</sup> August 2015

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Adult Social Care Revenue Budget Monitoring –

Out-turn, 2014/15

(Extract from Council Out-turn report taken to OSC  
on 9 July 2015)

Report of the Interim Strategic Director of Adult Social  
Care – Andy Keeling

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## **Useful information**

- Ward(s) affected: All
- Report author: Martin Judson
- Author contact details: Ext 37 4101

### **1. Summary**

The purpose of this report is to update the Adult Social Care Scrutiny Commission on the Department's financial performance against its revenue budget in the financial year 2014/15.

Appendices A-C contain extracts from the Executive Report 'Revenue Budget Monitoring – Out-turn 2014/15' (taken to the Overview Select Committee on 9 July) which relate to Adult Social Care.

### **2. Recommendations**

2.1 The Adult Social Care Scrutiny Commission is recommended to note the report.

### **3. Supporting information**

The General Fund budget set for the financial year 2014/15 for Adult Social Care was £89.5m.

Appendix A details the performance of General Fund services against the final budget including Adult Social Care.

Appendix B provides a more detailed commentary on Adult Social Care.

Appendix C provides background detail on the Adult Social Care related earmarked reserves.

### **4. Financial, legal and other implications**

#### **4.1 Financial & Legal implications**

4.1.1 This report is solely concerned with financial issues. Martin Judson Head of Finance

4.1.2 There are no direct legal implications associated with this report. Kamal Adatia City Barrister.

## 4.2 Climate Change and Carbon Reduction implications

4.2.1 Awaiting climate/carbon implications

## 4.3 Equality Impact Assessment

4.3.1 No Equality Impact Assessment (EIA) has been carried out as this is not applicable to a budget monitoring report. Separate EIA's have been or will be completed for any service area affected by the budget proposals.

## 4.4 Other Implications

4.4.1 No other implications are noted as this is a budget monitoring report, and therefore no policy changes are proposed.

## **5. Background information and other papers.**

Revenue Budget Monitoring –Out-turn, 2014/15 presented to the Overview Select Committee on 9 July 2015

## **6. Summary of appendices:**

Appendix A details the performance of General Fund services against the final budget including Adult Social Care.

Appendix B provides a more detailed commentary on Adult Social Care.

Appendix C provides background detail on the Adult Social Care related earmarked reserves.

## **7. Is this a private report?**

No

**GENERAL FUND REVENUE BUDGET  
BUDGET MONITORING SUMMARY 2014/15 - OUTTURN**

	Current Budget for Year	Actuals at Outturn	Variance over (under) spend
	£000	£000	£000
Local Services and Enforcement	27,087.1	27,085.1	(2.0)
Culture & Neighbourhood Services	15,674.1	15,674.7	0.6
Planning, Transportation & Economic Development	19,433.3	19,431.4	(1.9)
City Centre	518.3	517.7	(0.6)
Property Services	9,148.7	9,132.9	(15.8)
Departmental Overheads	686.8	685.1	(1.7)
<b>City Development and Neighbourhoods</b>	<b>72,548.3</b>	<b>72,526.9</b>	<b>(21.4)</b>
Adult Social Care & Safeguarding	68,856.5	71,623.4	2,766.9
Care Services & Commissioning	20,599.5	21,714.0	1,114.5
Health Improvement & Wellbeing	13,453.0	12,304.2	(1,148.8)
<b>Adult Social Care &amp; Health</b>	<b>102,909.0</b>	<b>105,641.6</b>	<b>2,732.6</b>
<b>Housing Services</b>	<b>5,220.9</b>	<b>5,150.4</b>	<b>(70.5)</b>
Strategic Commissioning & Business Development	626.5	626.5	0.0
Learning Quality & Performance Services	9,302.3	9,302.3	0.0
Children, Young People & Families	50,511.1	50,511.1	0.0
Departmental Resources	(6,758.1)	(6,758.1)	0.0
<b>Education &amp; Children's Services</b>	<b>53,681.8</b>	<b>53,681.8</b>	<b>0.0</b>
Delivery Communications & Political Governance	7,042.6	6,356.7	(685.9)
Financial Services	10,993.0	10,254.6	(738.4)
Human Resources	2,885.9	2,672.3	(213.6)
Information Services	8,752.4	9,333.5	581.1
Legal Coronial & Registrars	2,258.9	2,170.6	(88.3)
<b>Corporate Resources and Support</b>	<b>31,932.8</b>	<b>30,787.7</b>	<b>(1,145.1)</b>
<b>Housing Benefits (Client Payments)</b>	<b>527.6</b>	<b>519.3</b>	<b>(8.3)</b>
<b>Total Operational</b>	<b>266,820.4</b>	<b>268,307.7</b>	<b>1,487.3</b>
Corporate Budgets	13,814.6	6,967.0	(6,847.6)
Capital Financing	14,537.4	14,246.0	(291.4)
<b>Total Corporate &amp; Capital Financing</b>	<b>28,352.0</b>	<b>21,213.0</b>	<b>(7,139.0)</b>
<b>TOTAL GENERAL FUND</b>	<b>295,172.4</b>	<b>289,520.7</b>	<b>(5,651.7)</b>

**HOUSING REVENUE ACCOUNT  
BUDGET MONITORING SUMMARY 2014/15 - OUTTURN**

	Current Budget for Year	Actuals at Outturn	Variance over (under) spend
	£000	£000	£000
HRA Expenditure	85,064.0	83,439.0	(1,625.0)
HRA Income	(85,141.0)	(84,871.0)	270.0
<b>Total HRA</b>	<b>(77.0)</b>	<b>(1,432.0)</b>	<b>(1,355.0)</b>

**Outturn Divisional Narrative – Explanation of Variances**

**Adult Social Care & Health**

**1. Summary**

1.1. Overall, the portfolio area has overspent by £2.7m during the course of the year. This overspend can be managed through a contribution of £1.2m from departmental reserves and the use of the corporate contingency fund to meet the remaining £1.5m pressure.

**2. Adult Social Care**

2.1. As previously reported, the divisions have been under significant pressure during the year. These include:

- 2.1.1. Costs associated with a significant increase in assessments relating to Deprivation of Liberty Safeguards. This follows the Cheshire West Supreme Court judgement in March 2014 on Deprivation of Liberty safeguards (DoLs). The impact on the Council has been an increase in the number of cases of over 370% so far and this is continuing to increase rapidly with national figures suggesting the eventual increase could be as much as ten-fold.
- 2.1.2. Additional costs incurred as a consequence of the Council's recent review of fees paid to residential care homes, and which apply retrospectively.
- 2.1.3. There were a number of previous budget reductions where implementation was delayed compared to the assumptions made in the budget. The largest area of delayed savings relates to the programme of closure and sales of the Council's Elderly Persons Homes. The judicial review of this decision significantly delayed the closure of one home and required considerable management capacity, creating delays in the programme overall, but has now been resolved in the Council's favour.
- 2.1.4. Demand for services increased above the levels forecast when the budget was set.

**3. Health Improvement and Wellbeing**

3.1. There have been delays in national implementation of NHS health checks resulting in less demand than expected, lower than anticipated demand for sexual health services and extensive re-procurement of contracts. Demand is expected to catch up in 2015/16.

3.2. It is proposed to use £0.7m of the Division's budget to fund an earmarked reserve which will be used for the continued provision of outdoor gym equipment in the City's parks and recreational spaces to promote healthy lifestyles. This is reflected in the reported figures.

3.3. It is also proposed to carry forward £50k for a contribution to Crisis House and £43k to contribute to the Food Growing Hubs initiative, also reflected in the reported underspend.

**Earmarked Reserves – year end summary**

**1. General**

- 1.1. Earmarked reserves represent sums of money set aside for specific future purposes. This is contrast to the General Fund which exists to support the Council's day to day operations.

**2. Existing Earmarked Reserves**

- 2.1. This section of the report provides an overview of other significant sums of revenue money, which are held in reserves. These reserves are earmarked for specific purposes, and are separate from the Council's 'uncommitted' balances. In general these reserves have decreased overall by £3.3m during 2014/15 from £152.5m to £149.2m.
- 2.2. The reserves relevant to Adult Social care are set out below:

**Ring-fenced reserves**

**a) NHS Joint Working Projects**

This balance in this reserve has decreased significantly in 2014/15 from £13.5m to £5.8m. The Government has provided funding for joint working between adult social care and the NHS. The Council has undertaken to agree the use of these funds with the NHS and allocate them to projects benefitting the delivery of health and social care. All funds directed in this way are subject to section 256 agreements which are signed by both parties.

**Other reserves**

**b) Adult Social Care Budget Pressures**

This reserve (approved in period 4) was set-up to collate the department's reserves and manage the budget pressures the department faces whilst work is carried out to deliver the required savings. The reserve stands at £2m which will be available to fund pressures in 2015/16.







Leicester  
City Council

## Report to Scrutiny Commission

Adult Social Care

Date of Commission meeting: 4<sup>th</sup> August 2015

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### BETTER CARE FUND: UPDATE REPORT

Report of the Director of Adult Social Care and  
Safeguarding

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**Useful Information:**

- Ward(s) affected: All
- Report author: Ruth Lake, ASC and Safeguarding, LCC  
Rachna Vyas, Head of Strategy and Planning,  
Leicester City CCG
- Author contact details 454 5551
- Date of Exec meeting N/A

**1. Purpose of report:**

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund (BCF), highlighting those schemes that relate directly to Adult Social Care (ASC).
- 1.2 The detail of the Better Care Fund has previously been presented to the commission (March 2015) and this is a further update report.
- 1.3 This report draws out some of the equality impact analysis that is available from the BCF schemes.

**2. Key issues or points to note**

- 2.1 The Leicester City Better Care Fund interventions focus on enabling 'flow' across the health and social care system. This is helping to stop people being unnecessarily brought in to the acute care system or becoming stuck within it after they are well enough to go home. It is also focussed on reducing long term residential and nursing care, supporting people to remain in their own homes.
- 2.2 The BCF programme is primarily scrutinised by the Health and Wellbeing Board, this being a requirement in the BCF national guidance. The Joint Integrated Commissioning Board oversees progress and issues on a monthly basis. The impact of the schemes on the acute care system, and those schemes which are delivering new health services, will be of interest to the Health Scrutiny Commission.
- 2.3 Presently the BCF is supporting existing ASC services in order to extend their availability and maximise their benefit to people at risk of emergency admissions, rather than delivering new services.
- 2.4 Performance against the nationally prescribed indicators is positive for all indicators except the emergency admission indicator, which is currently showing 15.6% over the 13/14 baseline.
- 2.5 The BCF work in Leicester has attracted positive interest, from ministers nationally and also from the BCF Exchange, following a regional showcase. The services to manage crisis in the community and to divert people from unnecessary hospital admission have been particularly noted.

2.4 All BCF funded services were evaluated prior to the start of 15/16 and new funding allocations made. This brought further investment in to ASC to extend the Integrated Crisis Response Service, as well as maintaining allocations to support 7 day services.

### 3. Recommendations

The Adult Social Care Scrutiny Commission is recommended to note the progress made and the positive impacts being achieved.

### 4. Summary of Interventions

The table below summarises the key progress made in each scheme. Those which relate to ASC activity are highlighted.

Scheme	Scheme status
<b>Priority 1: Prevention, early detection and improvement of health-related quality of life</b>	
BCF1  Risk stratification	<b>LIVE</b> <ul style="list-style-type: none"> <li>▪ ISA enabling further use of Risk Stratification in commissioning has been agreed by the LMC and is being circulated to data controllers in practices through July and August. All practices expected to sign agreements by Sept 1<sup>st</sup> 2015. This will enable population segmentation, profiling and disease burdens at General Practice level to inform future models of delivery.</li> </ul>
BCF 2  Lifestyle Hub	<b>LIVE</b> <ul style="list-style-type: none"> <li>▪ Provider in place and delivering across City. Referral numbers are lower than planned and therefore service is being pushed at every opportunity by both provider and CCG teams.</li> <li>▪ Approximately 300 referrals per month being taken, with a service capacity of 500.</li> <li>▪ New SystMone template covering all Lifestyle Hub interventions in one template will be live from Sept 1<sup>st</sup> for use in General Practice</li> <li>▪ Web based system (<a href="http://www.getthehealthyleicester.co.uk">www.getthehealthyleicester.co.uk</a>) live and in use</li> </ul>
BCF 3  General Practice scheme (2.1-5%)	<b>LIVE</b> <ul style="list-style-type: none"> <li>▪ New BCF care plan template being trialled, which takes into account the learning from the Care Plan audit and City GP feedback.</li> <li>▪ Will be formally launched in conjunction with the new Primary Care Activity Scheme which encourages practices to complete care plans plus refer into a wider range of BCF services in order to reduce acute activity.</li> </ul>

## Priority 2: Reducing the time spent in hospital avoidably

<p>BCF 4</p> <p>Clinical Response Team</p>	<p><b>LIVE</b></p> <ul style="list-style-type: none"> <li>▪ Activity has steadily increased following a period of targeted engagement with various high users of the urgent care system, such as domiciliary care providers, EMAS Clinical Assessment Team and General Practice.</li> <li>▪ Service saw 430 patients in June 2015 with 89% of these kept at home</li> <li>▪ 65% were from GP's and 35% were from care homes. Qualitative data from the care homes suggest that they would have called 999 if this service was unavailable.</li> <li>▪ Clinical audit underway to validate data for QIPP (quality, Innovation, Productivity and Prevention) reporting purposes.</li> </ul>
<p>BCF 5</p> <p>Unscheduled Care Team</p>	<p><b>LIVE</b></p> <ul style="list-style-type: none"> <li>▪ In 14/15 the Integrated Crisis Response Service (ICRS) saw <b>3895</b> people, all within 2 hours of referral</li> <li>▪ <b>1,010</b> of these had fallen: after checking and supporting, only <b>11</b> of these people needed to be <b>conveyed into hospital</b>. The rest were kept safely at home</li> <li>▪ Number of people where care was shared with health: <b>1565</b></li> <li>▪ Over 75% of ICRS cases require no further services after our integrated approach</li> <li>▪ 320 patients accessed the Reablement pathway</li> <li>▪ ICRS saw 429 patients in June, with 141 of these being fallers.</li> <li>▪ 95 patients were supported home from acute hospital with qualitative data showing that this has impacted on readmissions for this cohort.</li> <li>▪ Referrals from other parts of the system such as GPs and SPA have also increased.</li> <li>▪ The teams across health and social care expect to be co-located by Sept 1<sup>st</sup> and this will aid efficiency across the unscheduled care team for both health and social care.</li> <li>▪ Night nursing services have also seen an increase in referrals with the roving City service attending to an average of 1 patient a night. The service also provides cover for the overnight element of the ICRS team. Data is being collected for this element.</li> </ul>
<p>BCF 6</p> <p>System Coordinator</p>	<p><b>Not taken forward</b></p>
<p>BCF 7</p>	<p><b>LIVE</b></p> <ul style="list-style-type: none"> <li>▪ 36 ICS beds are live, with daily occupancy reaching ~92%.</li> </ul>

Intensive Community Support service	<ul style="list-style-type: none"> <li>Feedback from LPT teams is that the virtual beds are enabling much faster discharge from LPT and UHL beds, enabling system-wide flow and reducing DTOC's, most notably during peak times.</li> </ul>
BCF 8 IT integration	<p><b>LIVE</b></p> <ul style="list-style-type: none"> <li>Records have started to be merged as the NHS number is now being used across health and social care.</li> </ul>
<b>Priority 3: Enabling independence following hospital care</b>	
BCF 9 Planned Care Team	<p><b>LIVE</b></p> <ul style="list-style-type: none"> <li>ASC has now commenced a review to implement the management and team structure to support integrated planned care teams. Due to conclude Autumn 2015</li> <li>In June, the Care Navigator service had 94 patients referred in, with the majority of these patients being over 75 and at high risk of admission</li> <li>This is significantly under the available capacity and the CCG and LA are working collaboratively to increase the referrals by trialling a more proactive delivery model. This will involve visiting practices with higher numbers of older patients and offering the service directly to an identified patient cohort in partnership with the practice.</li> </ul>
BCF 10 Mental health discharge team	<p><b>LIVE</b></p> <ul style="list-style-type: none"> <li>Work is ongoing at Commissioner level to unblock these delays as LPT has been unable to aid a further decrease in DTOC's seen during the latter part of 14/15.</li> </ul>
BCF 11 Integrated Mental health step down service	<p><b>NOT LIVE</b></p> <ul style="list-style-type: none"> <li>Held whilst ongoing LLR mental health pathway review takes place.</li> </ul>

## 5. Quality and Performance

### Case Study

Whilst case studies are not in themselves the total measure of performance, they can be powerful in highlighting how the changes made are experienced by people and the outcomes that can be achieved.

### April 2015

Mrs T was referred to ICRS by the Clinical Response Team due to numerous falls. She had recently attended hospital but was discharged without further support. When she had fallen before, she had spent a long time on the floor; she had relied on neighbours to find her on the floor.

ICRS supported Mrs T with 2 calls daily (am & pm) for a period of 72 hours. They supported her with safe transfer techniques, personal care and confidence building with daily tasks including meal and drink preparation.

ICRS facilitated an urgent referral to the Community Therapy Team who fully assessed her mobility within 48 hours. A referral was also made to Practical Help At Home to install wooden handrails on the stair case which would aid stair transfers and reduce the risk of falls/accidents on the stairs.

LeicesterCare installed a lifeline system within 24 hours and it was requested that ICRS be the first responder if the lifeline activates, so that further falls would be picked up and responded to quickly.

A reassessment took place with the Care Management Officer in ICRS and it was deemed that no further services were required. Mrs T had returned to her previous level of independence and had a plan in place to mitigate the risk and / or impact of any further falls.

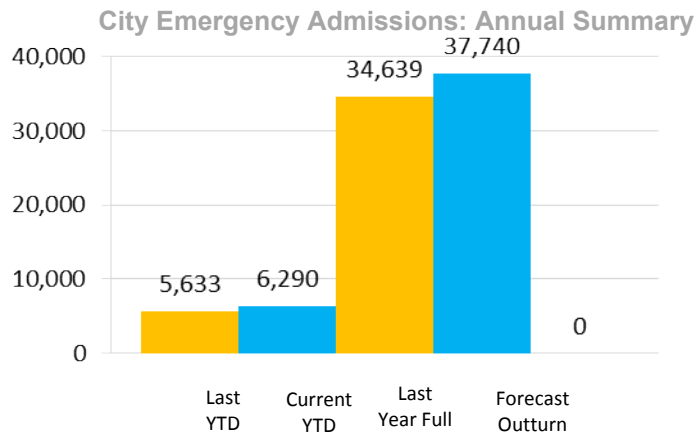
Mrs T noted that she felt more confident, able to carry on at home knowing that if she needed support, it was there. She also noted that the support she received was focussed on getting her back on her feet, rather than her becoming reliant on care, which was something that she feared.

### National Performance Metrics

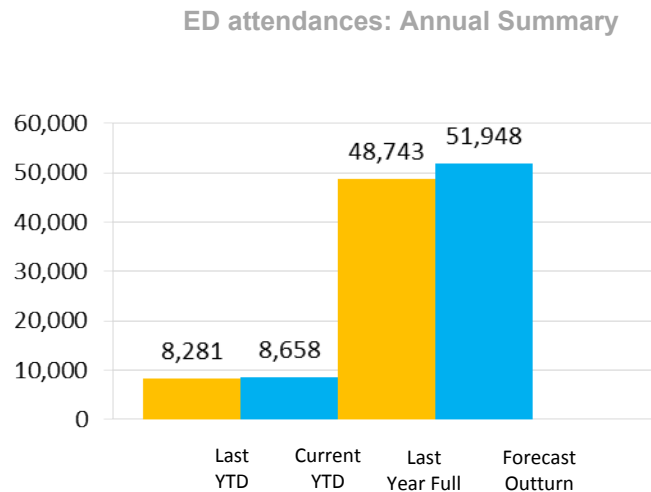
The BCF programme is required to report against a number of national targets

#### a. Emergency admissions (all ages)

Despite the increase in activity in all areas of the BCF programme, Emergency Department attendances and admissions have continued to increase for Leicester City patients.



UHL Emergency admissions, YTD. GEM BCF dashboard, June 2015

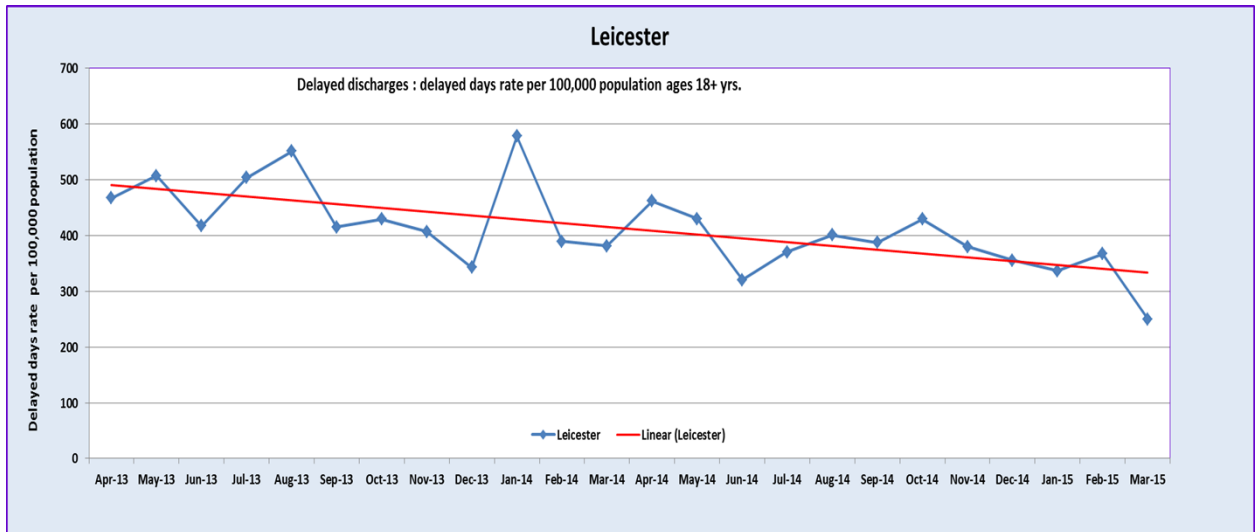


UHL ED attendances, YTD. GEM BCF dashboard, June 2015

However, calls to EMAS have held steady compared to 14/15 YTD, with an increase noted in both non-conveyance and hear and treat services. All services have been requested to upscale work on inflow rather than discharge for 15/16. Work is also ongoing with contracting teams to understand the activity going through UHL and what further opportunity there is to reduce this.

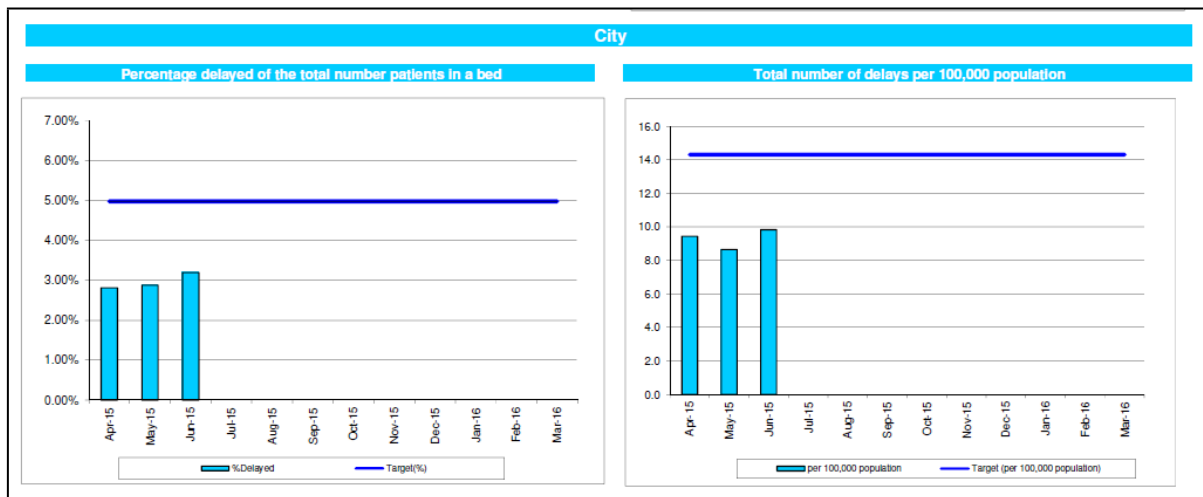
## b. Delayed Transfer of Care (DTOC)

Monthly monitoring of the DTOC rate for Leicester City continues to show a steady reduction in numbers, with performance on track to meet the 14/15 trajectory.



Leicester City monthly DTOC rate 2014-15. GEM CSU.

Monthly monitoring shows that City continues to achieve DTOC targets set. As at the end of June 2015, City DTOC rates were 10.2/100,000 against a target of 14.3/100,000. Marked decreases have been noted at UHL as a result on ongoing joint working between BCF teams and the hospital flow team.



There has been an increase in mental health delays recently, predominantly due to a lack of step down facilities for a specific group of high risk patients. Commissioners are working with LPT to tackle this.



**c. 65+ Permanent Admissions in residential / nursing homes**

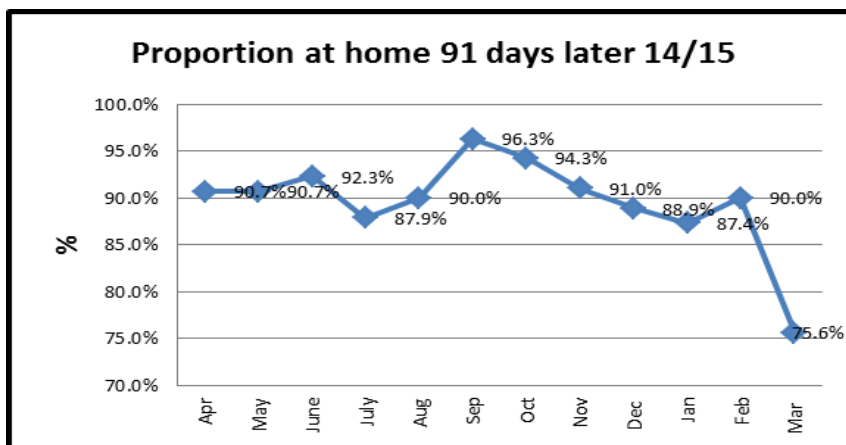
The BCF target for year-end activity was to have no more than 280 admissions in the year. This was missed narrowly, with 287 placements made in total; this was an improvement however on 13/14.

For 15/16, 36 patients to date have been permanently admitted to a residential or nursing home. Forecasting the year end position, we expect to meet our target of 270 admissions based on current activity.

**d. Proportion of those aged 65+ at home 91 days later following hospital discharge**

Our 2014/15 target for this measure was 89%. Our performance, using the national (ASCOF) reporting methodology (three month window – October to December discharges measured between January and March) was 84.3%. However, when using our local reporting methodology (full year) our performance was 89.7%, exceeding our target.

The discrepancy is largely attributable to an unexpectedly high number of people discharged from hospital in December 2014 dying during the following 91 days. This was approximately 4 times the expected (average) number and accounted for 20.6% of the annual total. This is reflected in the dip in performance in March in the chart below.



**6. BCF Risk Management**

The BCF risk log is been updated each month and interrogated at each BCF implementation group. No clinical or safety incidents have occurred in any of the BCF interventions outlined above.

## 7. Equality Impact Assessment

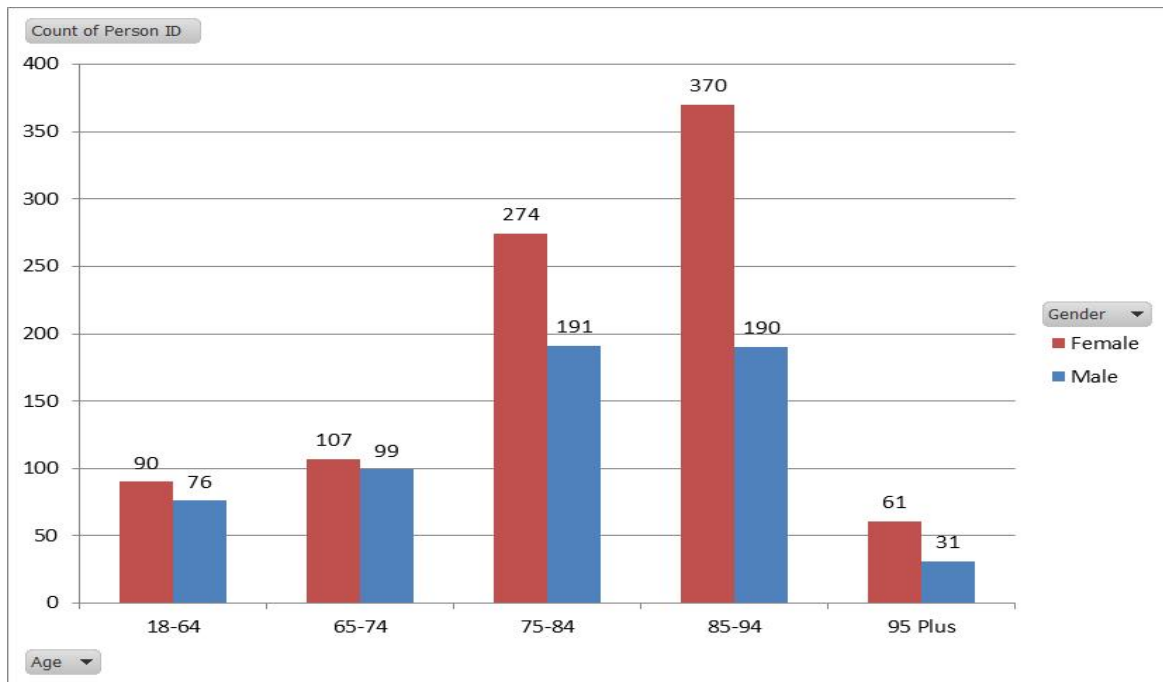
Due to the nature of the schemes they essentially target people who fall into a 'protected characteristic' category, notably age and disability. Therefore there is a wide, positive impact by improving the quality of life for these individuals.

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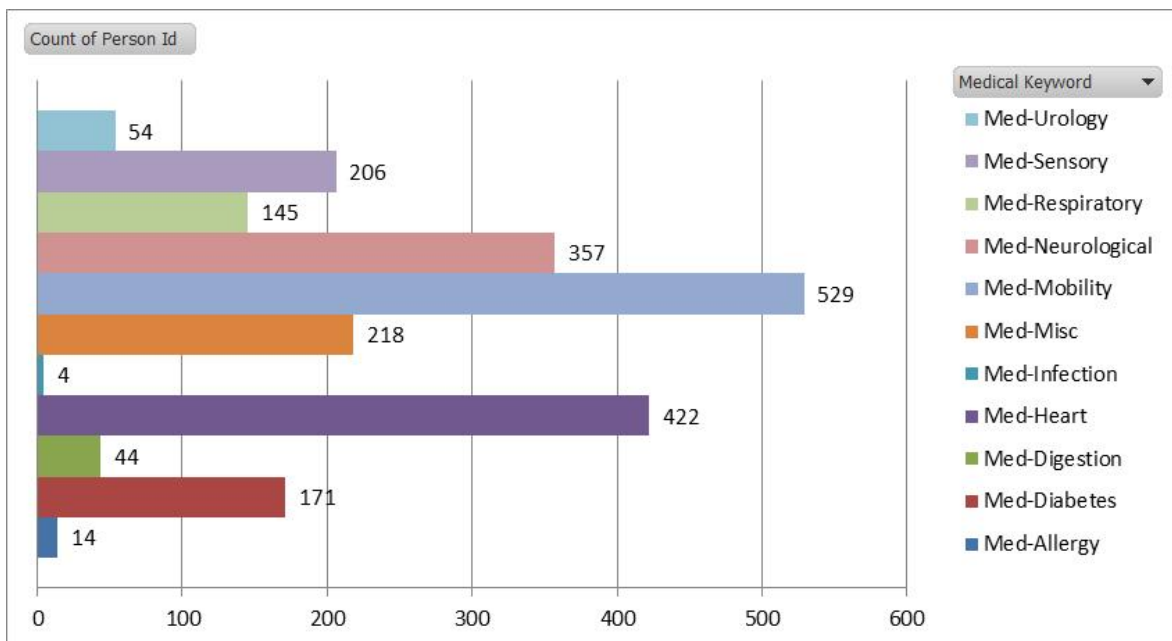
The ICRS data Ethnicity split is 79.7% White compared to BME categories.

<b>ICRS Ethnicity Data</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Any other Asian background	3	5	8
Any other Black background	1	2	3
Any other ethnic group	7	8	15
Any other White background	18	13	31
Asian or Asian British – Bangladeshi	1	0	1
Asian or Asian British – Indian	134	94	228
Asian or Asian British – Pakistani	12	8	20
Black or black British - African	5	2	7
Black or black British- Caribbean	12	4	16
Chinese	1	0	1
Information not yet obtained	3	1	4
White British	695	441	1136
White European	3	1	4
White Irish	7	8	15
<b>Grand Total</b>	<b>902</b>	<b>587</b>	<b>1489</b>

The Age vs Gender analysis of the ICRS data shows an overall higher proportion of females supported by ICRS. This is comparable to national age vs gender demographics. The ICRS data also highlights a prominence of the service supporting individuals above the age of 75.



An analysis of the LeicesterCare data for service users with ICRS as a designated responder indicates that BCF funded services support the needs of service users with a wide range of medical conditions, predominantly service users with Mobility, Heart, and various Neurological medical conditions.



## 8. Looking ahead

The funding position past 15/16 is not certain, as Councils and CCGs are awaiting confirmation from central government. It should be noted that aside from the specific schemes described above, a significant sum (£13m) is coming to the Council to support the provision of general social care services.

Clarity has been sought regarding the status of BCF funding for 16/17 to enable planning. As yet, nothing has been received from either NHS England or the Local Government Association, although a decision is expected by autumn 2015. In addition, commissioning guidance is expected in September 2015, outlining the requirement for each area to commission a fully integrated urgent care service which makes reference to ensuring that social care services are specifically considered.

In preparation, a BCF planning workshop will be scheduled in September 2015 to enable the governance process to begin as early as possible.

In terms of an exit plan, for those schemes in operation there has been a clear benefit to the emergency admission levels in the city and decisions would be taken on the basis of effectiveness and the value of continued investment across the wider health and social care system.

## **8. Financial, legal and other implications**

### 8.1 Financial implications

The total BCF revenue funding for 2015/16 is £21.4m. Of this £13m is being used to supplement the Council's Adult Social Care budget of £88m to support the provision of general social care services. The remainder is being used to fund the various schemes outlined above.

There is uncertainty over BCF funding beyond 2015/16 and therefore there is a significant risk to the Council financial position should the funding be reduced.

*Martin Judson, Head of Finance*

### 8.2 Legal implications

The report is to provide the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund, and the recommendation is to simply note the progress, thus there are no direct legal implications as a result of this report. Further advice can be sought if required as matters progress.

Amy Owen-Davis  
Solicitor  
For City Barrister and Head of Standards  
0116 4541462

# Adult Social Care Scrutiny Commission

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## **Adult Social Care Local Account 2014/15**

Date: 4<sup>th</sup> August 2015

Lead Director: Ruth Lake

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## Useful information

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

### 1. Summary

- 1.1 This report presents Leicester's Adult Social Care Local Account for 2014/15. This will be Leicester's fifth Local Account, which is a retrospective backward looking review of the key developments, achievements and performance over the course of the year. It also sets out future plans in response to the challenges faced in the forthcoming year.

### 2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and makes comment on the contents.

### 3. Report

- 3.1 The previous coalition government replaced considerable layers of inspection and indicators for ASC with a new regime, set out in '*Transparency in outcomes: a framework for quality in adult social care*'. As part of this framework, the publication of 'local accounts' was put forward as one way of supporting meaningful dialogue between councils and communities and replacing previous annual publications by the Care Quality Commission.
- 3.2 It is not mandatory to publish a local account; however the vast majority of councils with adult social care responsibility do so, and it is considered good practice. Local Accounts are a key part of the Local Government Association's 'Towards Excellence in Adult Social Care' programme and are supported by the Association of Directors of Adult Social Services (ADASS).
- 3.3 Guidance on producing local accounts was published in June 2011 by ADASS. Local Accounts are not seen as sitting on their own. They are viewed as part of the wider principle of making local areas responsible for their own performance, and therefore complementary to self-assessment and sector-led improvement.
- 3.4 Previously we have published four Local Accounts. The first three reports evolved in terms of content and style. Based on feedback from these reports It was agreed that the Local Account for 2013/14 would be published as a shorter summary document, It was subsequently agreed that the 2014/15 report would follow a similar format but would be published significantly earlier than previous reports.

3.5 The Local Account has sections covering the following subjects:

- Vision – Setting out the department’s vision over 2014/15 and highlighting the work undertaken during the year to develop a new high level strategy for ASC in Leicester.
- ASC and Health Needs in Leicester – Looking at current and future levels of need in the city.
- The Care Act and the Better Care Fund – Describing major national developments impacting on the delivery of ASC during the year.
- Services – Providing a brief description of services provided by ASC in Leicester and reporting key service level performance data for the year.
- Achievements – Reporting on the progress made in addressing priorities identified in the 2013/14 Local Account.
- Complaints – Reporting on the number and nature of complaints (and commendations) received by ASC in 2014/15.
- Finance - Summarising the breakdown of spend in the year.
- Performance – Reporting on our ‘Key Performance Indicators’ for 2014/15.
- Future Plans – Setting out key priorities for 2015/16.

**4. Financial, legal and other implications**

4.1 Financial implications

4.1.1 There are no direct financial implications associated with this report. Stuart McAvoy ASC Finance.

4.2 Legal implications

4.2.1 There are no direct legal implications associated with this report. Kamal Adatia City Barrister.

4.3 Climate Change and Carbon Reduction implications

4.3.1 Awaiting Climate Change implications

4.4 Equalities Implications

4.4.1 The Adult Social Care Local Account 2014/15 covers all the protected characteristics as listed in the Equality Act and pays due regard to the three aims of the public sector equality duty

through promoting independence for vulnerable people and helping them to stay in their local communities. It also takes into account future projections for the city's population and promotes prevention and intervention services/support.

Sukhi Biring, Equalities Officer, ext. 374175.

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

4.5.1 There are no other issues identified.

**5. Background information and other papers:**

None

**6. Summary of appendices:**

Appendix 1                      Leicester's Adult Social Care Local Account 2014/15



# Adult Social Care Local Account 2014-2015



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## Introduction

Welcome to our fifth Adult Social Care Local Account. This report covers the period 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015 and is a retrospective look at how our services performed during that time and also sets out some of our future plans.

## Vision

Our vision for Adult Social Care during 2014/15 was to enable individuals to be active citizens and to ensure people are safeguarded. Within the limited resources available to us, we do this by:

- supporting people to access mainstream and universal services to meet their needs;
- ensuring people are provided with opportunities to maintain or regain their independent living skills;
- ensuring that people who have on-going risks to independence are fairly assessed and are allocated resources (personal budgets) to meet their needs;
- enabling people to exercise choice and control over the way in which they use their individual budget to meet their desired outcomes; and
- supporting people who are at risk of harm and abuse to stay safe.

During 2014/15 work has been undertaken to update this vision, making sure it is relevant, and reflects current challenges and opportunities. It has been agreed that from 2015/16 the purpose of ASC in Leicester will be *“to protect and empower the most vulnerable people in Leicester”*.

Due to increasing demand and reducing budgets, it will be necessary to define how ASC will respond to the challenges. Therefore, the following principles have been adopted:

- Resources will be prioritised to the most vulnerable and to agreed priorities.
- Packages will be designed with service user centre stage, based on an asset not deficit model.
- Our focus will be to help people to help themselves.
- We will begin assessments by building on the strengths of families, communities and services.
- Where outcomes can be improved we will co-locate, integrate or partner with others and jointly commission services with Health where it delivers efficiencies and adds value.
- Meeting need in a different way:
  - Extra Care & Supported Housing
  - Shared Lives
  - Promoting Independence
  - Greater use of community assets
  - Enablement
  - Few people in receipt of services; more people supported by community assets.

We will achieve this by co-ordinating services into three levels:

**Prevention** – This relates to universal assets, including information, advice and guidance, and support provided by family and friends and the local community. These will not be funded by ASC. We anticipate that many people contacting ASC will be able to be assisted by directing them to universal preventative and community services.

**Intervention** – These are low level support that stop, reduce or delay the need for ASC support. Some of these interventions will be funded by ASC, such as reablement, whereas others will be funded by Public Health and provided by voluntary and community sector (VCS). We will offer this opportunity to the majority of people who appear to have care and support needs, with the aim that a majority of people will have their eligible needs fully addressed through such interventions.

**Specialist** – Support will be available to people assessed as being eligible for ASC assistance and given a personal budget to purchase support, including domiciliary care, residential care and supported living services. It is envisaged that a small proportion of people seeking ASC assistance will require statutory, ASC funded support on a long term basis.

## Adult Social Care and Health Needs in Leicester

One of the main ways that we find out what services people in Leicester need now, or are likely to need in the future, is by carrying out a Joint Strategic Needs Assessment (JSNA). The current shows that the number of older people in the city is growing, and is going to continue to grow.

- **Over 60s** - It is predicted that the number of people who are aged over 60 in Leicester will go up from the current level of 47,700 to 59,300 by 2025. This is an increase of nearly a quarter.
- **Over 85s** - The number of people aged 85 or over in Leicester will increase from 5,100 to 9,000 by 2033. This is an increase of 79%.
- **Over 90s** - The number of people aged 90+ is estimated to increase from 1,700 to 3,900 by 2033. This is an increase of 129.5%.

In Leicester we also have a very diverse population. This means we have to make sure that our services are suitable for people from a wide range of different cultural and social backgrounds.

Older people often have particular needs in a number of areas, including mobility, sensory impairment or dementia. For example, there are currently an estimated 2,700 people with dementia in the city; and this is expected to rise to 3,700 by 2030. The JSNA also shows that Leicester has a higher rate of people with learning disabilities than the national average.

Finally, carers do a critical job in helping people who are elderly and vulnerable to live independently for as long as they can. But we also know that many carers are aged over 65 themselves, and so carers sometimes have need for support too.

## The Care Act

The Care Act replaces most current law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; the new obligations on local authorities; and how local authorities should charge for both residential care and community care.

The Care Act is mainly for adults in need of care and support, and their adult carers. There are some provisions for the transition of children in need of care and support, parent carers of children in need of care and support, and young carers. However the main provisions for these groups (before transition) are in the Children and Families Act 2014.

## The Better Care Fund

The Better Care Fund was announced by the Government in June 2013, to support health and social care services to work more closely together. Leicester City will have access to £23.261m of this fund which has been formed from existing commissioning budgets.

The Leicester City Better Care Fund (BCF) is a collaboration between Leicester City Clinical Commissioning Group and Leicester City Council, supported by local health and social care partners including Leicestershire Partnership NHS Trust, East Midlands Ambulance Services, University Hospitals of Leicester NHS Trust, SSAFA Care and Leicester City GP practices.

The Leicester City Fund is being used for the patients that are likely to benefit from it most: patients who are aged 60 years of age and above; younger adults with three or more health conditions; and anyone with dementia.

The BCF formally commences in April 2015, but the health and social care partners in Leicester have been delivering the service transformation locally in 2014/15. Our combined efforts mean that Leicester citizens are already benefitting from a more positive experience and a better quality of care.

## Services

We provide a wide range of adult social care services for people in Leicester. Some of the services are provided by our own council staff, but a lot of them are 'commissioned' or bought from other organisations.

When we commission services, we write a clear specification saying what services we want to be provided, how we want them to be provided and what standards we expect from the services. Then we invite organisations to bid to provide the services, and we choose the ones that can provide the best services for the best value. Then when an organisation is providing a service, we make sure they are providing them properly, by monitoring them. This monitoring includes asking people who are receiving the services whether they are happy with the service they are getting. Some adult social care services are also monitored and inspected by a national organisation called the Care Quality Commission.

This section tells you about each of the main services we are responsible for, some of which we provide directly, and some of which we commission.

**Single Point of Contact** - The Single Point of Contact receives referrals for all new contacts to Adult Social Care from hospitals as well as the community. We provide Information Advice and Guidance and work with people to explore their circumstances to enable them to maximise their independence and safety. Where appropriate, we work in a person centred way to provide short term solutions to their needs and pass on cases to locality social work teams for further assessment. We recorded 14,733 contacts in 2014-15.

**Assessments** - We carry out assessments to find out whether people have needs that the council should support. These are called 'eligible needs'. We work to the national eligibility criteria, which was introduced with the Care Act 2014. Assessments focus on what people can do or could do, with some support. Our assessment process includes time for people to receive services that help to increase their independence, before we conclude whether people have eligible needs that require council services to be provided.

If people do have eligible needs, we provide them with a personal budget, and we put together a support plan with them. If their needs are not eligible for council support, we can also give them information about how they can find other services.

This year we completed 5445 assessments of new clients. We also review people's needs on a planned basis, to look at how well the services being provided are meeting the individuals' outcomes. This year we completed 3165 reviews of existing clients.

### Preventative Services –

We work with the voluntary sector to provide services across all client groups including carers, people with mental health problems, those with dementia, HIV/AIDS, older people and those with disabilities to provide low level preventative services that help people maintain their independence in the community.

- **Minor adaptations** – 7,707 minor adaptations such as stair rails, grab rails, half steps, levelled door thresholds and lighting improvements were completed during 2014-15.
- **LeicesterCare alarms and assistive technology (AT)** - Assistive Technology allows an individual to perform a task that they would otherwise be unable to do. AT includes a wide range of devices from simple 'standalone' items such as picture memory phones to more high tech 'telecare' items such as fall sensors and epilepsy sensors. The Telecare service we provide is known as LeicesterCare. LeicesterCare facilitates timely hospital discharges and avoids admissions into both hospital and residential care, and enables people to live their lives as independently as possible. LeicesterCare provides a 24 hour emergency alarm monitoring service to approximately 4,700 service users. Alarm calls can be raised directly by the Service

Users or by automatic sensors detecting events such as falls. LeicesterCare will liaise with the Integrated Crisis Response Service to provide a prompt response to alarm activations, reducing the impact on ambulance services and other acute services. During the year the LeicesterCare service handled over 75,600 calls.

- **Reablement** - The Reablement Service provides support for people within their own homes. It is based on short-term assistance from care Reablement Assistants and health professionals working together to improve service users' independence. Reablement supports an individual to regain skills and confidence, and where appropriate makes use of aids, equipment and assistive technology. We helped 1,668 people who were new to our service during the year.
- **Integrated Crisis Response Service (ICRS)** – This service brings together Adult Social Care and Health staff to support people who are experiencing a crisis in their own home, preventing admission to hospital or a care home. The service is available 24 hours a day, 7 days a week and responds within 2 hours. The service is short-term and is available for a maximum of 72 hours. ICRS have supported 3,349 service users during the year.

**Independent Living Support (formerly known as Housing Related Support)** - These services help people who live in supported accommodation, sheltered housing run by housing associations or their own homes live independently. It also pays towards the costs of community alarms for existing customers of the service. In 2014-15 we provided in the region of 16,011 hours of support through these services.

**Domiciliary Support (formerly known as home care)** – We commission (buy) personal care services for people to enable them to maintain or regain their independence and remain living in their own home for as long as possible. 'Personal care' covers things like washing, dressing, preparing meals or helping to manage money. Around 2,000 people in Leicester receive this service, with about 18,000 hours of support given each week.

**Carers** – We provide a variety of services and support for people who provide unpaid support to family or friends who could not manage without this help. We carried out 2338 carers assessments. The outcomes of the assessments were that 1148 (49%) received support via a one off Carers Personal Budget. 1190 (51%) received information and advice. The voluntary sector delivered 547 carers breaks on behalf of the Council. 446 carers received training through both internal and external training programmes. In addition to the training they provide the voluntary sector supported a total of 1,739 carers through a variety of provision on behalf of the Council.

**Shared Lives** – This is a scheme where ordinary individuals, couples or families become carers and share their home and community life with someone who needs some support to live independently and help them maintain good health and wellbeing. 53 service users are currently supported through Shared Lives.

**Sheltered Housing** - We provide a housing related support service to tenants in Sheltered Accommodation to help maintain independence and reduce reliance on other formal services. There are approximately 410 tenants in 14 sheltered housing schemes across the city. A total of almost 9571 contacts were made with tenants, of which 2430 resulted in a referral to other services. The total number leading to an intervention was 1,599.

**Extra Care Housing and Supported Living** - These are buildings that have self-contained apartments with either staff on-site, or in one case, on-site care. They are designed to be accessible to meet people's needs, including those people using mobility aids and wheelchairs. There are a range of communal facilities that encourage the tenants to interact with each other as a community. An additional 77 people with mental health needs or a learning disability were supported this year.

**Residential Care: Elderly Persons Homes** - The council continued to support residential care home placements providing care to older people who are unable to live independently. The council commissioned residential and nursing places in the independent sector as well as running 6 council run homes. Council run homes are going through a period of transition as we go through a process of sale and closure. As at March 2015 we currently have 3 council run homes. All homes are registered and inspected by the Care Quality Commission. The total number of people who have used our facilities through the year was 185.

**Community Opportunities (previously known as Day Services)** – We manage, commission and provide funding for a range of activities that enable disabled and older people to learn new skills, have an active role in the community and to maintain their independence, health and wellbeing. This is done via both in house and external services who are commissioned by adult social care or increasingly directly by the individual receiving the service through a direct payment. This type of provision provides stimulation and social inclusion for the individual, whilst in many cases also ensuring family carers have the time to do the things that are important to them aside from their caring responsibilities. In 2014/15, 857 people were supported through commissioned Community Opportunities, with an increasing number choosing to make their own arrangements and commission services directly from the provider through the use of direct payments.

**Substance Misuse** - We provide treatment for people who are experiencing difficulties related to substance misuse. There are three types of service: community based treatment; services for people whose substance misuse has brought them in to contact with the Criminal Justice system; and services for young people. 1,583 adults received structured treatment in relation to illicit drug use and 603 individuals received treatment in relation to problematic alcohol use. In addition, 98 young people received structured treatment.

**Transition** - The Transitions Team works with young people who are leaving school and who have been identified as having a disability and are eligible for an assessment under the Care Act. The team works with young people, their families and carers, schools, health colleagues and Connexions to assess the young person's needs and provide support if required to enable them to live as independent a life as possible. About 65 young people were supported in 2014-15. The team is responsible for undertaking assessments, carers assessments and for undertaking Safeguarding investigations.

**Safeguarding** - Safeguarding is about identifying when adults, who may not be able to protect themselves because of their care needs, may be experiencing abuse and/or neglect from others. Safeguarding work is completed across the whole of Adult Social Care. The Safeguarding Adults Unit provide advice and support to professionals, shares good practice, and responds to wider concerns about services that may suggest abuse or harm. During 2014-15 there were 476 adults at risk who were referred through the safeguarding process.

## Achievements

In our Adult Social Care Annual Report 2013/14 we said we would do a number of things to meet our priorities going in to 2014/15 and beyond. This section tells you what we have actually done.

**Information Advice and Guidance** – We have worked on the establishment of a service providing Leicester citizens with information, advice and guidance relating to care and support for adults and support for carers. The service was in place for 1<sup>st</sup> April 2015 and has introduced a more stream-lined approach to printed materials and a much improved on-line provision. The number of printed materials has been greatly reduced and web-pages that follow a clear customer journey have been designed and implemented. Information owners have been identified for all web-pages, so that the responsibility for keeping them up-to-date is clearly assigned.

**Carers' assessments and services** – The Carer's Assessment has been revised and new Carers pages have been put on the Council website.

**Customer experience** – We have worked to develop a citizen portal where customers can access information and advice and use interactive tools to find out about eligibility and cost of support. It is anticipated that the portal will be live from June 2015.

**Independent Living** – Leicester Independent Living consortium has been appointed to develop 2 x 80 unit Extra Care schemes at Tilling Road, Beaumont Leys and Queensmead Road, Braunstone. Architect plans are being drawn up and public consultation is due to take place mid-June 2015. The projected date for occupation of the schemes is Summer 2017.

**Transitions** – The Children's Act came into force on 1<sup>st</sup> September 2014 introducing Education, Health and Care Plans (EHCPs). We have continued to work with colleagues to roll out a programme of transfer reviews. We have established a new person centred process for integrated assessment and resource allocation placing the child and family at the centre of their support. We have a web-based local offer and are investigating the possibility of creating electronic EHCPs initially for young people aged 14-25.

**Safeguarding** – On the 1<sup>st</sup> April 2015 the revised Leicester, Leicestershire and Rutland Safeguarding Adults Multi-Agency Policies and Procedures (MAPP) was released. This document sets out how the local authority meets the requirements of safeguarding under the Care Act 2014. The document is web based and can be found on the web address: [www.llradultsafeguarding.co.uk](http://www.llradultsafeguarding.co.uk) . The Leicester Safeguarding Adults Board is now securely in place with statutory and local partners. It is another part of the Leicester City commitment to meeting the safeguarding requirements of the Care Act 2014.

**Integration and Partnership Working** – We have successfully made a difference to people by helping to avoid unnecessary hospital admissions. Our Better Care Fund has supported arrange of services including Integrated Crisis Response Services, staff working in discharge teams and extended hours of service for discharging people from hospital. We have prepared plans to create integrated locality teams and this will take place during 2015/16

**Workforce Strategy** – A draft strategy has been produced initially targeted at Leicester City Council employees, however this will be expanded to workers in the external care market in due course.

**Pre-paid cards** – An external card provider was selected following a formal procurement exercise. A six month pilot scheme to evaluate the effectiveness of pre-paid cards will take place from July 2015 and a report will be taken to directors in February 2016.

**Modernising day services** – We have closed Douglas Bader day centre and succeeded in finding alternative services for all those who attended the day centre. We have worked with people with learning disabilities and supported and enabled individuals to access activities in their local community.

**Funding Reform** - The Care Act 2014 required a Deferred Payments scheme to be in place, alongside a revised Charging Policy. The Deferred Payment Policy, Deferred Payments Legal Agreement, updated Charging Policy and Third Party Top-up Legal Agreement were all approved by 1<sup>st</sup> April, and the appropriate documentation was published on the ASC web-pages

## Complaints

We know it is really important for people using our services to be able to pass on their experiences – good or bad.

Many of the complaints that we receive are informal and are settled within the relevant services. However, we do run a formal complaints procedure as well. Complaints give us very valuable feedback about the adult social care services that we provide and through this we get a picture of which areas are performing well, and where we need to give more attention. We are also committed to putting things right when they have gone wrong and use any lessons from complaints received to learn how to improve services.

Over 2014/5 we received 14,733 requests for services and provided long-term support 6,300 people. During this period we received 78 formal complaints under our social care complaints procedure. 76 of these complaints progressed to a conclusion and from these 14 were upheld and 19 were partially upheld. A total of 43 complaints were not upheld.

During 2014-15, The Local Government Ombudsman recorded twelve decisions in relation to complaints about Adult Social Care services. Six of these enquiries were referred back to us so we could respond to them first, two were upheld and a further four complaints were not upheld.

For each complaint that we receive, we record the reason/s for it. The table below shows which aspects of our adult social care services have been highlighted by the complaints reported to us in the last year (some complaints have more than one reason recorded).

Reasons for complaint			
Withdrawal of service	4	Lack of communication	14
Staff punctuality	0	Inadequate resources	2
Staff attitude / behaviour	31	Failure to undertake task	19

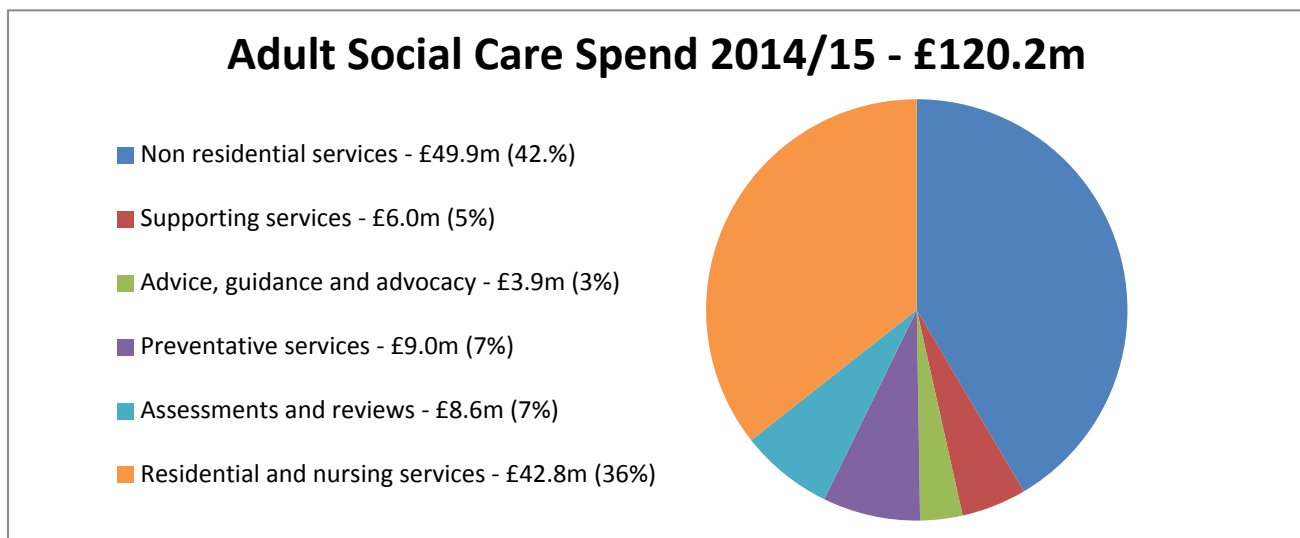
Racial abuse	0	Denial of service	4
Poor care plan / needs not met	18	Delay in receiving a service	9
Other	1	Challenging practice decision	22
Notice of concern	4	Breach of confidentiality	1
Not informed of policy / procedure	3	Abuse by staff	1
Lack of information	5	Abuse by other users	0
Lack of consultation	4		

As an organisation we look to make improvements to our services as a result of the customer feedback we get. During 2014-15 we noted that we needed to learn from complaints that had raised issues about delay, our communication, recording of information and case management. As an example of the actions we will be taking in response, we will be reviewing the ways in which we keep in touch with our customers during waiting periods or when an individual's situation is complex. We will also be sharing customer experiences with staff who undertake assessments; to make sure that they are aware of what parts of our contact can cause issues or concerns.

We are pleased when we also receive positive reports from our customers about the work that we do and we formally record these as commendations for staff. 2014-15 saw a 10 % increase of staff commendations received, with a total of 214 commendations recorded.

## Finance

Each year the Council sets a budget for Adult Social Care; this details the money that is available to spend on different services. The following chart shows the breakdown how the budget was spent in 2014/15.



## Performance

We use a number of performance measures to help us manage adult social care. The main measures we use are from the Adult Social Care Outcomes Framework (ASCOF) This is a set of 22 measures created by the government that have to be used by all councils that provide adult social care services. We also use a number of 'local indicators' that address priorities for us in Leicester.

### What are we doing well?

We have a high percentage of service users and carers receiving self-directed support, giving them increased choice and control over the care they receive. At 31<sup>st</sup> March 2015, 96.2% of service users received self-directed support with 41.3% receiving direct payments. At the same point 100% of carers received a direct payment.

Delayed discharges (when a patient is ready for transfer from a hospital bed, but is still occupying a bed) from hospital have reduced from last year. In 2014/15 there were 13.0 delayed discharges per 100,000 population



compared to 15.9 in 2013/14. The percentage of those delays which were attributable to Adult Social Care also reduced from 5.3 per 100,000 population to 4.3.

Fewer people over the age of 65 were admitted to residential or nursing care. In 2014/15, 287 people (equating to a rate of 734.1 per 100,000 population) were admitted, in 2013/14 the figure was 291 people (equating to a rate of 750.9 per 100,000 population). Having said that, we want to drive much more improvement on this measure in future years.

The majority of ASCOF measures derived from the national carer's survey showed an improvement from the last survey in 2012/13. For example, the proportion of carers who had been involved in discussions about the person they care for rose from 63.5% to 68.5%.

The percentage of service users with a learning disability or in contact with secondary mental health services living independently was up on the previous year. 69.8% of those with a learning disability and 35.8% of those in contact with secondary mental health services were living independently, compared with 67.4 % and 34.1% respectively in 2013/14.

Significantly more carers received needs assessments or reviews and a service or advice and information than in the previous year, with our performance at 49.7% of carers for 2014/15 compared to 28.4% in 2013/14.

We have increased the number of people in Shared lives placements and the number of carers approved by the Shared Lives Service. In 2014/15 we made 52 shared lives placements and had 54 carers approved by the shared lives service compared to 40 and 43 respectively in 2013/14.

We have significantly increased the use of Assistive Technology. 1,762 services users were supported with assistive technology in 2014/15 compared to 1,534 the previous year.

We have increased the number of new supported living tenancies. In 2014/15 we were able to provide 77 tenancies compared to 59 in 2013/14.

We have supported more adults with mental health needs or learning disabilities through work placements. 37 people were supported in 2014/15, almost double the 20 people supported in the previous year.

We are improving our Early Intervention and Prevention services, with more people signposted to other services or receiving one off services. In 2014/15, 63.1% of initial contacts did not require a full assessment and long-term support compared to 47.8% in 2013/14.

We have continued to improve reablement outcomes, with more people becoming fully independent. In 2014/14, 53.8% of people leaving reablement services were fully independent with no further need for Adult Social Care services, compared to 46.4% in 2013/14.

### **What are we doing less well?**

Changes to the annual national 'user's survey' in 2014/15 mean we cannot directly compare results with previous surveys, or the ASCOF measures that derive from the survey. However, feedback from service users through the survey is not as positive as we would like. For example, while 87.4% of services users were satisfied with the care and support they received, we want to see more people being extremely or very satisfied than the 56.9% indicating so in the survey. The overall satisfaction level of carers also dropped slightly from 37.9% in the last survey (2012/13) to 37.7% in 2014/15.

We need to improve the number of people with Mental Health or Learning Disability needs who are in paid employment. Our performance dropped from 7.7% for adults with a learning disability and 2.2% for those in contact with secondary mental health services in 2013/14 to 6.9% and 1.8% respectively in 2014/15.

Historically, our performance in reablement services has been very high, but in 2014/15 this has dipped. The proportion of older people who were still at home 91 days after discharge from hospital into reablement services

dropped from 86.9% in 2013/14 to 84.3% in 2014/15. And, the proportion of older people offered reablement services following discharge from hospital fell from 4% to 3.6%.

We need to make sure more service users are having their care packages reviewed on a regular basis. Due to other pressures on our services, we were only able to review 42.3% of service user's packages over the year compared to 68.4% in 2013/14.

Providing support for people with dementia is a priority for us. While we were able to increase the number of people with dementia attending community based services from 231 in 2013/14 to 339 in 2014/15, this was not as much as we had planned.

## Future Plans

The way we deliver Adult Social Care in Leicester will have to change in coming years. As previously stated, we are facing tremendous financial pressures and will have to do things differently and in some cases do less. At the same time we are committed to delivering the best services we can and improving those things we have not been doing as well as we would like. Our priorities for 2015/16 are:

- To implement the Care Act and prepare for further changes due to funding reforms
- To manage within the resources available to us, by focussing on prevention, supporting people to access community and universal services and reducing demand for statutory services
- To reconfigure our staffing structures, to support an improved user experience and to support staff to be productive and to deliver high quality social work services
- To improve performance management and financial management, ensuring managers have the necessary tools to be held to, and hold their staff to account
- To integrate services for those young people in transition to adulthood / adult services
- To review commissioned services, ensuring that the range, quality and focus of services is able to match eligible need and our preventative responsibilities
- To support integration by aligning and co-locating some services with health partners
- To reduce a reliance on residential care, so that older people can remain in a home of their own and to ensure younger adults have the opportunity for ordinary lives
- To review packages of care and ensure support plans are focussed on reducing dependency
- To implement an enablement model of support, to promote the independence of people with a range of needs but particularly mental health / learning disability
- To train and develop our staff so that they are enabled to meet our priorities and deliver the practice / demonstrate the values that underpin our purpose

## Healthwatch Leicester

Healthwatch Leicester is an independent community watchdog. It was set up at the last year to help the people of Leicester get the best out of their local health and social care services.

Adult Social Care welcomes Healthwatch Leicester as a valuable addition to the city’s network of health and social care organisations and respects its role as an independent champion of our service user’s and carer’s interests. Adult Social Care has begun to develop positive links with Healthwatch throughout the year and will look to build on this in the future.

They can be contacted as follows:

- Email:** [information@healthwatchleicester.co.uk](mailto:information@healthwatchleicester.co.uk)
- Website:** [www.healthwatchleicester.co.uk](http://www.healthwatchleicester.co.uk)
- Twitter:** @HealthwatchLeic
- Post:** Healthwatch Leicester, Clarence House, Humberstone Gate, Leicester LE1 3JP
- Phone:** Helpline: 0116 251 8313  
General Enquiries: 0116 251 0601

### How to contact Adult Social Care

- Internet:** <http://www.leicester.gov.uk/your-council-services/social-care-health/adults/about-our-adult-social-care-services/>
  - Phone:** 0116 454 1004 (Monday to Thursday 8.30am – 5.00 pm. Friday 8.30 am to 4.30 pm)
  - Email:** [customer.services@leicester.gov.uk](mailto:customer.services@leicester.gov.uk)
  - Visit / Post:** Leicester City Council, Customer Service Centre, 91 Granby Street, Leicester, LE1 6FB
- Opening hours:
- |            |                 |
|------------|-----------------|
| Monday:    | 8.30am – 5.00pm |
| Tuesday:   | 8.30am – 5.00pm |
| Wednesday: | 9.30am – 6.00pm |
| Thursday:  | 8.30am – 5.00pm |
| Friday:    | 8.30am – 4.30pm |



**Adult Social Care Scrutiny Commission**

**Work Programme 2015 – 2016**

<b>Meeting Date</b>	<b>Topic</b>	<b>Actions Arising</b>	<b>Progress</b>
4 <sup>th</sup> Aug 15	1) ASC budget – outturn and budget for 2015/16 2) Better Care Fund – issues relating to ASC 3) Performance Data 4) Herrick Lodge – update on progress		
22 <sup>nd</sup> Sep 15			
3 <sup>rd</sup> Nov 15			
12 <sup>th</sup> Jan 16			
8 <sup>th</sup> Mar 16			
3 <sup>rd</sup> May 16			

## Forward Plan Items

Topic	Detail	Proposed Date
ASC Budget	Current financial position and ASC plan	
Better Care Fund	Progress of projects and costs attached	
Domiciliary Care	Inclusion of scrutiny pre-procurement	
Enablement	Progress against the strategy	
Intermediate and Extra Care Unit	Progress of the new builds	
Mutual/Traded Services	Consider how this can be adopted locally	
Performance Reporting	Regular performance reports	
VCS Procurement	Consideration of the advocacy and carers element	