



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 12 JULY 2016

TIME: 5:30 pm

PLACE: Meeting Room G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Cleaver (Chair)

Councillor Chaplin (Vice-Chair)

Councillors Dempster, Hunter, Khote, Riyait and Thalukdar

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

For Monitoring Officer

Officer contacts:

Julie Harget, Democratic Support Officer

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

Information for members of the public

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- ✓ 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, or call in at City Hall.

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

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Commission held on 3 May 2016 have been circulated and the Commission is asked to confirm them as a correct record.

4. TERMS OF REFERENCE

Appendix A

Members are asked to note the Scrutiny Commission's Terms of Reference as attached in Appendix A.

5. MEMBERSHIP OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

Members are asked to note membership of the Commission as detailed on the front of the agenda.

6. DATES OF MEETINGS OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

Members are asked to note the dates of meetings of the Adult Social Care Scrutiny Commission as detailed below. All meetings to commence at 5.30 pm.

Thursday 8 September 2016

Tuesday 25 October 2016

Monday 12 December 2016

Tuesday 7 February 2017

Tuesday 4 April 2017

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. COMMITTEE PROCESSES PRESENTATION

The Democratic Support Officer will present a short overview of some of the procedural aspects of how the Commission works. The Commission is recommended to note the information and comment as appropriate.

10. ADULT SOCIAL CARE COMMISSIONING INTENTIONS 2016/17 [Appendix B](#)

The Strategic Director for Adult Social Care submits a report that provides the Adult Social Care Scrutiny Commission with an overview of the Commissioning Intentions for Adult Social Care (2016/17). The Commission is asked to note the content of the report and the commissioning intentions for Adult Social Care services.

11. CONTRACTS AND ASSURANCE SERVICE: ANNUAL QUALITY ASSURANCE REPORT [Appendix C](#)

The Strategic Director, Adult Social Care submits a report that provides the Commission with an update on the quality of care across the services provided by the independent sector organisations, on behalf of the Council, for a range of vulnerable adults for 2015. The Commission is asked to note the content of the report and comment as it sees fit.

12. RE-PROCUREMENT OF DOMICILIARY CARE SUPPORT SERVICES [Appendix D](#)

The Strategic Director, Adult Social Care submits a report that provides the Commission with an overview of the work in progress to re-procure domiciliary care support services in readiness for the expiry of existing contracts in October 2017. The Commission is recommended to note the content of the report and comment in advance of the formal procurement process commencing in October 2016.

13. END OF LIFE SOCIAL CARE: ADULT SOCIAL CARE SCRUTINY COMMISSION REVIEW [Appendix E](#)

The Commission is asked to consider a draft Scoping Document into a review

of 'End of Life Social Care'. The purpose of the review is for the Commission to seek assurances that the Council's Adult Social Care Services are contributing to a good end of life care, taking into account people's wishes and needs.

**14. ADULT AND SOCIAL CARE SCRUTINY COMMISSION [Appendix F](#)
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.

15. ANY OTHER URGENT BUSINESS

Appendix A

SCRUTINY COMMITTEES: TERMS OF REFERENCE

INTRODUCTION

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 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:-

- i. 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.
 - ii. 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.
 - iii. 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.
 - iv. make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.
 - v. 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
 - vi. 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.

Adult Social Care Scrutiny Commission

Adult Social Care Commissioning Intentions 2016/17

Date: 12th July 2016

Lead director: Steven Forbes



Useful information

- Ward(s) affected: All
- Report author: Kate Galoppi
- Author contact details: 454 2373
- Report version number plus Code No from Report Tracking Database: 1

1. Purpose of report

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the Commissioning Intentions for Adult Social Care (2016/17).

2. Summary

- 2.1 Adult Social Care is responsible for the planning and commissioning of services for vulnerable adults, and for substance misuse.
- 2.2 The Department has set out its commissioning intentions (2016/17) in the attached document, which will be published and available for stakeholders to view.
- 2.3 The commissioning intentions support delivery against the Departments commissioning aims to commission evidence based quality services that safeguard users; and prevent, postpone and minimise the need for formal care and support.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission note the content of the report and the commissioning intentions for Adult Social Care services.

4. Report/Supporting information:

- 4.1 ASC commissioning intentions are driven by the wider strategic picture in the City, taking into account a wider set of strategies such as Better Care Together (BCT), Closing the Gap, and The Manifesto. In addition the commissioning intentions support the delivery of the Departments recently agreed strategic priorities for 2016/17, namely:
- 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
- 4.2 Scrutiny Commission have already reviewed the Strategic Priorities for 2016/17 at its meeting in May 2016.
- 4.3 The Strategic Priorities alongside legislation and national policy, the Joint Strategic Needs Assessment and Joint Specific Needs Assessment's, user views and analysis of our performance, help to define our needs and priorities. These are brought together into one document; the Adult Social Care (ASC) Commissioning Strategy 2015 – 19.
- 4.4 Adult Social Care aims to commission services that deliver quality and value for money and safeguard users from abuse; and to prevent, postpone and minimise the need for formal care and support by commissioning a system that promotes independence and well-being.
- 4.5 The commissioning intentions will support the delivery of the strategic objectives of the commissioning strategy: early intervention and prevention; supporting independence; carers; market development.

5. Financial, legal and other implications

5.1 Financial implications

The commissioning strategy will promote independence, enablement and other preventative interventions. Whilst this will benefit service users it will also support reducing our current levels of expenditure on long term package costs.

Martin Judson, Head of Finance

5.2 Legal implications

There are no legal implications arising directly from this report.

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

5.3 Climate Change and Carbon Reduction implications

The commissioning intentions table indicates that there will be an increase in the provision of supported housing and extra care in the city. Consumption related emissions from supported housing are now included within the council's operational carbon footprint, and therefore increased provision will negatively impact the council's emissions. Comments will be provided for specific sites as these are brought as individual reports. Increasing telecare provision could potentially reduce ASC transport related emissions if this replaces some face-to-face provision.

Louise Buckley, Senior Environmental Consultant, ext 372293

5.4 Equalities Implications

The diversity of Leicester and the impact of deprivation on a substantial portion of the population pose unique challenges to the council when planning and commissioning services to meet defined Adult Social Care needs. Our Public Sector Equality Duty requires the council to ensure that it does not discriminate against any particular group because of their protected characteristic(s), that it promotes equality of opportunity in regard to the achievement of intended service outcomes, and that it fosters good relations between different groups of people. Therefore, commissioning requirements must ensure service user access to services that meet their particular individual needs, enable individuals to exercise their choice in provision (and outcome achieved), and also take into account how best to meet individual's needs arising from their protected characteristic(s), such as appropriate service provision that addresses particular cultural and religious needs.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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

None

Adult Social Care Commissioning Intentions 2016/17

Introduction

This document sets out our commissioning intentions for Adult Social Care for 2016/17 that will deliver against our strategic commissioning aims to commission evidence based quality services that safeguard users; and prevent, postpone and minimise the need for formal care and support. The commissioning intentions support the delivery of the Adult Social Care Commissioning Strategy (2015-19) which supports the overall purpose of the Department to protect and empower the most vulnerable.

In addition to the commissioning intentions laid out here, the Corporate Procurement Plan, 2016/17 indicates planned procurement activity that will support delivery of a number of these intentions.

Strategic Perspective

ASC commissioning intentions are driven by the wider strategic picture in the City, taking into account a wider set of strategies such as Better Care Together (BCT), Closing the Gap, and The Manifesto. In addition the commissioning intentions support the delivery of the Departments recently agreed strategic priorities, namely:

- 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

These, alongside legislation and national policy, the JSNA and JSpNA's, user views and analysis of our performance, help to define our needs and priorities. These are brought together into one document; the Adult Social Care (ASC) Commissioning Strategy 2015 – 19.

The strategic commissioning strategy supports achievement of the vision and purpose for ASC which is to protect and empower the most vulnerable people in Leicester. The practice of ASC will help people to be as independent as they are able; promote dignity; ensure equality; and allocate resources carefully so that they are available to support those who need it most. This means

improving outcomes for vulnerable people and ensuring that publically funded care and support is provided where it is cost effective and only when it is really needed.

The strategy emphasises the need to join together as a whole system with other commissioners and with users, carers and communities. We want to provide a holistic approach to supporting and improving health, wellbeing and independence, keeping safe and reducing the need for support.

Links to Better Care Together

There are many common strategic themes between BCT and the ASC Commissioning Strategy. These include:

- Reducing levels of need at the higher tiers and promoting independence
- Working to ensure an integrated system that includes individuals and communities as well as organisations
- Addressing rising demand with reducing budgets

ASC commissioning intentions include a range of activity that will support people to remain at home wherever possible and support timely discharge from hospital where a stay has been required. This forms the core ASC commitment to BCT.

ASC commissioning strategy aims:

1. To commission services that deliver quality and value for money and safeguard service users from abuse
2. To prevent, postpone and minimise the need for formal care and support by commissioning a system that promotes independence and well being

In order to achieve the aims, the following strategic objectives are set out:

1. Support market development of services that provide access to early intervention and prevention
2. Commission services which enhance or increase service users' independence and focus on the most vulnerable
3. Commission services that support Carers to fulfil their role
4. Support the development of a vibrant market, providing a diverse range of high quality services that meet local needs.

The following table outlines the Departments commissioning intentions against the strategic commissioning objectives.

Strategic Objectives: Commissioning Intentions

Early Intervention and Prevention	Enhancing and Increasing Independence	Commission services that support Carers to fulfil their role	Support the development of a vibrant market, providing a diverse range of quality services that meet local needs
<p>Review commissioned preventative services within the voluntary and community service for their effectiveness.</p>	<p>Increase the number of supported accommodation sites across the city</p>	<p>Commission services based in the voluntary and community sector which:</p> <ul style="list-style-type: none"> -Identify Carers at an early stage -Provide timely information and advice -Offer drop-ins, peer support, activities and networking opportunities -Provide advocacy -Offer training to support the caring role 	<p>Facilitate the market to encourage a sufficiency of preventative, enablement and support services, including support for carers to make caring more sustainable</p>
<p>Commission an increase in Assistive Technology options. Both workforce and process developments will be made in order to ensure appropriate technologies are made available to the right customers at the right time and reviewed at regular periods.</p>	<p>Integrate services for those in transition between adult and children's social care</p>	<p>Monitor new Carers Assessment to ensure eligible need is identified in line with the Care Act</p>	<p>Ensure sufficiency and diversity of service provision across all types of service that are required to provide care and support including, for example:</p> <p>support services and universal and community services that promote prevention; domiciliary (home) care; homes and other types of accommodation care; nursing care; live-in care services; specialist care; support for carers; re-ablement services; sheltered accommodation and supported living; shared lives services; other housing options; community support; counselling; social work; information, brokerage, advocacy and advice services; direct payment support organisations.</p>

Support community capacity building and Asset based community developments.	Develop further 'extra care' sites across the city	Where gaps are identified in the market we will seek ways to stimulate appropriate service provision	Commission brokerage services that enable more people to take direct payments that gives greater choice in how and when is provided to them.
Work with health colleagues to review the mental health pathway to support a joined up system that supports service users.	Increase the number of independent living, building based opportunities to meet the identified need.	Commission universal support for Carers to enable them to access information and support at the earliest stage in their journey without the need for ASC intervention.	Jointly commission services for Dementia to implement the Better Care Strategy which includes Dementia as a priority work-stream.
Through the use of capital monies, we will commission a programme of scheduled works across mainstream universal provision across the city will increase access for disabled groups and promote community integration.	Consider more innovative approaches to the commissioning of domiciliary support, which deliver outcomes and enable individuals to achieve independence.		Support the development and delivery of a workforce strategy
Commission a range of services to support the implementation of the Joint Commissioning strategy for Learning Difficulties	Commission increased usage of AT / tele care provision to support people to remain at home safely.		Use of contracting & procurement to incentivise value for money, sustainability, innovation and continuous improvement in quality; and assure that service provision adds social value.
	Continue to commission day opportunities through our open framework agreement.		Consider the use of incentives for providers
	Continue to commission respite care		Increase integration and joint commissioning with health

Adult Social Care Scrutiny Commission

Contracts and Assurance Service Annual Quality Assurance Report

Date: 12th July 2016

Lead director: Steven Forbes



Useful information

- Ward(s) affected: All
- Report author: Tanya Sheehan
- Author contact details: 454 4122
- Report version number plus Code No from Report Tracking Database:

1. Purpose of report

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the quality of care across the services provided by the independent sector organisations on behalf of the Council for a range of vulnerable adults for 2015.
- 1.2 A detailed annual report is included at Appendix 1, which sets out the approach to monitoring the quality of care and to ensure there is a range of good quality services, such as supported living, domiciliary care support and residential care.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission is asked to note the content of this report and to provide comment.

3. Background

- 3.1 The Care Act 2014, places a duty on the local authority to ensure there are good quality and financially sustainable services available to support a range of vulnerable adults who need care and support.
- 3.2 Although, services such as domiciliary care and residential care are regulated by the Care Quality Commission (CQC), the Adult Social Care department has developed a Quality Assurance Framework (QAF) which covers both regulated and non regulated services and provides a greater level of assurance relating to the quality of care in the city.
- 3.3 The QAF was developed in conjunction with the providers and is made up of a number of standards, which all providers were assessed against during 2015. The standards include:
 - Personalised Care, Treatment and Support,
 - Voice Choice and Control
 - Safeguarding and Safety
 - Staffing & Employment
 - Business Management

- Quality Management

3.4 Each provider was then rated as being either Excellent, Good, Compliant or non-compliant.

- **Excellent.** This means that the provider has shown that they are delivering high quality services to people and the provider is striving to be a leader in their field.
- **Good.** The provider can show that the services they offer are good.
- **Compliant.** The provider meets and is able to show us that they meet the minimum standard required.
- **Non-compliant.** The provider does not meet the minimum standards expected and that they have to make changes.

3.5 At the end of the first year of the QAF (2015), 88% of providers were rated as excellent, good or compliant with only 12% non-compliant. The Council has worked with those organisations that are rated as non compliant to ensure improvement plans are in place. Any organisations who are non compliant and are reluctant to improve are subject to sanctions, such as termination of their contract.

3.6 Key areas of improvement identified during the 2015 QAF, include Safety and Safeguarding (including Health & Safety), Quality Management and Voice, Choice and Control. Therefore, these areas will form the focus of the QAF process for 2016.

3.7 The annual Quality Assurance report 2015, also includes information relating to those organisations that hold a contract with the Council and their CQC rating (where applicable) and their QAF rating. The report also set out the key intentions for 2016 to raise the standards of care of quality across the sector.

3.8 In addition to the QAF the Council maintains market oversight of the sector in terms of undertaking financial checks to ensure the financial viability of providers. In particular, the Care Act (section 48) places an interim duty on the Council to manage a registered care provider business failure and service interruption, ensuring a continuity of care for service users. Undertaking financial checks of service providers gives some assurance of the financial sustainability of providers to maintain service delivery.

5. Financial, legal and other implications

5.1 Financial implications

There are no significant financial implications arising from this report.

Martin Judson, Head of Finance

5.2 Legal implications

Having read the contents of this report and noted that it is for information purposes I confirm that there are no direct legal implications arising from it at this stage.

Pretty Patel, Head of Law (Social Care and Safeguarding).

5.3 Climate Change and Carbon Reduction implications

In order to reduce carbon emissions from ASC provision in the city, the QAF used to monitor care provision should include an environmental standard to sit alongside those listed in 3.3. The Environment Team should be contacted to discuss this further.

Louise Buckley, Senior Environmental Consultant, 37 2293

5.4 Equalities Implications

5.4 Equalities Implications

From a Human Rights perspective, addressing the expected treatment of individuals by the state, the importance of the quality of care cannot be underestimated. Human rights such as the right to life, freedom from inhuman or degrading treatment, and respect for private and family life are dependent upon a quality of care that respects the needs of people. The annual report in setting out how the council monitors and responds to the quality of care provided by commissioned providers, provides an indication of how human rights of service users are being addressed.

From an equalities perspective, the main consideration is in regard to the Public Sector Equality Duty aim of equality of opportunity and whether service users receive positive outcomes arising from their receipt of this care. The Quality Assurance Framework standards incorporate consideration of positive outcomes (the standards for personalised care; voice choice and control; safeguarding and safety) that reflect equality outcomes set out in the Equality and Human Rights Commission's equality measurement framework (health; standard of living; identity, expression and self-respect; and individual, family and social life). The consideration of these QAF standards provides an indication of whether equality outcomes of service users are being achieved.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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



Contracts and Assurance Service

Annual Report - 2015

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Introduction

The aim of adult social care is *'to ensure the safety and wellbeing of the most vulnerable people in our city'*. This means making sure that publically funded care and support is provided only when it is needed and making sure that it is cost effective.

Under the 2014 Care Act, the City Council has responsibilities to make sure that we have a range of good quality services that people can access for essential daily living services. Services like Supported Living, Domiciliary Care and Residential Care.

In 2015 Leicester City Council helped the following in statutory services;

- Approximately 1,150 people to live in residential care homes, over 1,000 in residential care and the rest in nursing care.
- Of these 1,150 people just fewer than 1,000 are older people and 232 are working age adults so under the age of 65.
- 2,000 people to remain living in their own homes by providing them with care and support through a domiciliary care provider, and
- Around 300 people to live independently in the community by maintaining their own tenancy and having care and support provided when absolutely necessary.
- Of those people we have supported over 2,500 have been older people, 320 are people with a learning disability and over 500 with mental health issues

People receiving services say that there are a number of things that are very important to them:

- ✓ That people are at the centre [of their care] rather than fitting them into services.
- ✓ That people who use services and their carers are treated as individuals.
- ✓ That Individuals have choice and control over the services that they receive.
- ✓ Listening to users of the services and acting upon what they say.
- ✓ A positive approach, which highlights what people using the services can do and might be able to do with appropriate support, not what they can't do.

[Commissioning for better outcomes – Clenton Farquharson MBE]

So to make sure that this happens the Council has worked with our Care Providers to develop a way of working to show that people are receiving high quality care¹. These standards form a Quality Assurance Framework (QAF) and all providers are assessed against these standards each year. The standards included in this QAF are:

- Personalised Care, Treatment and Support,
- Voice Choice and Control
- Safeguarding and Safety

¹ Labour manifesto 2015

- Staffing & Employment
- Business Management
- Quality Management

The City Council's Contracts and Assurance Service (CaAS) is responsible for contract managing and monitoring the quality of service delivered by the care providers and they will use the QAF to do this.

Overview of 2015

In 2015 we looked at how well people were being helped and formed an opinion as to how well providers were doing. Each provider was rated as being Excellent, Good, Compliant or non-compliant.

- **Excellent.** This means that the provider has shown that they are delivering high quality services to people and the provider is striving to be a leader in their field.
- **Good.** The provider can show that the services they offer are good.
- **Compliant.** The provider meets and is able to show us that they meet the minimum standard required.
- **Non-compliant.** The provider does not meet the minimum standards expected and that they have to make changes.

In 2015 each of our care providers received a minimum of two visits from the contracts team. On the first visit we told them that we would be coming but for the second we didn't tell them.

As well as the Council looking at these services the Care Quality Commission (CQC) also monitor, inspect and regulate these services. The CQC have a number of questions that ask, these are called key lines of enquiries (KLoEs).

- ✓ Are they safe?
- ✓ Are they effective?
- ✓ Are they caring?
- ✓ Are they responsive to people's needs?
- ✓ Are they well led?

Once they have inspected the service and based on their findings they then rate the services. Like the City Council's QAF there are 4 ratings;

- Outstanding
- Good
- Requires Improvement
- Inadequate

This way of inspecting these services is new and not all the Leicester services have been inspected yet. This has provided an opportunity for Leicester City Council to consider our approach to inspections – please see 'Looking Forward in 2016' for more information.

Key Information

The state of the market report on adult social care in England written by the Care Quality Commission 2014/15 says that 60% of all adult social care providers have been rated as 'Good' or 'Outstanding'. This means that of those assessed 40% are rated as inadequate or 'requires improvement'.

In Leicester of those regulated services assessed by the CQC there are no providers rated as 'outstanding', 56% have been rated as 'Good' with 44% requiring improvement. This was similar to the Councils experience when we first introduced the framework. However at the end of the first year of the QAF 88% of providers were rated as excellent, good or compliant with only 12% non-compliant following the teams support. We will continue to work with providers until they are compliant.

Themes

In 2015 we saw that providers performed less well in the areas of Safety and Safeguarding (including Health & Safety), Quality Management and Voice, Choice and Control. So this year we are going to look again at these specific areas with providers in order to raise standards.

Safety and Safeguarding

New guidelines were introduced in 2015 upon Safeguarding Adults (<http://www.llradultsafeguarding.co.uk>) and included important changes for providers, and the City Council such as the changes to the definition of what could be considered Safeguarding e.g. self-neglect. We've found that providers haven't always updated their own policies and procedures to reflect the changes and in particular weren't aware of the new requirements on incident reporting. An awareness of whistle-blowing outside of the employing provider has also been highlighted as an area of weakness. We will work with Providers to ensure that the changes to the policy are reflected in their own policies and procedures. It's important that providers understand their responsibilities and obligations to keep people safe.

We will also work with providers to ensure that they have robust systems in place to support people to manage their own finances, and protect them from financial abuse.

Health and Safety

Health and Safety Advisors have carried out audits at each contracted provider's premises to ensure that they are compliant with health and safety legislation. At the end of 2015 all providers were compliant with their responsibilities however there were a number of themes on initial assessment that identified a lack of knowledge and understanding.

These were in the following areas;

- Fire Safety Awareness
- Water Safety
- Control of substances that are Hazards to Health (COSHH).

As a result of these findings the Health and Safety Advisors have undertaken a number of awareness sessions with provider staff.

There have been;

- 8 Fire awareness sessions
- 4 water safety sessions
- 3 COSHH sessions
- 1 Building responsible officer sessions

In 2016 Health & Safety awareness sessions will focus on Infection Control and Food Hygiene.

Quality Management

A Compliance and Quality manager has recently been employed by the City Council. They will be undertaking research into the systems that providers have within their services to deliver good quality care. We have found that not all providers have these systems in place and so aren't checking how good or bad their services are. It's important that providers complete their own checks on the quality of care service users receive in their services.

Our Compliance and Quality manager will develop a good practice library that providers can use and provide advice if required.

Voice, Choice and Control.

Most of the people that we spoke to in residential care, supported living or receiving domiciliary care were very happy with the services that they receive, comments included:



When we undertake our monitoring process we try to speak with the Users of the Services and / or their relatives to hear their views about the service. Any concerns raised through this process, and are of an individual nature that has not been resolved by the Provider, are referred through to the appropriate social work team to be resolved.

However it wasn't always possible to speak to service users when we visited their home. Sometimes we hadn't prepared ourselves appropriately to accommodate the language and communication need of their service users. We must always have a plan in place to ensure that we communicate with service users about the quality of the service they receive.

Review of Performance

In 2015 we set ourselves an ambitious target to assess all of our care and support services using the QAF. We achieved

- 95% of Residential Care Homes
- 84% of Domiciliary Care
- 62% of Supported Living

There are a number of reasons why we didn't achieve these targets. We sometimes had to prioritise other work to ensure service users were safe in other services. At times, the provider did not provide us with information on time, or we had to undertake further work to ensure we had enough evidence to make a judgement.

At the end of 2015 the quality results for all of our Adult Social Care services were:

Grade	Percentage
A	2%
B	22%
C	64%
D	12%

All of the providers at level D (non-compliant) will have received an action plan to support them into compliance. It is a contractual requirement for all services to be compliant.

Looking forward in 2016

The Care Quality Commission (CQC) are changing their approach on the frequency of inspections; providers are now rated according to risk. If a provider is rated as 'Outstanding' the frequency of inspection will be every 3 years, those rated as Good will be inspected on an 18 month cycle, those requiring improvements on a 12 month cycle and those deemed inadequate with frequency as required. This is subject to review and where intelligence gathered suggests that providers are not meeting their current level, they may be scheduled for an earlier inspection.

Therefore, this provides an opportunity to align the QAF process to reflect a risk management approach. The CaAS receives information and intelligence from a number of sources on an ongoing basis that is used to inform decisions regarding the level of monitoring for regulated providers. The agreed level and rationale of monitoring is ratified with the use of a 'Decision Log' signed off by senior managers.

Providers, who have achieved basic compliance in year one and where intelligence suggests that there have been no concerns through the year, will have a minimum of 2 out of 6 standards reviewed in their next annual review.

Where in the course of a year there have been concerns raised about a provider, then a decision will be taken about the number of standards to be viewed. This could be between 3 and 6 standards. However if serious concerns are reported then an immediate responsive visit will be undertaken.

In addition to the revised monitoring undertaken by the Contracts and Assurance Service, a dedicated review team for older people and those with physical disabilities living in care homes will be created in 2016. This will be complemented by staff working in the specialist Learning Disabilities and Adult Mental Health teams where their clients are in care settings. The revised approach to reviewing an individual in care will see the allocation of a care setting to an individual worker (or small number of workers) so that they can develop a relationship with the care provider.

Rather than reviews being a once per year activity, the new approach will see staff working with providers more frequently as this is their sole focus. This will provide greater opportunity to spot problems at an early stage, to pull together intelligence from working with all of the residents, and to triangulate information with relatives and care staff as well as other professionals. Stronger links will be made between Care Management and the Contracts and Assurance Service.

This will include CaAS taking the lead on Multi -Agency Improvement Planning Process. This is where there are a number of serious safeguarding concerns within a particular service that requires improvements to be made within set timescales as there are identified risks to service user's safety and well-being. CaASs' role will be to coordinate the improvement plan and monitor the actions within the plan to ensure that the necessary improvements are made.

In 2016 we also want to work even closer with our providers to encourage them to involve users of their services in making decisions about how services are being provided. Some of our excellent providers include service users in the recruitment of staff, the planning of menus being served, and choosing the activities that they want to take part in.

We also want to improve the way that we speak to people who use our services to make sure that they are able to tell us in a way that suits them what they think of the service they receive. It's really important to the City Council that we involve the people who use our services when looking at the quality of service.

We will be developing a resource pack that helps us get the best out of service user consultation and engagement. We want to be able to demonstrate that our service

and those of our providers have a positive impact upon the lives of service users. In particular we will be looking at how we can report against the service user outcomes featured in the Adult Social Care Outcomes Framework.

Information Sharing

CaAS also host an Information Sharing Group that includes membership from Leicestershire and Rutland County Council, the Clinical Commissioning Groups, Healthwatch and CQC. The purpose of this group is to share their safeguarding concerns about services, discuss current activity and action and then agree those services to escalate to the Quality Surveillance group (QSG). The QSG is a wider East Midlands group made up of commissioners, regulators, local Healthwatch representatives and other bodies who meet on a regular basis to share information and intelligence about quality across the health and social care system. This will include the views of service users, patients and the public, with the aim of proactively spotting potential problems as early as possible.

Market Oversight

Following the Care Act 2014, CQC now have responsibility for financially assessing the larger care homes in our city to ensure that they have enough money to operate their service to a good standard. Should a provider be failing then CQC will notify the City Council so that they can put plans in place to ensure that the people living at the service continue to receive care and support.

Locally we will be checking all of our provider’s finances to check that they have enough money to deliver services. We also monitor weekly the vacancies that care homes have, high vacancies could result in financial difficulties.

Key Intentions for 2016

The QAF process is designed to promote continuous improvement in provider services. Within each provider report, the Local Authority makes recommendations about activities that can be undertaken that will not only improve outcomes for individuals but also to raise the rating that the provider can achieve.

In 2016 we will work with the Providers to achieve the following;

	2015				2016			
	A	B	C	D	A	B	C	D
Care Homes	3	23	68	10	10	30	64	0
Supported Living	1	5	5	0	5	5	1	0
Domiciliary Care	0	1	9	6	1	5	10	0

All providers will be compliant in 2016; we will not have any providers at level D.

It should be noted that there is no contractual requirement to reach a B or an A just the desire to demonstrate that you provide an excellent service, the onus is on the provider.

We also intend to improve our performance in completing the QAF process, as we believe that anything over 13 weeks is an unacceptable timeframe. So we will be

reviewing completion times in 2016 with a target to tightening up the monitoring programme in 2016.

Keeping people safe

Leicester City Council is committed to conducting its business with honesty and integrity and expects all its staff, and organisations contracted to provide services on its behalf, to maintain high standards of conduct. However from time to time organisations face the risk of things going wrong and when this happens we all have a responsibility to take action if we think that people are at risk of harm or abuse.

If you or someone you know may be at risk of being harmed or abused then action needs to be taken. If you are able to raise your concerns directly with the organisation that provides services then you should do this however if you can't or don't feel comfortable in doing this then you can report your concerns in one of three ways;

- Contact Leicester City Councils Contact and Response Team by telephoning 0116 454 1004 or you can e-mail them at Spoc@leicester.gov.uk. Or
- Contact the NHS and Social Care by telephoning 08000 724 725. Or
- Contact the Care Quality Commission by telephoning 03000616161 or you can e-mail enquiries@cqc.org.uk.

Any contact that you make with the above organisations will be kept in the strictest of confidence and if you don't want to tell them who you are then that is ok. These organisation just need enough information to enable them to investigate your concerns.

Alternatively if you want to make a complaint or commendation to the Council about these services then please visit the councils website at www.leicester.gov.uk and type complaints in the search bar this will take you to the appropriate page and take you through the process.

Appendix A - Ratings

The QAF is broken down into 4 levels:

	Rating	Definition
Quality Assurance	Excellent – Level A	The provider is striving to be a leader in their field.
	Good – Level B	The provider can evidence consistent good practice.
	Compliant – Level C	The provider meets and is able to evidence the required minimum standard as detailed within the Core Contract but there is scope for improvement.
	Non-compliant – Level D	The provider does not meet and is unable to evidence the required minimum standard as detailed within the Core Contract.
Contract Compliance Concerns including health and safety auditing	Minor Concerns	The provider is not meeting minimum standards as detailed within the Core Contract. There is a need to improve but service users are not at direct or immediate risk.
	Moderate Concerns	The provider is not meeting minimum standards as detailed within the Core Contract. Service users are at direct risk; it may or may not be immediate.
	Major Concerns	The provider is not meeting minimum standards as detailed within the Core Contract. Service users are deemed to be at direct and immediate risk

All Services must achieve a minimum of Level C in order to be deemed to be contract compliant. In the event that a Level D is awarded a number of actions are available to CaAS, which in the extreme includes terminating the contract. Wherever possible and taking the risk to service users into account, CaAS seeks to work in partnership with Service Managers/Providers to develop actions plans detailing the improvements that they will make in priority order to ensure compliance. Where any major concerns are identified these are shared with CQC.

Appendix B – Provider QAF & CQC Status

Note:

There can be a number of reasons why the QAF grade may be different to the CQC grade. Firstly, It may be that CQC and CaAS have visited the service at different times, and seen either an improvement or deterioration in quality. Secondly, the judgements made by CaAS and CQC are based on evidence at a point in time, and differing samples of records viewed. This may lead to different judgements being made regarding a service.

Also of note those homes recorded as Not Commenced did not receive a QAF Monitoring assessment in 2015, this could be for a number of reasons such as a they are new provider who have passed their initial checks and will be assessed in the following year or they a Provider where there were known concerns that were working with outside of the QAF process.

Residential/Nursing Care Homes

Care Home Name	QAF Assessment Grade	Date of QAF Grade	Inspection Date (or registration date if not inspected)	CQC rating
A S Care	C	31/10/2014	23/11/2015	Requires Improvement
Aaron Court	C	02/06/2015	16/04/2016	Good
Abberdale House	B	07/09/2015	31/10/2013	Compliant
Abbey House (LCCL)	C	29/07/2015	02/02/2015	Not Inspected
Aberry House	C	06/07/2015	12/04/2016	Requires Improvement
Acorn Hill Nursing Home	Not Commenced	Not Commenced	14/09/2015	Requires Improvement
Agnes House	B	07/10/2015	27/07/2013	Compliant
Alston House	B	06/07/2015	31/10/2013	Compliant
Anita Jane's Lodge	D	08/03/2016	23/12/2015	Requires Improvement
Arbor House (LCCL)	C	17/01/2014	12/10/2015	Not Inspected

Ark Care Lodge	D	21/04/2015	06/04/2016	Requires Improvement
Ashleigh Nursing Home	C	02/07/2014	06/02/2015	Good
Ashton Lodge Residential Home	C	21/07/2015	20/07/2013	Non Compliant
Asra House	C	16/03/2016	02/07/2014	Compliant
Aylestone Grange	D	08/04/2016	23/09/2014	Not Inspected
Barclay Street	D	16/05/2016	14/04/2015	Good
Beaumont Hall	D	01/04/2016	25/09/2015	Requires Improvement
Bodnant House	Not Commenced	Not Commenced	18/05/2016	Good
Braunstone Firlands Nursing Home	C	26/08/2015	26/01/2016	Requires Improvement
Brookside Court	C	09/03/2015	19/10/2013	Compliant
Cana Gardens Residential Home	C	09/03/2015	16/10/2013	Compliant
Cherre Residential Care Home	C	19/04/2016	30/10/2013	Compliant
Cherre Villa	C	21/05/2014	15/02/2014	Compliant
Church View (Wycar Leys)	B	22/12/2014	28/07/2015	Good
Clarendon Beechlands Residential Care Home	B	29/10/2015	19/06/2013	Non Compliant
Clarendon Mews Residential Home	B	11/05/2015	29/06/2015	Good
Cooper House (LCCL)	C	27/07/2015	02/02/2015	Not Inspected
Coriander Road Care Home	C	15/07/2015	22/09/2015	Good
Diamond House Residential Care	C	13/03/2015	29/05/2015	Good
Diwali Nivas	B	18/12/2015	26/07/2014	Non Compliant
Eastfield Care Home	C	11/05/2015	28/04/2016	Requires Improvement
Elliot Residential Care Home	D	27/01/2016	19/01/2015	Good
Flora Lodge	C	13/10/2014	19/04/2016	Requires Improvement
Foxton Grange	C	25/03/2015	23/01/2015	Good
George Hythe House	B	13/11/2014	05/08/2015	Good

Geraint House	C	14/09/2015	11/06/2013	Compliant
Glenfield Woodlands Care Home	C	11/02/2015	12/01/2016	Good
Gokul Nivas	C	26/09/2014	20/05/2016	Requires Improvement
Goodwood Orchard Residential Care Home	C	19/02/2014	03/02/2016	Requires Improvement
Gratia Residential Home	C	09/06/2015	12/07/2013	Compliant
Grey Ferrers Nursing & Residential Home	B	12/09/2014	25/02/2016	Good
Groby Lodge	C	12/03/2014	13/06/2014	Non Compliant
Halifax Drive Care Home	B	24/06/2015	29/05/2015	Good
Hambleton House	C	27/08/2015	18/01/2016	Good
Hamilton House	D	21/10/2015	30/03/2016	Requires Improvement
Harley Grange Nursing Home	C	24/11/2014	23/04/2014	Compliant
Harley House Nursing & Residential Care Home	C	16/09/2014	21/09/2013	Compliant
Hartington Road Care Home	A	05/05/2015	21/01/2015	Not Inspected
Hayes Park Residential Home	C	15/07/2015	26/03/2015	Good
Heartwell House Residential Care Home	C	17/12/2014	23/02/2016	Requires Improvement
Heartwood grange	Not Commenced	Not Commenced	26/06/2014	Compliant
Heathcote (Aylestone)	B	26/08/2015	15/03/2016	Good
Hollywell Court	D	23/05/2014	24/03/2015	Good
Island Place Care Centre	C	30/09/2014	02/04/2014	Compliant
Ivor Lodge Care Home	B	08/12/2014	17/03/2016	Requires Improvement
JD Zencare (see Leacroft, name has changed)	C	08/07/2015	22/09/2015	Good
Knighton Manor Care Home	B	17/12/2015	26/05/2015	Good
Langdale View Nursing & Residential Home	C	07/06/2016	23/10/2014	Compliant
Lansdowne Residential Home	B	23/01/2015	29/10/2015	Good

Leaholme Residential Home	C	17/04/2014	18/08/2015	Requires Improvement
Lester Hall Apartments	B	12/12/2014	15/01/2015	Good
London Road Neurological & Specialist Care Unit 1 & 2	C	13/03/2014	19/03/2015	Good
Lotus Court	Not Commenced	Not Commenced	22/09/2015	Good
The Manor Care Homes	Not Commenced	Not Commenced	20/04/2016	Inadequate
Marston Court	C	07/05/2015	14/01/2015	Good
Mauricare Residential Home	C	20/08/2014	15/02/2016	Requires Improvement
Meadows Court	A	18/05/2015	16/02/2016	Good
Melbourne Home	C	08/12/2014	17/02/2016	Good
Mere Lodge	B	29/02/2016	06/08/2014	Compliant
Milligan Court	B	27/04/2016	15/07/2015	Good
New Wycliffe Home For The Blind	B	25/02/2016	19/01/2016	Good
Newton House Residential Home	A	12/04/2014	20/04/2015	Good
Orchard Manor View	Not Commenced	Not Commenced	07/09/2015	Not Inspected
Pendene House Residential Home	B	11/12/2014	12/01/2016	Requires Improvement
Pilgrim Homes - Evington Home	D	15/09/2015	15/05/2013	Requires Improvement
Pine View Care Home	C	14/05/2014	30/03/2015	Requires Improvement
Preston Lodge	C	31/12/2013	19/07/2014	Compliant
Queens Lodge	C	10/09/2015	15/09/2015	Good
Queens Park Care Home	C	27/08/2015	09/04/2016	Good
Rosywood House	C	22/07/2014	18/02/2016	Good
Royal Mencap Society Residential (Upperton Road)	Not Commenced	Not Commenced	28/09/2016	Requires Improvement
Rushey Mead Manor Care and Nursing Home	D	17/03/2016	02/02/2015	Good
Ryedale House	C	29/06/2015	27/06/2013	Compliant

Satya Nivas Residential Home	C	05/01/2015	02/12/2015	Good
Scraptoft Court Care Home	C	06/02/2015	15/02/2016	Requires Improvement
Silver Birches	C	09/02/2015	10/02/2016	Good
Simmins Crescent	Not Commenced	Not Commenced	21/08/2013	Compliant
South Lodge	B	09/07/2015	07/12/2013	Compliant
Spencefield Grange	B	22/12/2014	04/11/2015	Requires Improvement
St Bennetts Care Home	C	01/12/2014	26/10/2015	Good
St Georges Care Centre	C	18/08/2014	06/02/2015	Requires Improvement
Stonesby House (147)	C	20/06/2014	07/11/2013	Compliant
Stonesby House Ltd (107)	C	06/05/2015	27/01/2016	Good
Stonesby Lodge	D	14/12/2015	09/06/2016	Good
Stoneygate Ashlands	C	15/09/2014	13/02/2014	Compliant
Stoneygate Oaklands	C	06/01/2015	25/12/2013	Non Compliant
Stoneygate Road Care Home	C	28/10/2014	23/08/2013	Compliant
Sycamore Court	C	09/07/2015	12/05/2016	Good
The Chantry	D	21/03/2016	12/06/2014	Not Inspected
The Manor Residential and Nursing Care Home	D	13/11/2015	20/04/2016	Inadequate
Thurnourt	D	15/01/2014	12/10/2015	Not Inspected
Toller Road	B	29/04/2016	20/07/2015	Good
Upperton Road Care Home (Mencap)	B	24/02/2016	28/09/2015	Requires Improvement
Venetia House	C	05/05/2015	17/09/2013	Compliant
Vishram Ghar	C	21/01/2016	01/12/2015	Requires Improvement
Vrandavan	C	15/04/2015	28/08/2013	Compliant
Welford court	C	12/05/2015	22/01/2015	Requires Improvement
Westcotes Rest Home	B	12/06/2014	26/06/2015	Requires Improvement
Western Park View	C	19/12/2014	23/11/2015	Requires Improvement

Willowbrook	B	22/01/2015	19/05/2015	Good
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Domiciliary Care	QAF Assessment Grade	Date of QAF Grade	CQC rating	CQC investigation date (or registration date if not yet inspected)
Always There Homecare Ltd	C	06/10/2014	Good	15/01/16
Amicare Domiciliary Care Services	C	13/03/2014	Good	09/06/15
Care UK Homecare Ltd	D	10/02/2015	Not been inspected	25/07/2014
Care UK Homecare Ltd - Danbury Gardens	D	26/02/2015	Good	26/02/ 2016
Carewatch Leicester (City & County Care Services T/A CareWatch Leicester)	C	19/02/2014	Not been inspected	19/02/2016
Choices Care Ltd	C	23/09/2015	Not inspected	20/02/2014
Creative Support Ltd	C	22/07/2015	New address not been inspected	12/11/2014
Direct Health (UK) Limited	D	05/01/2015	Good	19/02/16
Domiciliary Care Services (UK) Limited	D	14/12/2015	Requires improvement	04/01/16
Help at Home	D	08/09/2015	New address not been inspected	26/11/2013
Housing & Care 21	C	07/07/2014	Not inspected	28/10/2013
LHA Asra Housing Association t/a Compass Care	D	03/08/2015	Good	08/02/16
Mears Care LTD	C	04/06/2015	Good	04/04/16
Private Home	B	04/06/2015	No rating	23/08/14

Care UK LTD				
Sevacare UK Ltd	C	23/06/2015	Requires Improvement	05/01/15
Universal Care Services (UK) Limited	C	03/04/2015	Requires Improvement	02/11/15
Westminster Homecare Limited	D	10/03/2016	Not inspected	15/01/2014
Hales Group Ltd	Not commenced	Not commenced	Not inspected	14/02/2014

Supported Living providers have not yet been inspected by the CQC using the new inspection framework so the ratings are not available.

Independent Living / Supported Living	QAF Assessment Grade	Date of QAF Grade	Registration Date
Accredo Support & Development Ltd	C	25/02/2016	18/10/2013
Advance Housing & Support Ltd	B	17/03/2016	01/08/2014
Affinity Trust	B	21/01/2016	24/01/2014
CareTech Community Services Limited	C	15/12/2015	02/12/2013
City County Care Services Ltd trading as Carewatch Leicester	C	04/02/2016	04/03/2014
Community Integrated Care	C	03/03/2016	12/06/2014
Creative Support Ltd	B	17/03/2016	03/01/2013
Dimensions UK Ltd	A	21/04/2015	03/10/2013
Future Home Care Ltd	B	25/02/2015	04/10/2013
Lifeways Community Care Ltd	C	21/09/2015	07/01/2014
MacIntyre Care	C	25/02/2016	11/09/2013
Mosaic Shaping Disability Services	Not commenced	Not commenced	14/05/2016*
Prime Life Limited (Ashland Mews)	C	11/01/2016	22/11/2013

*This Provider is registered with the CQC for supported living services and domiciliary care services and the date refers to the date of their last inspection.

Adult Social Care Scrutiny Commission

Re-procurement of Domiciliary Care Support Services

Date: 12th July 2016

Lead director: Steven Forbes



Useful information

- Ward(s) affected: All

- Report author: Sally Vallance
- Author contact details: 454 4122
- Report version number plus Code No from Report Tracking Database:

1. Purpose of report

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the work in progress to re-procure domiciliary care support services in readiness for the expiry of existing contracts in October 2017.
- 1.2 The review also provides the opportunity to jointly procure services in conjunction with the Leicester Clinical Commissioning Group (CCG), who also purchase a significant amount of domiciliary care support each year.

2 Summary

- 2.1 Domiciliary care support (sometimes referred to as home care) is purchased by the Council for people eligible for Adult Social Care (ASC) assistance, who would like the authority to arrange their support.
- 2.2 The current contracts expire in October 2017 and work is underway to prepare for the procurement of new services with tenders expected to be issued in the autumn of 2016. We would be aiming for new contracts to commence in October 2017, which will allow for a mobilisation period of up to 6 months before existing contracts end. This will support the effective transfer into new contract arrangements and ensure that any changes to care provider for service users can be managed over a time period that enables the individual to adjust to any new arrangements.
- 2.3 As part of the process, user, stakeholder and provider engagement is taking place to help inform the new specifications and contractual arrangements for the new services.

3 Recommendations

- 3.1 The Adult Social Care Scrutiny Commission notes the content of the report and provides comment in advance of the formal procurement process commencing in October 2016.

4 Report/Supporting information including options considered:

Background

- 4.1 Domiciliary care support is purchased by the Council on behalf of approximately 2,000 eligible ASC service users at any one time, which equates to approximately 18,364 hours per week (954,930 annually) at an annual cost of approximately £10.5 million.
- 4.2 For the period of 2015/16 there were 2,585 people who received the service; of which 2,089 were people aged over 65 years and 496 are people of working age (18-64). Of these people 262 had dementia, 94 had a learning disability, 216 had a mental illness, 1180 had a physical disability, 728 were physically frail/temporarily ill, 20 had substance misuse issues and 59 had a hearing and/or sight loss or impairment (the remaining 36 had a variety of other vulnerabilities).
- 4.3 As at 13/06/16 there were 1,826 people who were in receipt of the service; of which 1,459 are people aged over 65 years and 367 are people of working age (18-64).
- 4.4 There are currently 17 organisations contracted with the Council to provide the service. 16 have been subject to the full Quality Assurance Framework (QAF) assessment by the ASC Contracts and Assurance Service. 1 provider has recently started to provide services in the area, so has not yet been through the full QAF process. In addition to the Council's own quality checks, domiciliary care is a regulated service and subject to the Care Quality Commission (CQC) inspection regime. An overview of current provider quality for the City Councils QAF and the CQC inspection regime is detailed below:

LCC Quality Score		CQC Quality Score	
Level A (Excellent)	0	Outstanding	0
Level B (Good)	2	Good	5
Level C (Compliant)	8	Requires Improvement	2
Non-Compliant	6	Inadequate	0
		Compliant under old regulatory regime	7
		Non-Compliant under old regulatory regime	2

- 4.5 For those that are currently non-compliant with the Council's QAF, remedial action is underway and improvements are being monitored.
- 4.6 The current contracts for domiciliary care support are due expire in October 2017 without the option to extend the existing contracts beyond this date. Therefore, the Council is required to re-procure these services in order to ensure there is no disruption to service users and that the authority complies with EU procurement legislation.
- 4.7 The Leicester Clinical Commissioning Group (CCG) also purchase domiciliary care support services in the city, often from the same providers for people with continuing health care needs. Therefore, work is underway to determine whether there is any merit in the authority procuring domiciliary care support on behalf of both the City Council and the CCG. Joining together with the CCG may bring benefits, such as reducing duplication of work, managing costs and removing the competition to secure the same providers. No decision has been taken on

whether a joint approach should be pursued at this point.

Work in Progress

- 4.8 A joint domiciliary support services project board has been established to oversee the work, this board reports into the Joint Integrated Commissioning Board (JICB) as well as the usual governance structures of the Council and CCG. The governance structure is attached in appendix A.
- 4.9 As part of the process the Council is engaging with users, stakeholders and existing and other providers to understand the positive aspects of the current operating practices and where improvements need to be addressed. Any changes will then be reflected in the new specifications and contractual arrangements. The engagement plan is attached at appendix C.
- 4.10 A first round of provider engagement has taken place, a user questionnaire has been sent out (attached as appendix B) and officers are visiting some stakeholder and user groups to hear views on what the most important aspects of this service are.
- 4.11 As part of the review, the requirements of the UNISON ethical charter will be considered including in the future agreement obligations for there to be no zero hour contracts for staff, the payment of travel time between visits and the provision of an occupational sick pay scheme. The cost of applying these terms to any new contract will be considered as part of the review process. The UNISON charter also seeks the payment of the Living Wage, whilst there is now a legal requirement to pay the National Living Wage. Anything beyond this, will result in significantly higher costs and will need to be considered as part of the review process.
- 4.12 The City Council currently does not commission 15 minutes visits (except in a few permitted exceptions e.g. when a second member of staff is needed to assist with a hoist). This will stand in the new contract going forward.

Timescales and Next Steps

- 4.13 Proposals for the procurement exercise, the contract and specification to be used and any proposals around working with the CCG will be prepared for decision in the August 2016. The procurement exercise is planned for the autumn of 2016 and handover to new providers will take place the following year in readiness for contracts going live in October 2017.

5. Financial, legal and other implications

5.1 Financial implications

There are no further financial implications arising from this report. The impact of the National Living Wage has already been dealt with in revised rates for 2016/17 by the Council and the CCG.

Martin Judson, Head of Finance

5.2 Legal implications

As this procurement is for ASC services it will fall under the Light Touch Regime in the Public Contract Regulations 2015, which allows for a very flexible procurement approach to be taken. Given the value of the service the contract will be over threshold however and therefore will require:

- An OJEU Advert to be placed
- The publication of a contract award notice following the procurement
- Compliance with Treaty principles of transparency and equal treatment.
- Conduct the procurement in conformance with the information provided in the OJEU advert regarding: any conditions for participation; time limits for contacting/responding to the authority; and the award procedure to be applied.
- That time limits imposed by authorities on suppliers, such as for responding to adverts and tenders, must be reasonable and proportionate

Beyond this however the Council have the flexibility to use any process or procedure they choose to run the procurement. There is no requirement to use the standard EU procurement procedures but we can use those procedures if helpful, or tailor those procedures according to the procurement, or design our own.

The LTR rules are flexible on the types of award criteria that may be used, but make clear that certain considerations can be taken into account.

From recent experience it is advised that the current terms and conditions for the service are reviewed early in the process in order that they can be amended to reflect the various legal and procedural changes that have occurred since the last contract was entered in to. Dependent upon the procedure used there will be minimal scope to amend these once the procurement has been instigated. This is also crucial if there is to be a joint procurement with the CCG as their standard requirements may differ and we will need agreement on the contract terms prior to going out to tender.

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

5.3 Climate Change and Carbon Reduction implications

Jointly procuring domiciliary care with the CCG could potentially reduce carbon emissions as it would avoid duplicated services running in the same areas. Some local

authorities have taken direct action to reduce their carbon emissions related to their social care provision. Bristol in particular have developed a green checklist for their outsourced social care that considers; providers environmental policy, reduction of staff miles by choosing the most efficient routes and avoiding unnecessary visits, use of energy-efficient pool cars or bikes, the use of telecare to reduce the need for multiple care visits, provision of environmental advice to service users. The Environment Team should be contacted to discuss how sustainability can be engrained into the ASC procurement process.

Louise Buckley, Senior Environmental Consultant, 37 2293

5.4 Equalities Implications

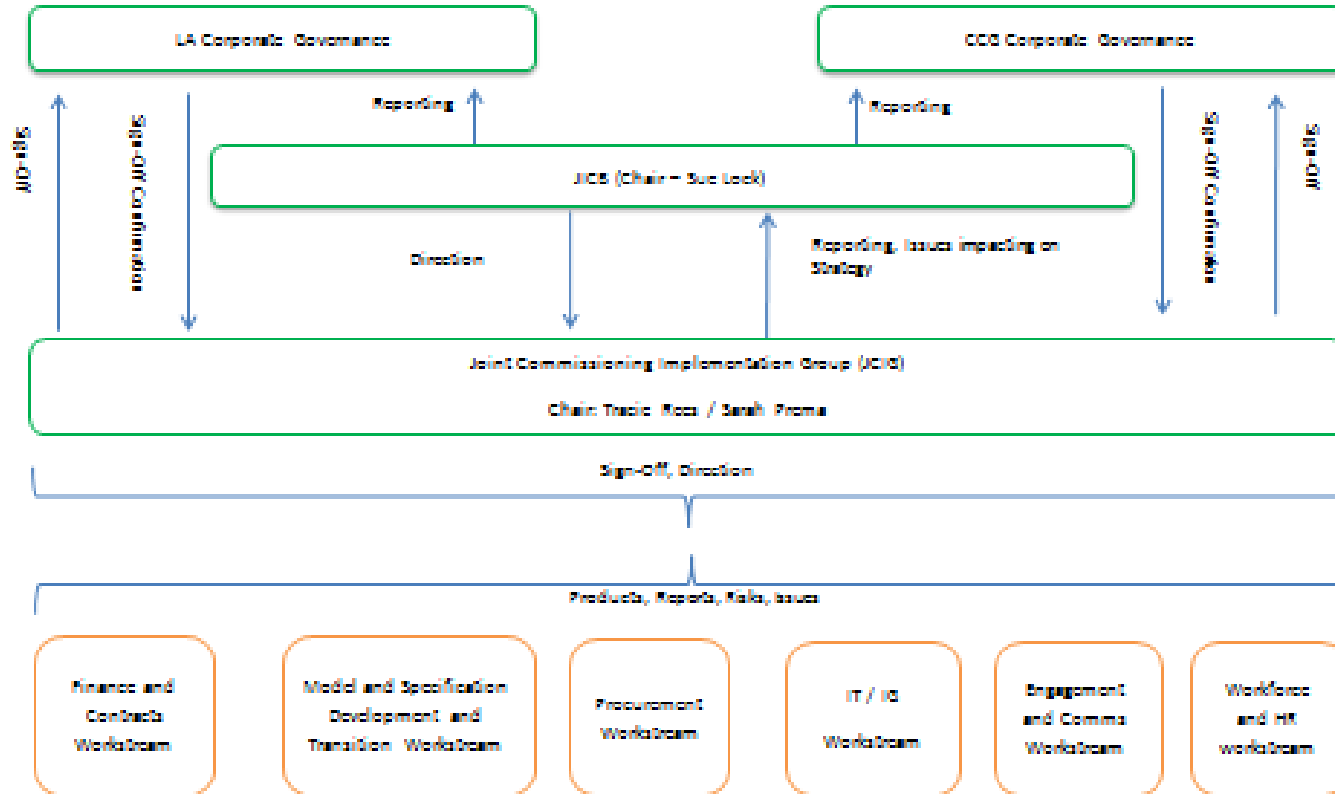
In order to ensure that we meet our Public Sector Equality Duty, we must have a clear understanding of the needs of our service users and how best to meet those needs from their perspectives. User and stakeholder engagement, as presented above, is an effective means of ensuring the council understands those needs and that the contract specification appropriately reflects what is required to meet them within service delivery.

Irene Kszyk, Corporate Equalities Lead, ext 374147

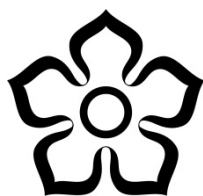
5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

Governance -Organisation



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Leicester
City Council



**Leicester City
Clinical Commissioning Group**

Have Your Say - Local NHS and Adult Social Care (Council)

Domiciliary Support Services Customer Survey

Domiciliary Support is a term we use to describe the support and care you receive in your home. This support is provided by an organisation that employs a paid carer or support worker to help you. The support you receive at home can include help with a number of things. This can be help with housework or with personal care such as washing and dressing or with going shopping.

This survey will help us find out what you think about these services and how this support helps you remain well and as independent as possible.

**Question1: Please tell us who you are completing this survey as:
(Please tick a box)**

I am a person who is receiving support at home

I am a family carer or friend of someone who is receiving support
in their home

I am interested in the service but not receiving support

If you are not receiving a service but would like to give your own views please go to question 12.

Question 2: Please tell us who did your assessment for the help you receive at home (Please tick a box)

A nurse did my assessment

A social worker or care manager did my assessment

I don't know

Question 3: Please tell us where you were when your assessment was done (Please tick a box)

It was done when I was at home

It was done when I was in hospital

I don't know

My assessment was done somewhere else

Please write where your assessment was done here:

.....

Question 4: How long have you been receiving support at home? (Please tick a box)

Less than 6 months

Less than 1 year

1 - 2 years

2 - 5 years

Over 5 years

**Question 5: How often do you receive support at home?
(Please tick a box)**

- 1 - 2 times a day
- 3 times or more a day
- 1 - 3 times a week
- 4 - 6 times a week

**Question 6: What services do you receive?
(Please tick all that apply)**

- Support with personal care such as washing and dressing or toileting
- Help with taking medication
- Help with domestic tasks, such as shopping, laundry and making a meal
- Support with regaining or learning new skills to help you to live independently
- Support with getting out and about such as using the bus to go and see your GP
- Help with specific health needs such as treating pressure sores or managing a colostomy bag
- Help to get around your home using special equipment like a hoist

If there are other things you get support with please tell us what they are here:

.....

Question 7: Please tell us what you think is good about the support you receive?

Please write here:

Question 8: Please tell us how your support could be better?

Please write here:

Question 9: Do you know who to contact if you want to change the way your support is organised, for example if you wanted to cancel a visit for a day? (Please tick a box)

Yes

No

I don't know

Question 10a: Do you feel the support you receive at home helps you to stay well and as independent as possible? (Please tick a box)

Yes

No

I don't know

**Question 10b: Can you tell us how the help you receive at home supports you to stay well and as independent as possible?
Please write here:**

Question 11: Is there anything else you would like to tell us about the support you get at home?

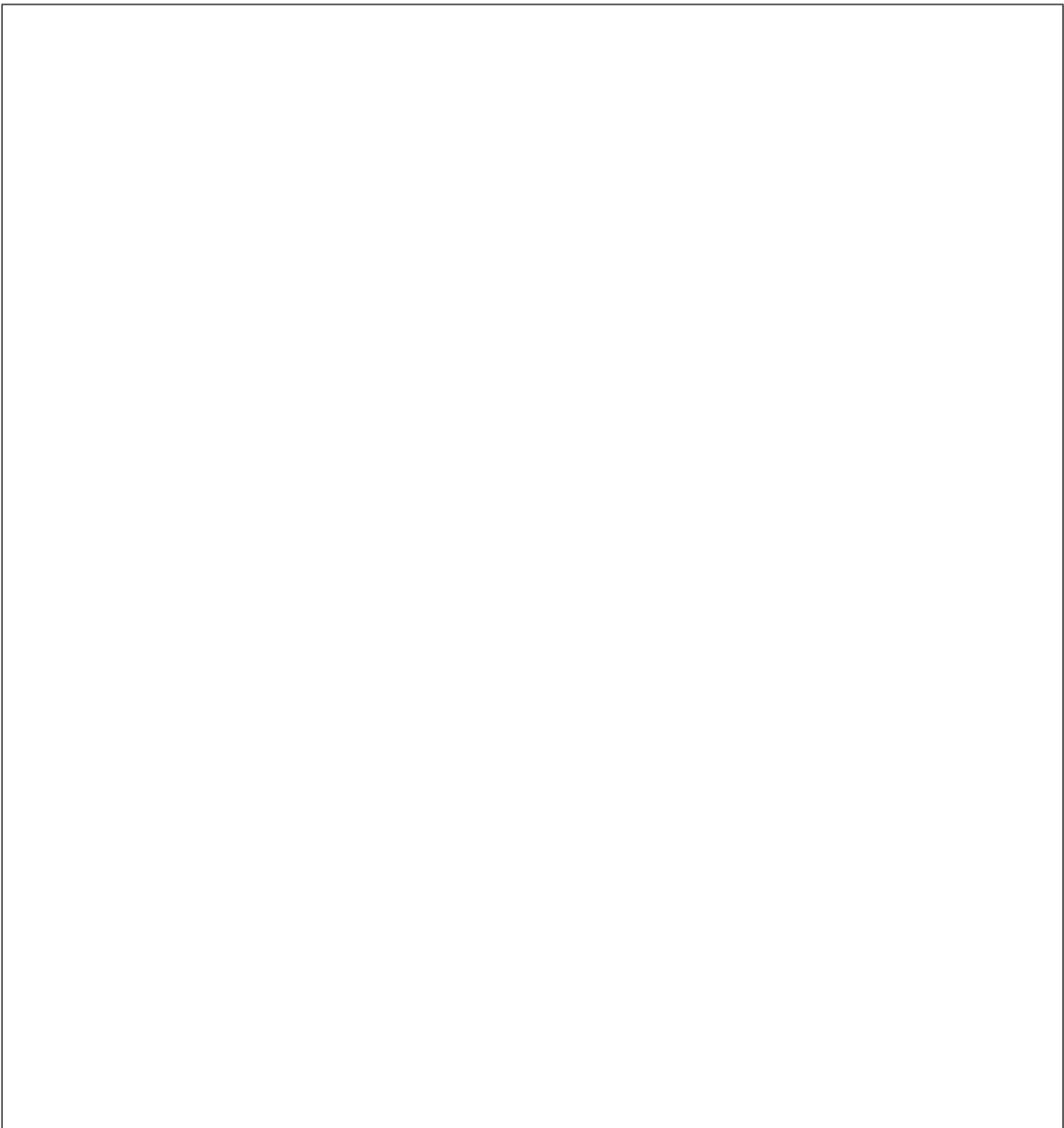
Please write here:

Question 12: If you have any general views on domiciliary support services please tell us below.

Please write here:

Question 13: If you have any views about way the NHS and council are thinking about buying and managing domiciliary support services together as one organisation in future, please tell us what you think below.

Please write here:



To finish, here are some questions about you, but you do not have to answer these if you do not want to.

APPENDIX C

Domiciliary services: Engagement plan

Domiciliary support helps people to remain independent and prevents them from needing a higher level of support such as residential or nursing care. Currently domiciliary support is commissioned separately by Leicester City Council (LCC), triggered by an assessment of social care needs.

The main type of support commissioned by the Council is non-complex community based support. Non-complex support is commissioned to help patients meet the activities of daily living. This includes activities such as getting up / dressed, washed, assistance with toileting and skin care, communication, meals, moving and handling including the use of adaptations and equipment, medication, emotional and psychological needs.

LCC is required to re-procure domiciliary support for the residents of Leicester City. This is triggered by the expiry of existing contracts in October 2017.

Before we do this, we are interested to hear from people who have used these services in the past and from those who may use them in the future. We would like to know what people think of the current services, and hear of suggestions for how we can improve them. We also need to engage with the market to ensure providers are aware of the services we wish to purchase and are telling us about how they can respond.

Our purpose is to make sure the user voice is at the heart of any decisions we make in planning and buying local health services so it is critical that they are involved in the future plans. It is therefore proposed that hold a period of engagement to ask patients, carers, family members and other interested stakeholders a series of questions (primarily via a survey) to help us develop a future service which would best meet their needs.

Engagement activity

Timeframe: The engagement phase will open the week commencing 13 th June and close on the 7 th July 2016
--

As public bodies we have a duty and a commitment to listen and engage with service users and members of the public to ensure we understand their views on domiciliary support, the areas of domiciliary support which they are satisfied or dissatisfied, and how they would like to be engaged or informed going forward.

As such, the below outlines the engagement activity we will undertake to ensure those who use these services are taken into account before any changes to services happen.

We will prioritise this engagement phase primarily with people who use the services. We will also widen the engagement to include providers and interested stakeholders.

In addition a service user survey, stakeholders will be asked to arrange a small number of face to face meetings with service users to encourage participation in the developments and to give us the opportunity to speak with groups who may not understand or be comfortable with completing a survey.

Stakeholders:

Internal audiences

- Care management
- Enablement service
- ICRS

Domiciliary services

- Existing providers
- Wider market who may provide in the future

Other stakeholders

- Network for change
- LGBT Centre
- Adhar project
- LAMP/Genesis group
- Stroke Association
- Diabetes Uk
- Breathe Easy (BLF)
- LCIL
- Headway
- Leicestershire Aids Support Services (LASS)
- Action Deafness
- Vista
- Age Uk
- 50+ network
- LOROS
- Parkinsons Uk
- Clasp the carers centre
- Motor Neurone Disease Association (Leicestershire and Rutland)
- Speaking up for health group
- Rethink
- BME Elders forum
- Rainbows
- Leicester Chinese Elderly Project
- Leicester Stroke Club
- Leicester Deaf Action Group

- Leicester Mencap Society
- CLASH - Arthritis support group
- West Indian Senior Citizens Project
- Alzheimers Society
- ANSAAR
- Learning Disability Partnership Board
- Leicestershire Kidney Patients' Association
- Healthwatch Leicester
- Leicestershire Down's Syndrome group

Stakeholder communications

- GP Practices
- Local media channels
- Social media channels
- LCC and CCG website

We will pay particular attention to the 9 equality strands to ensure we have a mixture of views from the services (not all will be applicable).

Communications planning

All communication on the development of this work will involve a number of different channels to spread the messages. The below offers suggestions of methods which we will use:

Internal and External Channels

We will use internal methods of communication such as e-newsletters to communicate with our staff and the CCG's channels to GPs.

Stakeholder networks

Information is distributed to local stakeholders to raise awareness of projects through their local networks, service users and groups. We encourage stakeholders to distribute news about service developments through their internal and external channels of communication.

The engagement phase will close on the 7th July, when the collated feedback will be analysed and reported into the project board. The feedback will be used to support the development of the future service specification.

Timeline

Task	Dates
Agree content of letter/consultation documents	w/c 25 th April 2016
Comms messages including stakeholder engagement and social media	w/c 6 th June 2016

Survey distribution to service users	w/c 13 th June 2016
Hold series of service user meetings where requested	15 th June – 7 th July 2016
Consultation closes	7 th July 2016
Report on findings to project board	19 th July 2016
Respond to public with results	TBC

Requested face to face meetings

DATE	SERVICE	VENUE	TIME	TYPE
27 th June 2016	Mencap		10am – 11am	Service user coffee morning
W/c 4 th July (date tbc)	Age UK		Time TBC	Coffee morning

(Further groups are being added as contact is made).

Leicester City Council
Scrutiny Review

'End of Life Social Care'

A review of the Adult Social Care Scrutiny Commission

July 2016

Background to scrutiny reviews

Determining the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template will assist in planning the review by defining the purpose, methodology and resources needed. It should be completed by the Member proposing the review, in liaison with the lead Director and the Scrutiny Manager. Scrutiny Officers can provide support and assistance with this.

In order to be effective, every scrutiny review must be properly project managed to ensure it achieves its aims and delivers measurable outcomes. To achieve this, it is essential that the scope of the review is well defined at the outset. This way the review is less likely to get side-tracked or become overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

The scoping document is also a good tool for communicating what the review is about, who is involved and how it will be undertaken to all partners and interested stakeholders.

The form also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be supported by a Scrutiny Officer.

Evaluation

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing the effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate in relation to the topic under review.

For further information please contact the Scrutiny Team on 0116 4546340

To be completed by the Member proposing the review		
1.	Title of the proposed scrutiny review	End of Life Social Care
2.	Proposed by	Councillor Virginia Cleaver, Chair, Adult Social Care Scrutiny Commission
3.	Rationale Why do you want to undertake this review?	<p>End of Life Care is an important service provided by social care and health services to ensure that people are allowed to end their lives in a comfortable manner with dignity, taking into account their wishes.</p> <p>However, In May 2016, Hospice UK used the freedom of Information Act to find out how well councils and NHS Groups assessed the needs of dying people in their communities and the results showed that more than a third of health and wellbeing boards do not consider the needs of dying people in their assessment of local needs.</p> <p>As such it is important for the commission to consider how we perform in the city and how well our social care service contributes to the overall needs of dying people within the wider health and care system.</p>
4.	Purpose and aims of the review What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	<p>The commission wants to seek assurances that our adult social care services are contributing to good end of life care, taking into account peoples wishes and needs.</p> <p>It is hoped the following outcomes will be established:</p> <ul style="list-style-type: none"> • Understand what the social care services currently contribute to people at the end of their life. • Consider how well social care services perform against the 'checklist for employers, leaders, commissioners and funders' from the 'Role of social workers in palliative, end of life and bereavement care report'. • Understand how social care service link with health providers to support people to die at home or the place of their choice. • Consider the training given to social care and care home staff to deal with end of life care. • Evaluate how well we communicate, as part of a multi-agency, multi-disciplinary team with families to have end of life conversations.
5.	Links with corporate aims / priorities How does the review link to corporate aims and priorities? http://citymayor.leicester.gov.uk/delivery-plan-2014-15/	<p>The City Mayor's Delivery Plan has a section specifically to promote 'A Healthy and Active City'.</p> <p>The aims within this include reducing health inequality and promoting good public health which will be linked to the outcomes of this review.</p>

6.	<p>Scope Set out what is included in the scope of the review and what is not. For example which services it does and does not cover.</p>	<p>Adult Social Care Services.</p> <p>This review will not include how health services directly cater for end of life care but may look at the links with health services from a social care and community perspective.</p>
7.	<p>Methodology Describe the methods you will use to undertake the review.</p> <p>How will you undertake the review, what evidence will need to be gathered from members, officers and key stakeholders, including partners and external organisations and experts?</p>	<p>The commission would like to identify the following:</p> <ul style="list-style-type: none"> • How good are we at preparing for end of life social care? • What do our care and support providers do? • Are people getting the right care at the right time? • How effective are we in supporting discharge at end of life out of hospital back home or to another care setting? How well do we communicate and support people plan for end of life, with the individual and their families in our social care support? • How are staff in Care /Residential Homes equipped to deal with end of life and what training is provided to staff to hold appropriate end of life conversations with families? <p>Task group meetings will gather evidence from officers in the witnesses section.</p>
	<p>Witnesses Set out who you want to gather evidence from and how you will plan to do this</p>	<p>Potential witnesses may include:</p> <ul style="list-style-type: none"> • Relevant Council Officers • Relevant Health Partners (LPT, CCG, etc.) • Providers of social care in the community, e.g. care homes, home based care • Voluntary organisations with an interest in end of life care
8.	<p>Timescales How long is the review expected to take to complete?</p>	<p>July Scoping document to be agreed at 12th July meeting. July – November</p> <ul style="list-style-type: none"> • Task Group meetings. • Draft findings and conclusions to be established. <p>December The final review report to be agreed at 12th December meeting.</p>
	Proposed start date	July 2016
	Proposed completion date	December 2016
9.	<p>Resources / staffing requirements Scrutiny reviews are facilitated by Scrutiny Officers and it is important to estimate the amount of their time, in weeks, that will be required in order to manage the review Project Plan effectively.</p>	<p>It is expected the Scrutiny Policy Officer will support the whole review process by capturing information at the meetings, facilitating the people to give evidence and writing the initial draft of the review report based on the findings from the review.</p>

	Do you anticipate any further resources will be required e.g. site visits or independent technical advice? If so, please provide details.	None expected at this stage.
10.	Review recommendations and findings	It is likely the review will offer recommendations to the Executive re Adult Social Care.
11.	Likely publicity arising from the review - Is this topic likely to be of high interest to the media? Please explain.	It is not expected that the review will have high media interest but the council's communications team will be kept aware of any issues that may arise of public interest.
12.	Publicising the review and its findings and recommendations How will these be published / advertised?	There will be a review report which will be published as part of the commission's papers.
13.	How will this review add value to policy development or service improvement?	It is hoped the outcomes of the review will ensure that the Adult Social Care Services are effective in their role as part of a multi-agency, multi-disciplinary team offering support to people in social care settings with end of life care needs.
To be completed by the Executive Lead		
14.	Executive Lead's Comments The Executive Lead is responsible for the portfolio so it is important to seek and understand their views and ensure they are engaged in the process so that Scrutiny's recommendations can be taken on board where appropriate.	I am supportive of this scrutiny review into this very important area of work. <i>Councillor Rory Palmer</i> <i>Deputy City Mayor Executive lead for Adult Social Care, Health Integration & Wellbeing Chair, Leicester Health & Wellbeing Board</i>
To be completed by the Divisional Lead Director		
15.	Divisional Comments Scrutiny's role is to influence others to take action and it is important that Scrutiny Commissions seek and understand the views of the Divisional Director.	

16.	<p>Are there any potential risks to undertaking this scrutiny review?</p> <p>E.g. are there any similar reviews being undertaken, on-going work or changes in policy which would supersede the need for this review?</p>	
17.	<p>Are you able to assist with the proposed review? If not please explain why.</p> <p>In terms of agreement / supporting documentation / resource availability?</p>	
	Name	
	Role	
	Date	
To be completed by the Scrutiny Support Manager		
18.	<p>Will the proposed scrutiny review / timescales negatively impact on other work within the Scrutiny Team?</p> <p>(Conflicts with other work commitments)</p>	<p>This review may require some intensive support to ensure that the commission can adequately scrutinise the current service. Whilst it is anticipated that there will no adverse impact on the scrutiny team's work, it must be anticipated that there may need to be some prioritising of work done during the time of this review.</p>
	<p>Do you have available staffing resources to facilitate this scrutiny review? If not, please provide details.</p>	<p>The review can be adequately support by the Scrutiny Team as per my comments above.</p>
	Name	Kalvaran Sandhu, Scrutiny Support Manager
	Date	30 th June 2016

Adult Social Care Scrutiny Commission

Draft Work Programme 2016 – 2017

Meeting Date	Topic	Actions Arising	Progress
12 th Jul 16	<ul style="list-style-type: none"> 1) Adult Social Care Commissioning Intentions 2016/17 2) Annual Quality of Care Statement for 2015 3) Re-procurement of Domiciliary Care Contracts 4) Draft Scoping Document – End of Life Social Care Review 		
8 th Sep 16	<ul style="list-style-type: none"> 1) The Executives Response to the Commissions Review of Community Screening 2) Adult Social Care Outcomes Framework (ASCOF) – for 2015/16 3) Budget – current status of where it is at (in-year) and impact of the increase of the living wage 4) Impact of Working Age Adults on ASC 5) Disability Related Expenditure – Outcome of the Consultation. 		
25 th Oct 16	<p>*Theme: Keeping Vulnerable Adults Safe</p> <ul style="list-style-type: none"> 1) ASC Strategic Priorities – Half Year Update 2) Local Account for 2016/17 3) Leicester Safeguarding Adults Board – Annual Report for 2015/16 4) Local Area Action Plan: Autism Strategy – An Update on Progress 		
12 th Dec 16	<ul style="list-style-type: none"> 1) Transition into Adulthood: Young People with Disabilities 2) Adult Social Care Portal – Six Month Implementation Update 3) ASC User Experience Survey (as agreed at last meeting) 4) BCF Update 		

Meeting Date	Topic	Actions Arising	Progress
7 th Feb 17	1) Adult Social Care Budget 2) Update on implementation of actions following the peer review 3) Update on the Enablement Strategy		
4 th Apr 17	*Theme: Dementia 1) Update on Dementia Strategy 2) Alzheimer's Society		

Forward Plan Items

Topic	Detail	Proposed Date
Care Quality Commission	What are they delivering around social care?	
Healthwatch	What are their plans to capture the views of patients re social care?	
End of life social care	<i>Potential review item</i>	