



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 3 MAY 2016

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-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:

Julie Harget, Tel: 0116 454 6357,
e-mail: julie.harget@leicester.gov.uk

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

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Further information

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

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

PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. CHAIR'S ANNOUNCEMENTS

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 8 March 2016 have been circulated and the Commission is asked to confirm them as a correct record.

5. PETITIONS

The Monitoring Officer to report on any petitions received.

6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

7. ADULT SOCIAL CARE PEER CHALLENGE

Appendix A

The Strategic Director, Adult Social Care and Health submits a report that presents the findings of a peer review of Leicester City Council's Adult Social Care Services. The Commission is recommended to note the feedback received from the review team.

8. ADULT SOCIAL CARE STRATEGIC PRIORITIES FOR 2016 / 17 [Appendix B](#)

The Strategic Director, Adult Social Care and Health submits a report that presents an overview of the strategic priorities developed for Adult Social Care for the year 2016/17. The Commission is recommended to note the contents of the report, and feedback on any further information it would like to receive over the year 2016 /17 on the implementation of these strategic priorities.

9. PROMOTING INDEPENDENCE AND REDUCING THE USE OF RESIDENTIAL CARE [Appendix C](#)

The Strategic Director, Adult Social Care and Health submits a report that provides the Scrutiny Commission with an overview of the actions that are being taken to promote independence and to reduce the use of residential care, especially for people with learning disabilities and mental health issues. The Commission is recommended to note the contents of the report.

10. ADULT SOCIAL CARE USER EXPERIENCE SURVEY: ANALYSIS OF RESPONSES-QUARTER FOUR-2015/16 [Appendix D](#)

The Strategic Director, Adult Social Care and Health submits a report that presents summary information on responses during the first two months of running the Adult Social Care User Experience Survey. The Commission is asked to note the encouraging number of responses received during the two months of the survey and the positive nature of the vast majority of those responses.

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

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

12. ANY OTHER URGENT BUSINESS

Adult Social Care Scrutiny Commission

Adult Social Care Peer Challenge

Date: 3rd May 2016

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 We recently took part in a peer review of our Adult Social Care services. This involved a team of senior peers from across the East Midlands region spending time with us, our partners, providers, service users and carers to help us drive improvement in areas of particular concern to us. The peer challenge forms part of ADASS's wider programme of 'sector led improvement' in the region, as all Councils grapple with unprecedented challenges facing adult social care and the wider public sector.

1.2 The review team was led by Joy Hollister, Strategic Director of Adult Care at Derbyshire County Council. She was joined by her Deputy Cabinet Lead Member and three senior managers from other councils in the region.

1.3 We asked the team to review the following 'key line of enquiry':

How well is Adult Social Care in Leicester prepared for the leadership challenges it faces?

1.4 Having already been provided with a file of key documents including our self-assessment, the team spent three days in Leicester. Over the first two days the team met over 70 elected members, officers, partners, providers, service users and carers. On the third day they prepared and presented their findings.

1.5 The review team lead has now confirmed these findings in a letter to the Strategic Director. The letter is attached as appendix 1 of this report and summarises both the strengths the review team found and suggested areas for development in the areas we asked them to look at. We are heartened by the team's recognition of the positive work we are doing in Leicester, and their helpful identification of areas for development has given us plenty of food for thought.

2. Recommendations

2.1 Note the feedback received from the review team.

3. Report

- 3.1 Adult social care departments are now subject to peer review to help drive improvement. The peer challenge forms part of ADASS's wider programme of 'sector led improvement' in the region. Sector-led improvement is based on the principle that stronger accountability through increased transparency drives further improvement. It is a process that allows local authorities to be open to challenge from their peers and to get support from them in order to inform improvement and drive change.
- 3.2 The sector led improvement process has three main elements: preparation of a self-assessment document; attendance at a peer challenge summit (where the self-assessment documents are discussed); and, a peer challenge (where individual authorities are scrutinised and feedback is provided).
- 3.3 The self-assessment (submitted in May 2015) covers the four domains of the Adult Social Care Outcome Framework along with Leadership; Use of resources; and, overall strengths and weaknesses. At the conclusion of the self-assessment we are asked to identify potential areas of focus for our peer challenge.

- 3.4 For the peer challenge, we agreed the following key line of enquiry:

How well is adult social care in Leicester prepared for the leadership challenges it faces?

In particular we wanted them to assess our strengths and weaknesses regarding:

- | | |
|---------------------------|--|
| Strategic Leadership - | Providing direction, promoting a culture of excellence and acting as role models |
| Resource Management - | Managing human, financial and technological resources effectively to deliver change, performance and continual improvement |
| Relationship Management - | Engaging effectively with staff, customers, partners and providers for mutual benefit |

- 3.5 The adult social care peer challenge took place between the 21st and 23rd March 2016. The review team comprised of Joy Hollister (Strategic Director of Adult Care Derbyshire County Council), Cllr Rob Davison (Deputy Cabinet Member for Adult Social Care, Derbyshire County Council), Caroline Baria (from Nottinghamshire County Council), Linder Sellars (from Nottingham City Council) and Carolyn Nice (from Lincolnshire County Council).

- 3.6 The review team visited the council for three days. During this time a series of

interviews and workshops were set up to give the panel the opportunity to get a general understanding of the work of the adult social care, our key challenges and strengths, and explore the key line of enquiry. During this process the review team talked to members of staff across the department and the council, the adult social care Lead Member and Scrutiny Commission Chair, as well as key partners and providers, and service users and carers to scrutinise evidence and documentation provided in advance of their visit (including an updated self-assessment with the latest performance data and any new or updated evidence). Additional information was also made available during the visit.

3.7 At the end of the Peer Challenge informal feedback was provided. The feedback provided an opportunity for us to consider the way in which we are managing the challenges of delivering adult social care in the current social and economic climate. It provided us with the opportunity to gain an objective opinion from 'critical friends', who bring with them an understanding of how other local authorities are meeting current pressures.

3.8 The Peer Review team have subsequently provided a formal feedback letter capturing the main points and issues identified. The letter is attached as appendix 1 of this report, and highlights the following suggested priorities for our consideration:

- Consider using the leadership qualities framework
- Free up practitioners from the process
- Squaring financial circle
- Demand management at front end and reviewing of packages
- Understand and evidence your day-to-day business so shared ownership and accountability can be achieved at every level
- Build on available support from corporate, but clear on roles
- Communication, communication, communication

3.9 In conclusion, adult social care considers the sector-led improvement process as an integral part to its continued development. Feedback from the peer challenge review team will form a critical part of the decision making process for future direction of travel for some key areas of the department's work and its role within the wider Council.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext 37 4003

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 significant climate change implications arising from the recommendations in this report.

Louise Buckley, Senior Environmental Consultant, 37 2293

4.4 Equalities Implications

There are no direct equalities implications arising from the findings of the peer challenge. However, we can all learn from the peer review findings and ensure that we effectively communicate the values and outcomes of the work we undertake to serve our residents.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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

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

6. **Summary of appendices:**

Appendix 1: Letter from Joy Hollister, peer challenge team lead.

Mr S Forbes
Strategic Director, Adult Social Care
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115 Charles Street
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Joy Hollister
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Derbyshire County Council
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County Hall
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Derbyshire
DE4 3AG

Telephone: (01629) 532432

E-mail: Joy.Hollister
@derbyshire.gov.uk

Our ref:
Your ref:
Date: 5 April 2016

Dear Steven,

Leicester City Council Adult Social Care Peer Review

I am writing to outline our findings and conclusions from the peer review conducted in Leicester between the 21st and 23rd March.

As you know the review team comprised of myself as the lead Director, Cllr Rob Davison (Deputy Cabinet Member for Adult Social Care, Derbyshire County Council), Caroline Baria (Service Director, Strategic Commissioning, Access and Safeguarding, Nottinghamshire County Council), Linder Sellars (Director of Quality and Change ASC, Nottingham City Council) and Carolyn Nice (County Manager, Adult Frailty and Long Term Conditions, Lincolnshire County Council), supported by Daniel Routledge (SDSA).

You asked us to consider how well Adult Social Care in Leicester is prepared for the leadership challenges it faces, specifically around three areas:

Strategic Leadership

- Provide direction, promote a culture of excellence and act as role models

Resource Management

- Manage human, financial and technological resources effectively to deliver change, performance and continual improvement

Relationship Management

- Engage effectively with staff, customers, partners and providers for mutual benefit

Firstly we would like to thank you, your team, the Members, partners and the users and carers we met for the friendly welcome we received during our time in Leicester. We were grateful for the open and honest way in which everyone approached the Peer Review.

We would also specifically like to thank Adam Archer for looking after us so well and meeting all our requests for extra information and timetable adjustments.

We started from the view that 'Leadership is everyone's business' and should not be considered as solely the preserve of senior staff and political leaders. The analogy we used was the NASA janitor who when asked what he was doing, replied "I'm helping put a man on the moon".

Context

You will naturally understand the context in which Leicester currently sits, but this is our reflection on how we found things during our time with you.

As a permanent Strategic Director you offer stability to a position that has seen much turbulence and this, and your visibility, was very welcome by staff at all levels. You also have two long standing, strong Divisional Directors with an extensive knowledge of the department and its history.

There is a strong political leadership which provides a clear direction for Adult Social Care and the Principal Social Worker also provides strong professional leadership. You also appear to be a learning organisation, taking on advice and support from external experts.

There has been a long period of change and organisational review within the department and this has impacted upon the staff and their confidence. We also found a workforce who repeatedly and consistently felt 'overwhelmed' and there was a feeling amongst them that Adult Social Care was under-resourced in terms of staffing levels.

Strategic Leadership – Strengths

There is a clear vision for the authority going forward and a clearly stated and understandable set of expected values for all staff.

You and the political and corporate leadership have a clear ambition for excellence both in terms of the services you provide and in the outcomes for the people of Leicester.

The high level strategy for Adult Social Care, which was written before you arrived, is clear and has had a degree of success in terms of delivery. We were also impressed with your operational plan for 2016/17, which is ambitious and thorough.

We found the staff to be very aware of the statutory framework and it was our opinion that you were more than meeting your statutory duties.

Strategic Leadership – Areas for development

Whilst the vision statement for the council is clear and ambitious, it needs to be translated carefully for Adult Social Care given the financial challenges you face. We felt there is a need for you as a department to focus on your statutory duties and that there was a need to ensure the 'prevent, reduce, delay' agenda was one that was owned by the whole council and not just seen as an Adult Social Care issue.

There is a need for the values of the organisation to be reinforced to ensure that accountability is held and clearly understood at every level and that people feel they have the permission to do what is right and appropriate and will be supported to do so.

There was also a sense within the department of a lack of clarity over the role of Heads of Service, which may in part be due changes in structure as a result of the organisational review, and where some decision-making should sit.

We saw some good evidence of innovation in projects such as the Integrated Crisis Response Service and the Day Services review, it is important that you take that learning and share it across the department.

The operational plan needs to be supported by a strong workforce plan to ensure that staff have the tools and skills required to deliver it.

In relation to your statutory duties, you need more clarity around where the boundaries of Adult Social Care are and these need to be communicated to corporate and partnership colleagues if you are to effectively manage demand within the department.

Resource Management – Strengths

The team found the department to have some effective, natural leaders within it and also that the corporate training offer was good. We were particularly impressed with the Professional Standards and Governance Board.

We found evidence of colleagues both within the department and in partner agencies collaborating in order to achieve the most positive outcomes for the citizens of Leicester.

It is our belief that Adult Social Care in Leicester is currently well resourced both in financial and staffing terms, although clearly you do have a challenge going forward to meet the future financial expectations for the department.

It was generally well recognised by those we met that good management

information will bring key benefits to the understanding and work of the department and we were particularly impressed with the new user satisfaction survey which seems to be a useful source of information for all levels within Adult Social Care.

We also felt that you had the appropriate technology in order to deliver some of the information needs as you look to improve your management information.

Resource Management – Areas for development

The authority recently undertook a manager's learning review and we would recommend you build on and implement the outcomes.

At the moment there appears to be an imbalance in the responsiveness and flexibility of the department. At times it appears the department is perhaps too responsive and flexible in relation to some work which should better sit outside it, so for example we heard from the focus groups that staff were being expected to respond to matters which would normally be referred to GPs. At other times there appears to not be enough responsiveness within the department to support different parts of Adult Social Care agenda, for example we found that people who use services were not having their care packages reviewed on a regular basis due to other work pressures and priorities.

There was also some concerning workforce data both in your sickness reports and the staff survey which need addressing urgently.

We were able to have sight of Rachel Ayling's use of resources benchmarking report, clearly you had only just received this whilst we were in the midst of the review, but we would think your response to it will be important for you in the immediate future.

The team also felt that the department would benefit from ensuring some protected time for leadership to consider finance and performance information in more detail. To be absolutely clear, when we talk about leadership in this context, we are talking about all levels of the department. One of the things we gleaned when talking to team managers, for example, was that they rarely got time to come together in the sort of group we were able to see and that they saw huge benefit in it.

In parallel to this, there needs to be a better understanding across the department of the strategic use of management information and as you implement and prioritise its further use, you should ensure that there is a level of consistency across the department, both in terms of what reports each tier of the organisation receives, but also in terms of how it is used, particularly at the Head of Service level.

We would also recommend a review around the processes and banding of

care home fees, which seemed a little confusing and we felt there is potential to streamline the process and potentially some savings.

Relationship Management – Strengths

At every level of the department, staff were enthusiastic for the clear and regular communication they had received from you since you took up post and appreciated your visibility in the department, particularly after such a long period of instability at Strategic Director level.

In the projects we looked at, we heard some excellent examples of effective communication in what were quite significant changes, this was well received by all.

We saw examples of emerging recognition of the need to manage demand, the portal you are developing for citizens to self-assess is a good example of this, and we felt that the partnership working between Adult Social Care and Public Health in relation to early help and early diagnosis was good.

Again in the projects around Elderly People's Homes and Day Centres we saw good examples of personalised approaches and in co-production with those who used the services. We also got a sense there was starting to emerge more collegiate working across the council and a move away from a silo-based approach.

We were particularly impressed with the relationships across health partnerships and found them to be mature, effective and robust and also the Health and Wellbeing Board we felt was in a strong place.

There also seems to be a good relationship between contract and commissioning staff and providers.

Relationship Management – Areas for development

There is a need for you to urgently review the clarity and consistency of organisational messages, with an opportunity to use action learning sets and road shows. In the shorter term, this may be assisted by regular meetings with all managers to ensure key messages are disseminated widely and that there is a shared understanding of accountability and support for decision-making.

We also felt the department could do a better job of recognising and celebrating the considerable strengths and achievements of Adult Social Care.

As mentioned earlier, the boundaries of Adult Social Care need clarification and communicating both within and without of the department. There is a need to ensure Adult Social Care staff are doing Adult Social Care appropriate work. As part of this, you should look at the front door, we found it to be too confusing and not as effective as it could be at keeping out inappropriate work.

This is critical in order to enable the department to manage its limited budget.

We also felt by increasing the timeliness of reviews of existing packages, there are possible opportunities to support people to become more independent and the potential for cost savings.

There needs to be a clarity in the offer Adult Social Care, and the wider council, can make to the people of Leicester and again this will need tying in to the boundaries of what Adult Social Care are. Related to this there is also a need to spread the understanding of the wider local offer, as well as promote social capital.

You also have an opportunity to take the learning from the success of the health partnerships and integration and share them across the organisation.

Key priorities

Clearly we have set out a number of things we would recommend you consider developing and as such we would like to outline what we would think should be your key priorities.

We thought the Leadership Qualities Framework would help your development as a department and you should consider its use.

You need to free up practitioners from the process, there are things being done by people who would be best served on other tasks. This could lead to better outcomes for citizens and reduce the sense of being 'overwhelmed'. Examples here include financial and welfare benefit assessments and debt recovery.

With the extra funding coming to Adult Social Care this year, it has given you a little time, but squaring the financial circle is vital for the department going forward.

John Bolton's work on use of resources shows that the only real way to achieve financial stability is through excellent asset-based social work. Reducing or negating the need for ongoing services is likely the solution for the financial challenge you face.

In relation to all of these issues, there are gains to be made by better management of demand at the front door and improvements in the timeliness of reviews of packages.

In order to understand your day-to-day business you have to be able to evidence it. Better management information will lead to shared ownership and accountability, which in turn should help your current workforce data issues and this feeling of being 'overwhelmed'.

You need to build on the support that is available from the corporate centre, whilst at the same time being clear about the boundaries of Adult Social Care and your role within the organisation.

Communication, communication, communication. All of the above can only be achieved by continuing to build on and develop the lines of communication across the department and beyond, something we feel you personally have recognised and are in the process of strengthening. As part of this we felt there was a differential between staff perceptions and the evidence we saw that would be improved by a stronger message.

Once again, we would like to thank you and everyone we met during our three days in Leicester for the openness with which you approached this review. We are also very grateful for the learning we have taken from you, which we will be able to apply in our own areas.

Yours sincerely

Joy Hollister
Strategic Director, Adult Care

Adult Social Care Scrutiny Commission

Adult Social Care Strategic Priorities for 2016/17

Date: 18th April 2016

Lead Director: Steven Forbes



Leicester
City Council

Useful information

- Ward(s) affected: All
- Report author: Steven Forbes
- Author contact details: 454 2206
- Report version: 1

1. Summary

- 1.1 This report presents an overview of the Strategic Priorities developed for Adult Social Care for the year 2016/17.
- 1.2 The report explains what each of the Strategic Priorities mean to those who use Adult Social Care services and how the Department will support their delivery in 2016/17.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and feedback on any further information the Commission would like to receive over the year 2016/17 on the implementation of these Strategic Priorities.

3. Report

3.1 Background

- 3.1.1 The Department established a set of Strategic Priorities for 2015/16. Eleven Strategic Priorities were identified as follows:
 - 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

3.1.2 These priorities were included in the Local Account published in mid 2015-16. The Local Account sets out every year how we have performed against our own priorities, plans and targets. It is not compulsory for the Council to publish a Local Account but is encouraged by the Department of Health as good practice in communicating to the wider community about what adult social care does, what it achieves and how well it is performing.

3.1.3 Our performance in delivering against the Strategic Priorities for 2015/16 will be reported in the next Local Account to be published at the end of summer 2016. This Local Account will be reported to a future Adult Social Care Scrutiny Commission.

3.2 Strategic Priorities for 2016/17

3.2.1 In developing the Strategic Priorities for 2016/17 a number of factors were influential in directing what areas were critical for the continued focus in the new performance year. These were:

- either for continuity or further development to continue with work which was delivered under a Strategic Priority in 2015/16;
- to ensure that the Strategic Priorities were predominately focused on adding 'customer value' rather than setting out improvements to internal business processes (which could be delivered through managerial improvement plans within the Department);
- driving innovation, service improvement and delivering fundamental changes in the nature of services available to support people.

In using these broad criteria above a set of six Strategic Priorities were established for this year. These are:

- 1) Improve the experience for our customers of both our own interventions and the services we commission to support them
- 2) Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'
- 3) Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs
- 4) Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care
- 5) Improve the work with children's social care, education (SEN) and health partners to continue to improve our support for young people with care and support needs and their

families in transition into adulthood

- 6) Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate

3.3 Reasons for the Identified Priorities

- 3.3.1 Strategic Priority (1): Adult Social Care aims to improve the lives of some of our most vulnerable individuals in our community who may require support and care either as a result of poor health, social and family factors or vulnerability to potential abuse. In doing this we aim to improve the quality of people's lives in conjunction with the individual, their families and other professionals. Ensuring that our interventions (e.g. undertaking an assessment, setting up care) are done well and people feel that these are positive experiences are very important to us and our customers. Ensuring that the quality of the services (e.g. home based care) that people receive are consistent, good and help them live their lives safely is also important. The national Adult Social Care Outcomes Framework (ASCOF) indicators are a measure of both how effective we are and on how people who use our services feel about what we do. The position of Leicester in terms of the ASCOF outcomes has been previously reported to Scrutiny Commission (November 2015). Based on the ASCOF indicators there are areas of our effectiveness and people's perceptions of the impact of our services that we can improve upon. In this year we will seek to better understand the impact of our services. We will use customer feedback to challenge ourselves, to reshape services and to monitor the benefits that our services bring to people's lives. Therefore we will aim to constantly improve what we do and the services we provide. This is what Strategic Priority (1) sets out. It is about continuous improvement based on understanding from feedback from customers about how effective we are and the benefits to their lives from the services we provide. It is closely linked to Strategic Priority (6) – see below in paragraph 3.3.6.
- 3.3.2 Strategic Priority (2): The Care Act brought the wider concept of 'wellbeing' into the core of Adult Social Care activity. It increases the challenge of placing prevention and promoting independence at the heart of all our interactions with people and the services we provide. Our approach in terms of supporting people of working age, (either with a learning disability or mental health needs) has not been one predominately focused on prevention and enabling self-care. As part of our recent Organisational Review of the structure of the Department we have created a new Enablement Service which went 'live' on 01 April 2016. The Enablement Service will aim to work with adults of working age with potentially eligible care and support to assist them in maximising their self-care and independence skills. We want to support people to be less reliant on the use of residential care within these two customer groups. We will work to offer a more community based, independent living model of support, in peoples own homes, or offer an 'own home' alternative to current residential care. Likewise we want to be able to assist working age adults with learning disabilities and mental health support needs to not only rely less on statutory, structured care and support but to live 'ordinary lives'. This will aim to support and encourage their aspirations to be able to work; to be active citizens in society; to contribute and not been seen to be only dependant and without ability, strengths and value within society. This approach supports the service model of recovery: enabling people to regain lost skills, regain their independence and to retake control of their own lives. We will work with people to learn new self-care skills and through being active citizens in the community to engage in support networks locally.
- 3.3.3 Strategic Priority (3): this is linked to Strategic Priority (2) and aims to reduce reliance on residential care as the accommodation type made available to working age adults with learning disabilities or mental health support needs. We will aim to work with people to live in supported

accommodation or community housing with a care and support package. This will support people to gain legal rights as a tenant rather than having a licence or contract to reside as they would have in a residential home. It will support them in having more control over their day to day living environment and how they choose to live their lives within their own home.

3.3.4 Strategic Priority (4): We have been increasingly successful in improving the numbers of older people we support to continue to live at home after a major health crisis, admission to hospital or other significant changes in their social care needs. We have over the last few years steadily reduced our use of residential care placements for older people. In setting out Strategic Priority (4) we continue to commit to supporting older people to remain at home. This is whether it comes from:

- returning home (with a short, intensive care package) as quickly and safely as possible from a hospital admission without having to temporarily be admitted to residential care or;
- enabling them to continue to self-care, adapt their day to day life, or maximise new community and structured support to live at home rather than be faced with the only option being admission to long term residential care.

In taking this approach we will work positively with individuals and families to minimise risks and to ensure that they are safe, able to make informed choices and have a quality of life that supports their wellbeing.

3.3.5 Strategic Priority (5): The transition for children with a disability who may have ongoing care and support needs into adulthood is a critical period in life. It impacts in terms of the life chances and quality of life for the child as they become an adult. We have improved on our approach to this work in conjunction with our colleagues in Children's Services, Education and health. However there are still significant potential improvements that can be made in this area. We will in this year work to develop and implement effective joined up planning for care, education and health at the point of transition into adulthood. We will also work to improve the pre-transition discussion with young people 16+, their parents and families in preparation for adulthood and the potential move into adult support networks. We will be aiming to work more closely with young people, parents and families to consider longer term 'life planning' not just transition planning. This will support young people wherever possible to plan for future work; active citizenship, further education; independent living in their own accommodation; and other important parts of living an 'ordinary life' that we all aspire too.

3.3.6 Strategic Priority (6): The department is changing what it does, what services it delivers and how it responds to meet the ever changing needs of the population and changes in care and support needs. This will have an impact on what our customers experience in the way that our services operate, what they offer and what we provide to people. We need to actively focus on learning from the changes we are going through. Monitoring, getting feedback from customers and analysing the impact of changes will support our learning as an organisation. We will use this learning to improve, to inform future developments and to innovate. We will clearly set out 'what good looks like', how we measure this and whether we are being or have been successful in achieving our Strategic Priorities, targets and improved outcomes for our customers. The fundamental test is to ensure that all of what we do brings value and benefit to the customer. We will seek to support and develop our systems and ways of working that achieve this and replicate this good practice as widely as possible. Where we identify the need to improve or change, we will do this in a timely, sustainable and responsive manner.

4. Financial, legal and other implications

4.1 Financial implications

The strategic priorities listed in this report are set against a back-drop of significant financial pressure on the Adult Social Care budget. The budget for 2016/17 has been increased by £14m to £103m in order to deal with the costs of the National Living Wage and increasing demand. Future financial projections show the increase in costs rising to £21m by 2019/20 net of savings. The increase in costs reflects the rise in the National Living Wage from £7.20 to £9.35 by 2019.

The priorities included in this report reflect the means by which demand for long term social care will be reduced. In particular the emphasis on enablement and independence with less use of residential care will reduce costs over time. This will come from tackling both existing and new service users.

Martin Judson, Head of Finance Adults and Children's Services, Tel. 4544101

4.2 Legal implications

This report sets out a proposed set of priorities in respect of Adult Social Care services for 2016/17. These have been formulated taking into account the statutory and non-statutory provisions of the Care Act 2014 and detail how the department seeks to imbed change within its working practices and culture to ensure that such duties are met going forward. Legal advice should be sought as and when required as such priorities are developed.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

The Council has two key indicators to monitor its progress in climate change mitigation; a target to halve city-wide carbon emissions and a target to halve its operational carbon footprint. As of November 2015, emissions from housing services, including Supported Living, are now included within the council's operational carbon footprint. This includes energy used in communal heating, and electricity use in communal areas in those properties.

Strategic priorities 2, 3 and 4 have a focus on increasing support for different customer groups to reduce reliance on residential care. The overall effect of this on the council's footprint might be to increase the provision of independent living schemes, which are now included in our footprint calculations. Therefore in identifying additional provision, ASC should be mindful of the benefits, to service users as well as the environment, of providing housing which meets a decent standard of energy efficiency. ASC should also consider providing tenants with advice on how to reduce their energy usage, energy saving advice could be provided by the council's Green Your Routine team (energy.management@leicester.gov.uk). The development of a supported living directory which will promptly notify staff of voids will allow existing accommodation to be used more efficiently.

Louise Buckley, Senior Environmental Consultant, 37 2293

4.4 Equalities Implications

Given the nature of Adult Social Care services, equalities and human rights principles underpin their consideration. The outcomes sought within the equalities measurement framework promoted by the Equality and Human Rights Commission (which include health; identity, expression and self-respect; participation, influence and voice; and individual, family and social life) and the principles of fairness, respect and dignity promoted by the Human Rights Act, reflect the quality of life for service users the service sets out to achieve in the strategic priorities presented for 2016/17. In addition to these principles, the operating framework for the service needs to take into account the diversity of service users, as experience has shown that different protected characteristics can give rise to specific types of discrimination, result in inequality of opportunity and as a result, adversely impact our social interaction. We have a duty to pay due regard to these potential implications arising from people's different protected characteristics as set out in our Public Sector Equality Duty within the Equality Act 2010.

Irene Kszyk, Corporate Equalities Lead, ext. 37 4147

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

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

Adult Social Care – Performance Overview: 3rd November 2015, ASC Scrutiny Commission

6. **Summary of appendices:**

None

Adult Social Care Scrutiny Commission

Promoting Independence and reducing the use of Residential Care

Date: 3rd May 2016

Lead Director: Steven Forbes

Useful Information

- Ward(s) affected: All
- Report author: Tracie Rees
- Author contact details:
- Report version number: 1

1. Summary

- 1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with an overview of the actions that are being taken to promote independence and to reduce the use of residential care, especially for people with learning disabilities and mental health issues.
- 1.2 Promoting Independence and reducing the use of residential care are two of the key Adult Social Care strategic priorities:
- a) To implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'
 - b) To improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs

2. Recommendation

- 2.1 The Adult Social Care Commission is asked:
- a) to note the contents of this report

3. Main Report

3.1 The Care Act 2014 places a requirement on Local Authorities to implement preventative measures, to support independence and to promote wellbeing, as a means of reducing the reliance on Adult Social Care services and enabling people to experience an ordinary life.

3.2 These requirements are reflected in two of the key Adult Social Care strategic priorities:

- a) Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'

- b) Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs

Enablement

3.3 Adult Social Care is currently in the process of introducing an enablement service, which will predominately support people with a learning disability or mental health issue.

3.4 The ethos of enablement is to enable people eligible for statutory support to maximise their independence and aspirations using a person centred and holistic approach. The enablement service works with people that can benefit from interventions that promote independence and well-being and reduces the need for formal packages of support and enables the individual to experience an ordinary life. Enablement staff work with individuals to engage in everyday activities, such as developing basic domestic life skills, meeting aspirations and enabling their recovery/supporting them to be as independent as possible, including accessing employment.

3.5 Supporting Actions:

- Transitioning existing staff from delivering a traditional day service to an enablement approach, including the provision of the associated learning and development
- The creation of an Enablement Referral Team who will determine whether an individual is suitable for support
- The enablement staff will work with individuals to identify clear outcomes to be achieved at the start of the process and will work with people for up to 12 weeks or refer them to other organisations, such as health or community based services if more appropriate
- Financial tracking to be monitoring the cost of packages at the start and end of the process
- Embed a performance culture that delivers high productivity, timely interventions and good quality outcomes
- Work with the VSC and other groups to identify community based options, including volunteering opportunities
- Work with the DWP and other organisations to promote and support paid employment opportunities

Key performance targets

- 90% of new cases to be allocated with 48 hours
- 90% of cases to be completed or referred to other agencies within a 12 week period
- 10% of cases with reduced packages and costs
- 10% of cases no longer eligible for statutory support

Reducing the Use of Residential Care

3.6 There are currently over 400 people with a learning disabilities or a mental health issue funded by the Council (between the age of 18 and 64 years) living in residential care. An analysis shows that approximately 197 of these people have fairly low level needs and could move into independent accommodation with the appropriate support.

3.7 When compared nationally, Leicester has fairly high number of people of work age in residential care, especially those with a mental health issue. Historically this is likely to be linked with the closure of several large hospitals/institutions for those with mental ill health.

3.8 Over the last 10 years a number of supported living/Extra Care schemes have been developed to enable a range of vulnerable people to live independently with support. However, a detailed analysis shows that 663 additional properties are needed over the next 5 years.

3.9 In response to above, discussions have taken place with a number Registered Social Landlords (RSL's) and private developers to identify potential options to create additional supported living/Extra Care schemes in the city. Also, some of the existing residential care home providers have expressed an interest in converting their homes into supported living schemes or to build new properties.

3.10 Over the next 4 years Adult Social Care will work to enable 197 people out of residential care into independent living schemes with support. This is in addition to stopping new unavoidable admissions into residential care, which is in the region of 45 working age adults each year.

3.11 Although the main focus is on reducing the use of residential care for working age adults (18 to 64), Adult Social Care will continue to adhere to the 'home first' principle for older people being discharged from hospitals, with no direct placement permanently from hospital to residential care unless short-term intensive care at home would not meet needs or be in persons best interests.

3.12 Supporting Actions:

- Creation of a Programme Board to work with RSL's and other organisations to develop supported living/Extra Care schemes in the city
- Ensuring a holistic approach is taken to matching an individual to a suitable property with the appropriate level of support
- Development of step down accommodation and support (two local organisations have received funding to develop a step down service).
- An application to the NHS England Transforming Care grant is being developed to further opportunities for hospital discharge
- Creation of a supported living team, who will look at alternative options to residential care for individuals
- Stopping people from entering into residential care, by ensuring that alternative crisis response support is available
- Preventing unnecessary admissions to short-term or temporary residential placements where short-term intensive care at home could be provided

Key performance targets

- 50% reduction in new people (23 of working age) moving into residential care per year
- 50 people per year (over the next 4 years) to be moved out of residential care into supported living
- 400 new/converted supported living/Extra Care properties to be created over the next 4 years

Financial, legal and other implications

4.1 Financial implications

The cost savings from transferring service users from residential care to supported living have been included in the Department's 2016/17 budget and the following 3 years' financial projections. These savings are typically around £85 per user per week for working age adults but varies significantly from case to case.

The Enablement Service has only just started and resultant cost savings will be evaluated during 2016/17.

Martin Judson, Head of Finance Adults and Children's Services

4.2 Legal implications

There are no direct legal implications associated with this report.

Pretty Patel, Head of Law, Social Care & Safeguarding

4.3 Climate Change and Carbon Reduction implications

The Council has two key indicators to monitor its progress in climate change mitigation; a target to halve city-wide carbon emissions and a target to halve its operational carbon footprint. As of November 2015, emissions from housing services, including Supported Living, are now included within the council's operational carbon footprint. This includes energy used in communal heating and electricity use in communal areas in those properties. Therefore in identifying additional provision, ASC should be mindful of the benefits, to service users as well as the environment, of providing housing which meets a decent standard of energy efficiency. ASC should also consider providing tenants with advice on how to reduce their energy usage, energy saving advice could be provided by the council's Green Your Routine team (energy.management@leicester.gov.uk).

The development of a supported living directory which will promptly notify staff of

voids will allow existing accommodation to be used more efficiently.

Louise Buckley, Senior Environmental Consultant, 37 2293

4.4 Equalities Implications

The report sets out how ASC are reshaping service provision which supports people with a learning disability or mental health issue, both of which are part of the broad protected characteristic of disability.

The approach to enablement and provision of alternative accommodation and support to residential care for this cohort of ASC service users reflects the aims of our Public Sector Equality Duty: elimination of discrimination by ensuring that their specific needs as disabled service users are considered and met in terms of care and support required; promotion of equality of opportunity by providing the support and opportunities required for them to control their own everyday living environment and participate in community life; and the fostering of good relations between different groups of people by ensuring that they are able to access community life, engage with a broader range of people and take part in social and employment opportunities they may wish to be involved in.

Irene Kszyk, Corporate Equalities Lead, ext 374147

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

None

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

5.1 Independent Living and Extra Care Housing Strategy

6. **Summary of appendices:**

None

Adult Social Care Scrutiny Commission

Adult Social Care User Experience Survey: Analysis of Responses - Quarter 4 - 2015/16

Date: 3rd May 2016

Lead Director: Steven Forbes



Leicester
City Council

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 summary information on responses during the first two months of running the adult social care user experience survey. The report also identifies issues associated with the administration of the survey during this initial period.
- 1.2 The survey is designed to aid our understanding of the user experience of ASC, specifically the interaction with staff undertaking the core functions of assessment and review. This is seen as particularly important given the relatively low satisfaction levels reported by service users through the statutory ASC User Survey.
- 1.3 The survey can provide valuable intelligence to support our drive for continual improvement.
- 1.4 The survey is based on a model developed and piloted by the London Borough of Sutton last year, with two subtly different versions, one for Contact and Response and one for other teams. The survey went live on 25th January 2016. The analysis contained in this report relates to 267 responses (i.e. those received up to 31st March 2016).
- 1.5 The overall picture from these initial responses is very encouraging, with the vast majority of respondents strongly agreeing with the (positive) statements in the survey and a large number of positive comments being made. Very few negative ratings or comments have been received. Headline analysis of responses is attached as Appendix A.

2. Recommendations

- 2.1 Note the encouraging number of responses received during the two months of the survey and the positive nature of the vast majority of those responses.

3. Report

3.1 Background

- 3.1.1 Since 2010/11 we have been required to take part in a national survey of adult social care service users. The overall survey is managed by the Health and Social Care Information Centre (HSCIC) who explain the rationale for the survey as follows: *“As a sector, we need to understand more about how services are affecting people's lives, rather than simply what outputs services are providing. If users are to be at the heart of care planning and provision, then user experience information will be critical for understanding the impact and outcomes achieved - enabling choice and informing service development.”*
- 3.1.2 When compared with the results from other Councils, Leicester has historically performed poorly, with our service users reporting low levels of satisfaction with the impact that ASC services are having on the quality of their life.
- 3.1.3 We are keen to try and understand the reasons behind these low satisfaction levels. In particular, we want to understand if the experience our service users have of dealing with ASC workers contributes to their wider satisfaction levels.
- 3.1.4 To this end we have developed a short survey to collect the views of service users about the quality of service they received when going through the assessment and re-assessment (review) processes.
- 3.1.5 The survey is based on a model developed and piloted by the London Borough of Sutton last year, with two subtly different versions, one for Contact and Response and one for other social work teams. The survey went live on 25th January 2016. The analysis contained in this report relates to 267 responses (i.e. those received up to 31st March 2016).

3.2 Methodology

- 3.2.1 Questionnaires are distributed by staff carrying out:
- All contact assessments where direct communication has been made with the service user;
 - All carers' assessments, whether done jointly with the service user or separately;
 - All full Assessments (SAQ) and re-assessments / reviews;
 - All Occupational Therapy assessments
- 3.2.2 Mental Health Act assessments are *excluded* from the survey.
- 3.2.3 The survey is done using two questionnaires: one for customers (including carers) having their contact assessment with us; and one for existing customers or carers who are being assessed or reviewed.
- 3.2.4 Each team receives a master copy of the appropriate questionnaire and prints the required number of copies. Each practitioner visiting a customer takes a questionnaire and SAE to pass to that customer, asking them to complete the questionnaire (with help from a carer if required) and return using the SAE.
- 3.2.5 Team Leaders are responsible for ensuring that their team leave the questionnaires and SAEs with customers and record the numbers being left. Should any be missed, the team leader will phone the customer and complete the questionnaire with them over the phone.

3.2.6 Customers are assured that their answers will be treated as confidential and will not be passed to any member of ASC staff or anyone providing them with services. Customers will not be personally identified and their answers will not affect the services they receive. The code found on the top left of the questionnaire will only be used to identify them if they indicate that their health and safety is at risk in response to any of the questions or through free text comments, or if they indicate that they are experiencing a serious issue with any aspect of their care.

3.2.7 The SAEs are returned to the Business Improvement and Performance Team, who analyse the responses and produce reports for the ASC Leadership Team and others as required.

3.3 Analysis

3.3.1 This initial analysis of responses to the new user experience survey, while showing some very promising early signs, only provides headline information.

3.3.2 The analysis shows:

- The overall number of responses over the first two months of the survey, and a breakdown of the two versions of the survey;
- The 'rating' of experience given by the respondents (measured by the extent to which they agree or disagree with statements in the survey), again with a breakdown of the two versions (although, most statements are common to both versions);
- The split between responses directly from the service user and those provided by a carer / relative / friend on their behalf;
- The number of additional comments (positive and negative) made for each statement. A selection of comments is included in the analysis for illustrative purposes.

3.3.3 The results of the first month's returns have been analysed and the results are extremely encouraging. Of the 267 survey responses: 64% strongly agreed with the statements and 30% agreed. Only 1% of responses disagreed with the statements with no-one strongly disagreeing. 5% of respondents failed to answer one or more of the questions.

3.3.4 If the results from the survey continue to follow this early pattern, we can be quite confident that those poor results from the national survey cannot be put down to people's views of the quality of service provided by our staff. The feedback in the first two months of the survey provides evidence that our staff are committed, caring and professional.

3.4 Further work

3.4.1. Having assessed the use of the survey over its first two months it has been concluded that it has proved very valuable in terms of the information it provides and it has been welcomed by staff. As such it has been agreed that:

- We continue to undertake the survey, building into normal business practice.
- We report quarterly, in the same format as this initial analysis, but including 'response rate'.
- We set up a process for regular feedback to staff utilising Interface, the Just ASC electronic newsletter and the *ASC-Leadership@* e-mail.
- We monitor responses to the survey to pick up any recurring themes or areas of concern and act

on these accordingly.

- We identify a mechanism to collate responses by individual teams and workers to support business planning and the annual appraisal system.
- We analyse the survey results in comparison to the results of the 2015/16 statutory Adult Social Care User Survey.
- We produce an 'annual report' at the end of 2016/17, and review future delivery of the survey.

4. Financial, legal and other implications

4.1 Financial implications

There is no direct financial implication arising from this report.

Rohit Rughani, Principal Accountant, Ext 37 4003

4.2 Legal implications

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

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report.

Louise Buckley, Senior Environmental Consultant, 37 2293

4.4 Equalities Implications

ASC service users are a diverse lot. Council survey findings over the years indicate that there are differences in views/perceptions of services between people with different protected characteristics. How this service manages service user diversity, as well as potential related equality considerations, is completely absent from the user experience findings. It would be useful, over time, for each report presenting analysis of responses to feature the findings for one protected characteristic, enabling the service to track and evaluate differential experiences between different groups and sub-groups. These are a core consideration in regard to all aims of our Public Sector Equality Duty: eliminating discrimination, promoting equality of opportunity, and fostering good relations between different groups.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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

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

6. **Summary of appendices:**

Appendix 1: Analysis of User Experience Survey (25.1.16 – 31.3.16)

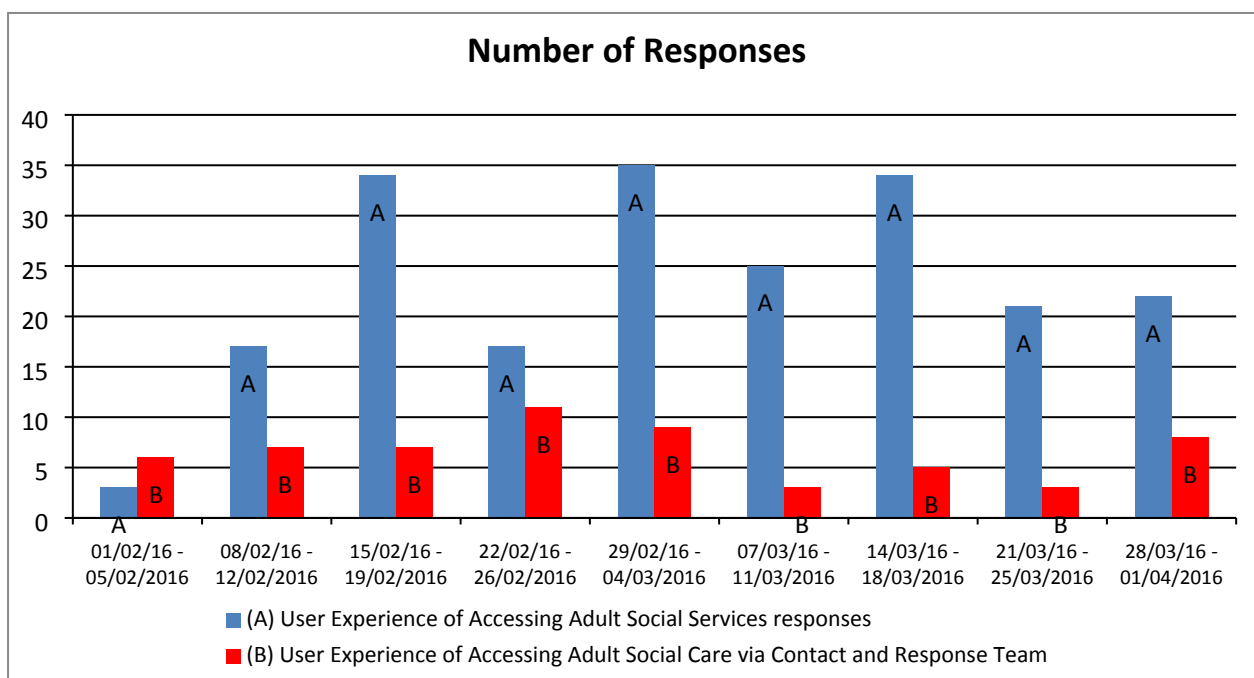
User Experience Survey:
Report on the findings for 25/1/16 – 31/3/16

Introduction

The User Experience survey has been rolled out across all relevant social care teams from 25th January 2016. This report on the findings of the survey is based on responses received up to 31st March 2016 (the end of quarter four).

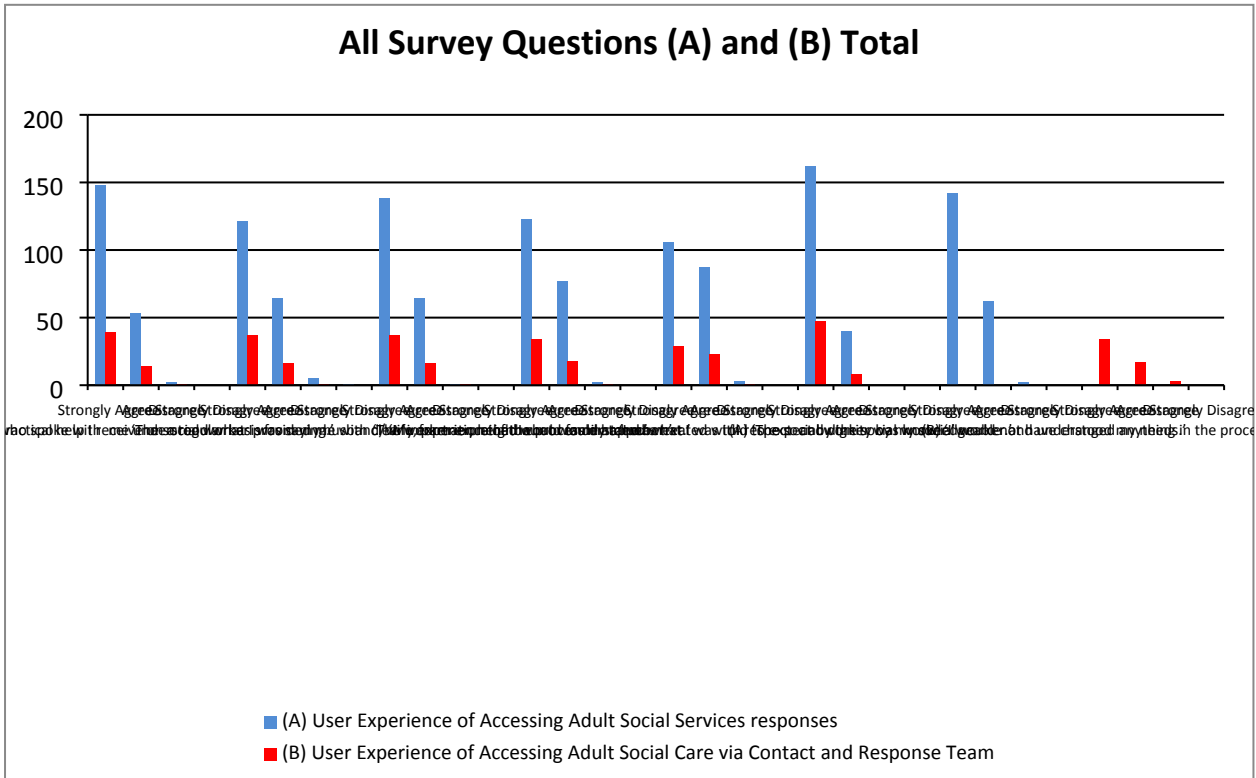
Survey Responses

The number of completed surveys received by the end of March was 267. These are broken down as follows:



Survey Results - All Questionnaires (A and B)

The statements within the survey aim to gauge how well the client felt we performed. The analysis of response during this period indicates a very positive perception on the part of the service user with their social worker / Occupational Therapist. The overall responses to the survey are presented below.



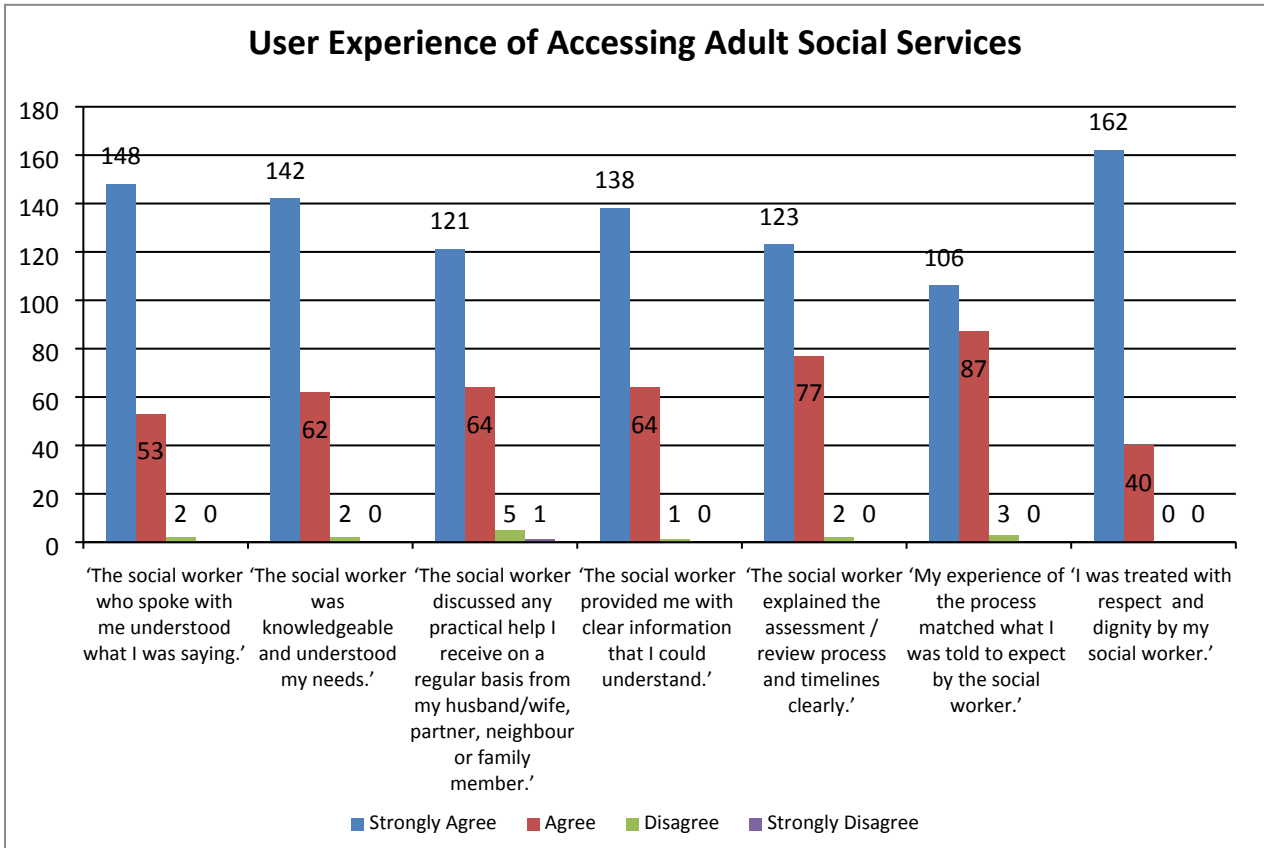
Survey Results – Questionnaire A

Overall the results demonstrate a positive picture with:-

- 65%** of clients in strong agreement with the statements
- 31%** in agreement with the statements
- 1%** of clients disagree
- 0%** strongly disagree
- 4%** of clients did not respond to selected questions

In particular, service users felt strongly that:

- *“The social worker who spoke with me understood what I was saying.”*
- *“The social worker was knowledgeable and understood my needs”*
- *“I was treated with respect and dignity by my social worker”*



Survey Results – Questionnaire B

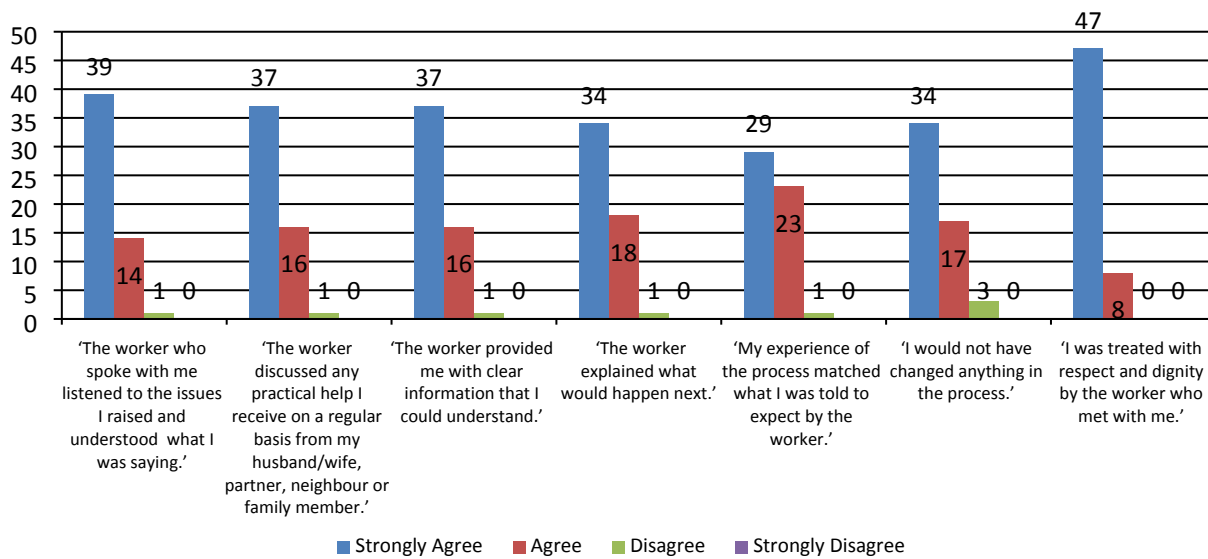
Overall the results demonstrate a positive picture again with:-

- 62%** of clients in strong agreement with the statements
- 27%** in agreement with the statements
- 2%** of clients disagree
- 0%** strongly disagree
- 9%** of clients did not respond to selected questions

In particular, clients felt strongly that:

- *“The worker who spoke with me listened to the issues I raised and understood what I was saying.”*
- *“The worker discussed any practical help I receive on a regular basis from my husband/wife, partner, neighbour or family member”*
- *“The worker provided me with clear information that I could understand”*
- *“I was treated with respect and dignity by the worker who met with me”*

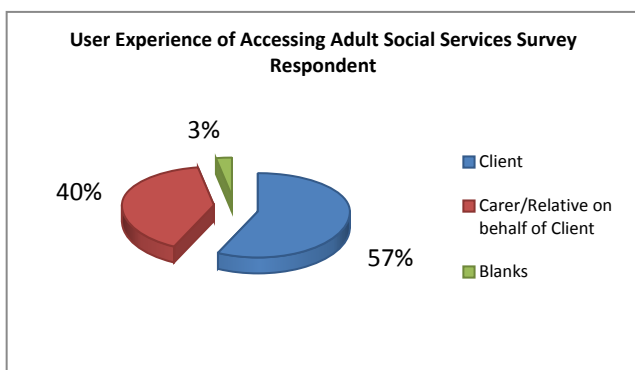
User Experience of Accessing Adult Social Care via Contact and Response Team



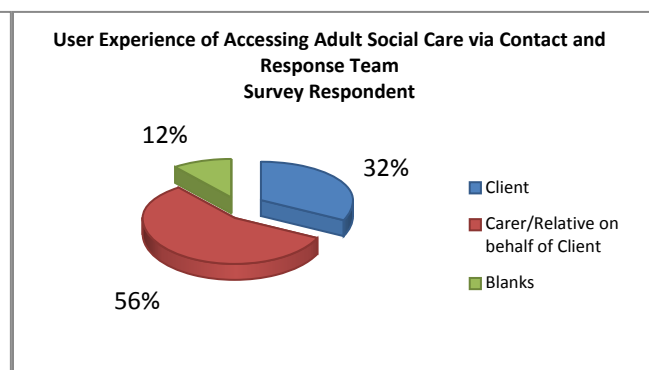
Survey Respondents

- (A)** In 57% of responses received, feedback to the survey statements was provided directly by the client.
- (B)** In 56% of responses received, feedback to the survey statements was provided directly by the carer or relative on behalf of client

A



B



Additional Comments to individual questions

Statement	A Comments	B Comments
'The social worker who spoke with me (listened and) understood what I was saying.'	<p>Overall 31 positive and 2 negative comments were received:</p> <p><i>"Had good communicating skills"</i></p> <p><i>" This young lady was very caring"</i></p> <p><i>"Took her time and reassured my father about everything she was saying"</i></p> <p><i>"Don't think she wanted to listen to what was said"</i></p>	<p>Overall 9 positive comments were received:</p> <p><i>"Was so caring and patient"</i></p> <p><i>"D was superb at listening to my mother while gently steering her to a safe and sensible outcome"</i></p> <p><i>"J has listened all our problems. Helpful"</i></p>
'The social worker was knowledgeable and understood my needs.'	<p>Overall 30 positive and 3 negative comments were received:</p> <p><i>"Found to be very helpful"</i></p> <p><i>"She took the time to listen to my concerns"</i></p> <p><i>"She understands my mother needs"</i></p> <p><i>"Would have liked her to have some knowledge of patients' needs before coming"</i></p> <p><i>"my needs don't seem to matter"</i></p>	
'The social worker discussed any practical help I receive on a regular basis from my husband/wife, partner, neighbour or family member.'	<p>Overall 9 positive and 1 negative comments were received:</p> <p><i>"Yes she told us about what help I needed"</i></p> <p><i>"No one was with me"</i></p>	<p>Overall 7 positive and 1 negative comments were received:</p> <p><i>"Listened to everything I had to say"</i></p> <p><i>"I was able to communicate how I felt and I made her aware of the help I get from my daughters"</i></p> <p><i>"Need a shower chair but it taking a long time"</i></p>
'The social worker provided me with clear information that I could understand.'	<p>Overall 11 positive and 1 negative comments were received:</p> <p><i>"Explained everything in great detail"</i></p> <p><i>"The OT was brill. The information the OT gave what I should do, I was amazed"</i></p> <p><i>"I didn't understand all the information – English is not my first language"</i></p>	<p>Overall 4 positive comments were received:</p> <p><i>"She had patience and spoke very clearly"</i></p> <p><i>"A caring, considerate attitude was shown which gave both of us a lot of confidence with the decision we had mutually agreed that additional help/care was now needed"</i></p>
'The social worker explained the assessment / review process and timelines clearly.'	<p>Overall 6 positive and 2 negative comments were received:</p> <p><i>"Happy with the assessment"</i></p> <p><i>"S could not give clear timelines as a result of social services department policy. No one in social services that I have spoken to can"</i></p>	
'My experience of the process matched what I was told to expect by the social worker.'	<p>Overall 10 positive and 4 negative comments were received:</p> <p><i>"she is wow. She knew what she was talking about"</i></p> <p><i>"Above and beyond"</i></p> <p><i>"I wasn't given very much information on what to expect from the visit. The visit was very much how I imagined it would be"</i></p>	

<p>I was treated with respect and dignity by my social worker / the worker who met me.'</p>	<p>Overall 24 positive and 2 negative comments were received: <i>"S was a helpful & pleasant gentleman"</i> <i>"Keep up the good work. Very satisfied client"</i> <i>"Very caring & professional manner"</i> <i>"I shall miss the conversations I had with some of the carers, particularly those who like me owned a dog, as I enjoyed their company"</i> <i>"sometimes I feel she does not want to listen or take into account my feelings"</i></p>	<p>Overall 19 positive comments were received: <i>"Excellent listening skills and was so kind the way he spoke to me and I was tired at times he said don't worry take your time made me feel at ease"</i> <i>"Careers treated me like a friend and were respectful of me in my own home"</i> <i>"She was lovely"</i></p>
<p>'The worker explained what would happen next.'</p>		<p>Overall 4 positive comments were received: <i>"L gave us lots of options and choices."</i> <i>"Very clear timeline explained"</i></p>
<p>'I would not have changed anything in the process.'</p>		<p>Overall 1 positive and 3 negative comments were received: <i>"Felt he couldn't answer all questions being asked"</i> <i>"Would have preferred more help with my pain rather than smoking and glasses"</i></p>

Summary

The survey responses received during the first two months of the survey have been overall very positive and complimentary to staff involved. There are a few negative comments where improvements could be made. This is very encouraging feedback illustrating the current perception of clients with whom who we have had recent contact with.

Adult Social Care Scrutiny Commission

Draft Work Programme 2015 – 2016

Meeting Date	Topic	Actions Arising	Progress
4 th Aug 15	<ol style="list-style-type: none"> 1) ASC Revenue Budget – outturn and budget for 2015/16 2) Better Care Fund – issues relating to ASC 3) Adult Social Care Local Account 4) Herrick Lodge – update on progress 	<ol style="list-style-type: none"> 2) Progress report be brought back to the commission in six months' time. 3) Performance framework is brought to a future meeting including concerns raised relating to the review of care packages. 4) An anonymised version of the seven step moving plan is brought to the commission throughout the phase two process. 	<ol style="list-style-type: none"> 2) Added to work prog – 08/03/16 3) Added to work prog – 03/11/15 4) Added to work prog – 22/09/15
22 nd Sep 15	<ol style="list-style-type: none"> 1) Leicester Ageing Together Initiative (Vista) - progress after a year 2) Leicester Safeguarding Board – Annual Report 3) VCS Advocacy and Carers Spending Review - Update 4) Elderly Persons Homes Update - progress of residents' moves 5) Community Models of Screening and Assessment – Scoping Document 	<ol style="list-style-type: none"> 1) Item deferred 2) Clarification requested of the numbers detailed in para 5.8 of the report relating to the findings of completed safeguarding referrals and for the future reports to have more sophisticated data. 3) Findings of the consultation and the full EIA to come to the next meeting of the commission. 5) Scoping document agreed and task group to be set up. 	<ol style="list-style-type: none"> 1) Added to work prog – 03/11/15 2) Still awaiting 3) Added to work prog – 03/11/15
3 rd Nov 15	<ol style="list-style-type: none"> 1) Leicester Ageing Together Initiative (Vista) - progress after a year 2) Performance Framework 3) Update on the Development of a Specialist Dementia Care Scheme 4) Elderly Persons Homes Update - progress of residents' moves 5) Screening and Assessment Task Group Review – Update 	<ol style="list-style-type: none"> 2) A paper on the demographic profile of service users be circulated to members of the commission. 3) A visit to The New Wycliffe Home be organised for members of the commission. 	<ol style="list-style-type: none"> 2) Added to work prog – 08/03/16 3) Visit on 20/11/15
14 th Jan 16 (Items joint with Health Scrutiny)	<ol style="list-style-type: none"> 1) Intermediate Care 2) Budget 3) Ambulance to Hospital handovers- Update of measures put in place to reduce the impact upon patients. 	<ol style="list-style-type: none"> 1) Monitoring of budgets to continue as review progresses by Chair and ASC scrutiny Chair. 	

Meeting Date	Topic	Actions Arising	Progress
8 th Mar 16	1) Demographic Profile of Service Users 2) The Care Pathway – Review of Implementation of Care Act 3) Better Care Fund – update 4) Local Area Action Plan of support for people with Autism 5) Transforming Care programme 6) Community Screening and Assessment Review – Update	1) Further info requested from Members including if there was an increase in the number of safeguarding referrals from people with learning difficulties and if anyone had domestic violence as a presenting issue when contacting LCC. 3) Letter to be sent to Secretary of State re concerns around bureaucracy in delivering BCF. 4) Report back every six months.	1) Still awaiting 3) Letter being drafted 4) Added to Work prog
3 rd May 16	1) ASC Peer Review – Outcome 2) Strategic Priorities for the Department for 2016/17 3) Independent Living – Moving Away from Residential Care 4) Service Users Feedback Report		

Forward Plan Items

Topic	Detail	Proposed Date
Adult Social Care Commissioning Intentions 2016/17		June/July 2016
Adult Social Care Portal	Evaluation six months after implementation	Nov 2016
Annual Quality Statement for 2015		June/July 2016
Disability Related Expenditure	Consultation findings	June/July 2016
Executive Response to ASC Community Screening Review		June/July 2016
Enablement	Progress against the strategy	
Local Area Action Plan of support for people with Autism	Update on the plan	Sept/Oct 2016
Specialist Dementia Care	Update on what the centre will be providing.	Sept/Oct 2016
VCS Advocacy and Carers Review	Update on the services that are being provided.	Sept/Oct 2016

