



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 25 OCTOBER 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:

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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PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING

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

4. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case in accordance with the Council's procedures.

6. LEICESTER SAFEGUARDING ADULTS BOARD - [Appendix A](#) ANNUAL REPORT

Jane Geraghty, Independent Chair of the Leicester Safeguarding Adults Board will present the Board's Annual Report for 2015/16. The Commission is asked to note and comment on the report as appropriate.

7. LEICESTER AGEING TOGETHER

Sam Larke, Programme Lead, Vista, will deliver a presentation to the

Commission, on Leicester Ageing Together.

8. LOCAL ACCOUNT FOR 2015/16

Appendix B

The Strategic Director, Adult Social Care, submits a report that presents the Leicester Adult Social Care Local Account for 2015/16. The report summarises key developments, achievements and performance over the course of the year and sets out future plans in response to the challenges faced.

The Commission is recommended to note and comment on the report.

9. CHANGES TO DEMENTIA SUPPORT

Appendix C

The Strategic Director, Adult Social Care, submits a report that provides the Adult Social Care Scrutiny Commission with an overview of the proposal to change the way dementia support is provided for people diagnosed with the condition. The Commission is asked to note the report and provide feedback on the proposal.

**10. ADULT SOCIAL CARE SCRUTINY COMMISSION'S
REVIEW ON COMMUNITY SCREENING- EXECUTIVE
RESPONSE**

The Adult Social Care Scrutiny Commission will receive the Executive's response to the Commission's review on Adult Social Care Community Screening and Assessment.

**11. ADULT AND SOCIAL CARE SCRUTINY COMMISSION
WORK PROGRAMME**

Appendix D

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

Report to Scrutiny Commission

Adult Social Care Scrutiny Commission

25th October 2016

Annual Report of the Leicester Safeguarding Adult
Board

Report of the Strategic Director of Adult Social Care

**Useful Information:**

- Ward(s) affected: All
- Report author: Ruth Lake / LSAB Office
- Author contact details 37-5551 ruth.lake@leicester.gov.uk

1. Summary

- 1.1 This cover report accompanies the Leicester Safeguarding Adult Board (LSAB) Annual Report for 2015/16, which is presented to scrutiny for their consideration.
- 1.2 This is the fourth Annual Report produced by the LSAB and the first since the introduction of the Care Act 2014 (effective from 1st April 2015). It is a report of the partnership board that is responsible for ensuring that adults in Leicester are safeguarded against abuse or neglect.
- 1.3 The Care Act 2014 created safeguarding adult boards as a statutory requirement for the first time (although Leicester has had board arrangements in place for many years).
- 1.4 The LSAB is not an independent board – it is a partnership of local agencies that have a role in keeping adults safe from harm through the delivery of high quality, safe services. The LSAB is independently chaired, this being Jane Geraghty since December 2015. Dr David Jones was the previous independent chair.
- 1.5 There is a requirement on the Local Authority to lead the local safeguarding arrangements and to ensure the LSAB is in place. Specifically Adult Social Care is the lead agency for the oversight of safeguarding adult investigations, either by directly managing the process or by ensuring an investigation is managed by another agency, for example the NHS in investigating incidents within a hospital setting.
- 1.6 Following the Care Act implementation, there is now a requirement of safeguarding boards to produce an annual report and a business plan and to engage key partners in these.
- 1.7 Of specific note in the development of the LSAB are:
 - The appointment of a new independent chair in December 2015
 - The revision of the governance framework in February 2016
 - The development of a new business plan for 2015/16
- 1.8 Of specific note in terms of safeguarding activity are:
 - The similarity with 2014/15 in terms of volumes and types of activity

- The numbers of repeat enquiries (for the same individual) which has been identified for further investigation
- The continued (national) challenge in relation to Deprivation of Liberty Safeguards processes

1.9 The Scrutiny Commission plays an important role in providing challenge and seeking assurance that safeguarding practice is effective across the partnership and more specifically within ASC.

2. Recommendation(s) to scrutiny

2.1 The ASC Scrutiny Commission is recommended to:

- Note the LSAB arrangements in place to oversee safeguarding activity in Leicester
- Note the content of the Annual Report
- Make any observations to the LSAB as a partnership or to ASC specifically regarding the delivery of safeguarding work.

3. Supporting Information

3.1 Leicester Safeguarding Adult Board Annual Report 2015/16

4. Financial, legal and other implications

4.1 Financial implications

There are no financial implications arising from this report.

Martin Judson, Head of Finance

4.2 Legal implications

There are no direct legal implications arising from this report. The Annual report attached is in compliance with the requirements of the Care Act 2014 and specifically section 14.136 of the Care and Support Guidance 2014 which states that the Safeguarding Adults Board (SAB) must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as

detailing the findings of any safeguarding adults reviews and subsequent action

Pretty Patel, Head of Law, Social Care and Safeguarding

4.3. Climate Change implications

None noted

4.4 Equality Impact Assessment

4.4.1 Safeguarding activity, by definition, is focused on people who are unable to keep themselves safe from harm for any reason. This may be due to age, health or mental capacity. People may be at risk of harm due to societal issues such as hate crime and when accompanied by an ability to protect themselves this would result in a safeguarding situation.

4.4.2 Invariably therefore these people fall into one of the protected characteristics within the equalities framework. Having a clear structure for safeguarding within the city and engaging partners in making improvements therefore has a positive impact on people from all protected groups.

4.4.3 The Annual Report includes statistics in relation to equalities matters, such as ethnicity, age and gender.

4.5 Other Implications

N/A

5. Background information and other papers:

The link to the Annual Report for the prior year, 2014/15 is provided below for background information.

<https://www.leicester.gov.uk/media/180824/lsab-annual-report-2014-15-nov-15.pdf>

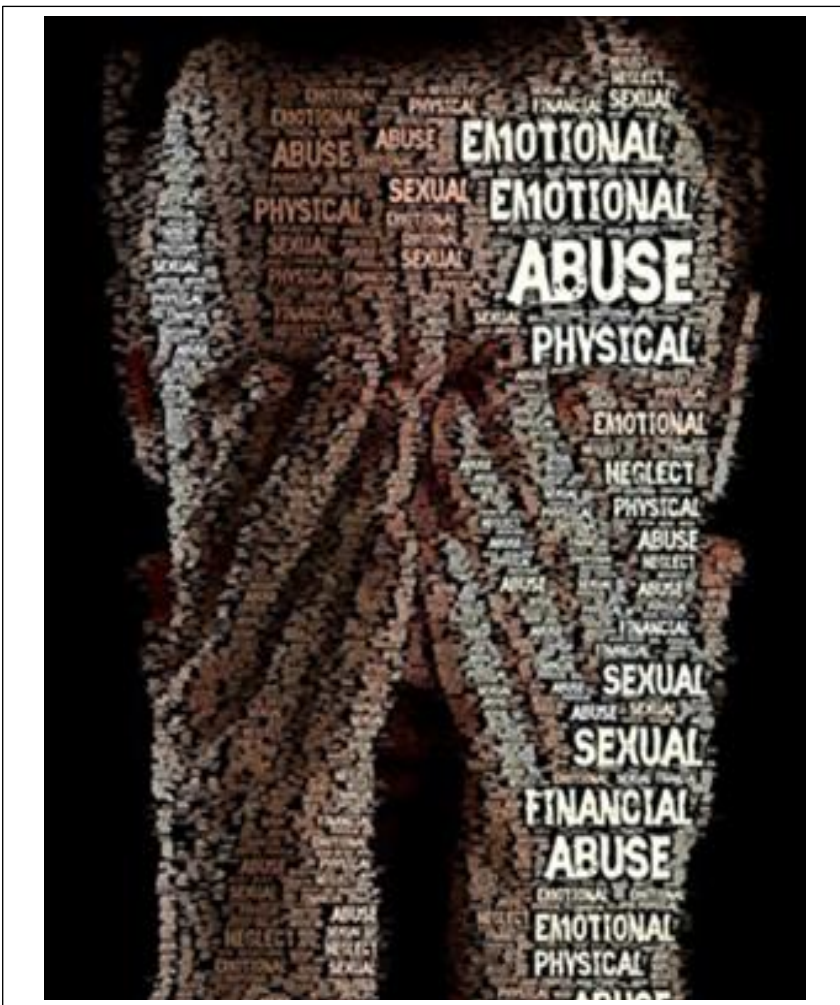
6. Summary of appendices:

Leicester Safeguarding Adults Board Annual Report 2015/16

7. Is this a private report?
No

Leicester **Safeguarding** Adults Board

Annual Report 2015-16



Leicester Safeguarding

Adults Board Office

lradultsafeguarding.co.uk

LSAB@leicester.gov.uk

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Telephone

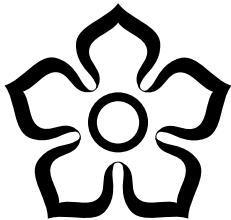
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Leicester
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Police

Protecting our communities

LEICESTERSHIRE

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National
Probation
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Introduction

This is the first report that I am presenting on behalf of the Leicester Safeguarding Adults Board (LSAB) as the new independent chair. Having taken on this role in January 2016 I have met with board members individually and facilitated a board development day in February 2016. The board development day gave us all an opportunity to discuss and decide on a robust local strategy and to drive forward developments and initiatives that will ultimately provide protection from harm and abuse to the most vulnerable adults. It will be my ongoing challenge to provide the leadership necessary to make this strategy a reality. I have been very impressed with the previous achievements and the ongoing commitment of all board members and representatives and am likewise honoured and committed to continuous learning and improvement of local arrangements.

The LSAB continues to work closely with partners across Leicestershire and Rutland and our partners in children's services and the Safeguarding Children Board. Joined up arrangements will be strengthened going forward with continued commitment to the work of the LLR joint executive group. This is aimed at achieving a consistent approach across local boundaries.

We have identified that hearing the voices of adults at risk and involving adults, needs strengthening and this is therefore one of our strategic priority areas going forward. We are seeking to involve adults at risk via the LSAB reference group – to be established during 2016 and have established a task and finish group to embed the principles of 'Making Safeguarding Personal'.

The numbers and types of concerns raised have not varied significantly over the past three years. However, locally we have not had to implement major improvements relating to health and social care providers as has been the case previously. With national cases of institutional abuse and failure to provide effective care not decreasing, this continues to be an area that the LSAB will monitor.

During last year there was no need to commission any safeguarding adults reviews (SARs). The adult review and learning group will continue to review cases and take account of national learning from cases.

This report represents a summary of the many achievements, agency commitment and overview of local safeguarding activities. The report reflects the work and improvements made and some of the learning we are taking forward to make future improvements.

I am impressed by the commitment of each and every partner agency and would particularly like to thank Councillor Palmer and Councillor Masters for their ongoing involvement, challenge and encouragement. The local Clinical Commissioning Group (CCG), Police and Adult Social Care have provided sufficient funding to enable the board to drive its priorities forward.

Finally, I would like to pledge my own commitment to learning and improvement and would like to thank local professionals and people for their vigilance.

Jane Geraghty (Independent Chair – Leicester Safeguarding Adults Board)

Background and content

The Care Act 2014 introduced new safeguarding duties for local authorities, including:

- Leading a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Making or causing enquiries to be made where there is a safeguarding concern, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Hosting safeguarding adults boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- Carrying out safeguarding adults reviews (SARs) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- Arranging for the provision of independent advocates to represent and support a person who is the subject of a safeguarding enquiry or review, if required

This report will provide a summary of how these requirements are met in Leicester and will provide the necessary overview and assurance that safeguarding arrangements are robust and that the board enables and drives continuous improvement. In this respect we will also summarise and evaluate our 2015/16 strategies for improvement.

Leicester City Council's department for Adult Social Care is the responsible lead agency for providing care services for people in need, including those at risk of abuse. The Leicester Safeguarding Adults Board (LSAB) has given direction, support, guidance and quality assurance to safeguarding adults policies, procedures and practice in Leicester and via its local network across Leicestershire and Rutland. The multi-agency Safeguarding Adults Board's (SAB) role is to promote, inform and support safeguarding adults work. We ensure that priority is given to the prevention of abuse, and adult safeguarding is integrated into other community initiatives as well as links to other relevant inter-agency and community partnerships.

SAB have three core duties under the Care Act 2014 (gov.uk/guidance/care-and-support-statutory-guidance/safeguarding). They must:

- (1) Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.
- (2) Publish an annual report detailing how effective their work has been.
- (3) Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

This report will summarise how the Leicester Safeguarding Adults Board (LSAB) meets its core duties as well as evaluate the strategic plan it set out for 2015/16 and include the strategic plan for 2016/17.

In addition to the above, the LSAB has agreed to manage the statutory domestic homicide review (DHR) process (gov.uk/government/collections/domestic-homicide-review) on behalf of the Leicester Safer Partnership and, in this respect, we will be providing an update of DHRs and SARs undertaken during the reporting period (1 April 2015 to 31 March 2016).

Safeguarding activities in Leicester 2015/16

Leicester City Council has statutory delegated responsibility under Section 42 of the Care Act 2014 to make enquiries.

- (1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there): -
 - (a) has needs for care and support (whether or not the authority is meeting any of those needs),
 - (b) is experiencing, or is at risk of abuse or neglect, and
 - (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- (2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this part or otherwise) and if so, what and by whom.

Leicester City Council's Adult Social Care carries out this responsibility with some responsibility delegated and shared with University Hospitals Leicester (UHL) and Leicestershire Partnership Trust (Mental Health Trust). When information is received in relation to abuse, neglect and harm, a decision is made if the 'safeguarding adults thresholds' (as described by the Care Act – quoted) apply and an enquiry under Section 42 should be undertaken. A local procedural document is available for safeguarding practitioners to assist them to make this decision and to ensure consistency and compliance.

A total of 1,404 communications relating to concerns of abuse and neglect were received during 2015/16 by Leicester or its safeguarding partners. 641 of these were not responded to under local safeguarding adults procedures and did not meet the description of an adult at risk.

Table SG1a Counts of individuals by age band	Age band						Total
	18-64	65-74	75-84	85-94	95+	Not known	
Individuals involved in safeguarding concerns	597	176	257	317	43	14	1404
Individuals involved in Section 42 safeguarding enquiries	139	48	44	52	6	0	289
Individuals involved in other safeguarding enquiries	122	44	82	88	15	0	351

The table SG1a above shows that during 2015/16 a total of 640 individuals of a total of 1,404 led to enquiries being made. 289 cases led to Section 42 enquiries and 351 cases were signposted to other processes with a focus on resolving concerns, preventing harm and collating 'soft' information about the safety of care providers for example, indicating when there are 'ongoing' concerns being raised even when they do not meet safeguarding thresholds.

The LSAB receive information relating to all enquiries and are therefore able to take account of a wider range of information. Whilst this report will focus in the main on the analysis of Section 42 (statutory enquiries), it is important to note that the LSAB does have this information available as part of its indicator and data set and that it undertakes analysis of this information. As part of this report we will take account of the outcomes and actions resulting from ‘other enquiries’.

Counts of enquiries by action, result and source of risk	Source of risk		
	Social care support	Other-known to individual	Other-unknown to individual
No action taken	38	18	40
Action taken and risk remains	9	11	15
Action taken and risk reduced	83	40	93
Action taken and risk removed	24	5	27

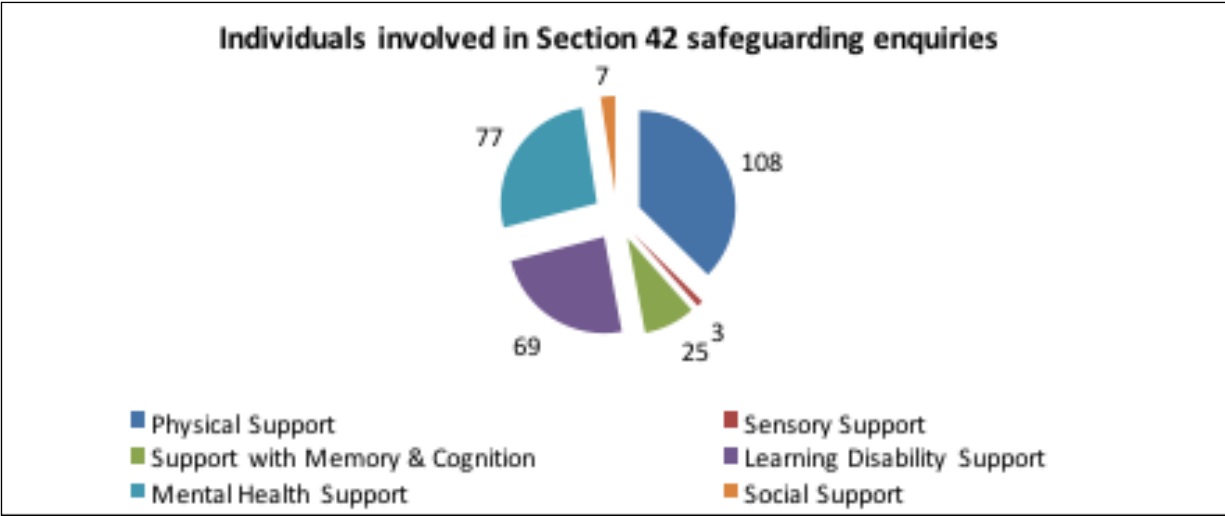
Table SG2 above shows if action was taken and if risks were reduced or remained. The table differentiates the sources of risk – social care support would indicate that the perpetrator is an employed carer and others known or unknown to the victim. Where the person is known this is likely to be family or friends but the data shows that this group faces the highest risk from paid care givers and people not known to them. The data also shows that action is not always taken and risks are not always removed or reduced. This is accepted and appropriate as ‘adults at risk’ have a right to be able to make and influence decisions relating to any risks that they face. The data however also clearly shows that in the majority of cases there was an opportunity to reduce and remove risks and prevent harm and abuse. The LSAB is assured that ‘other enquiries’ result in local adults being safer and are assured that help is available to prevent more serious harm, even when safeguarding threshold relating to Section 42 enquiries are not met at the time of information being received.

Analysis - Section 42 Enquiries

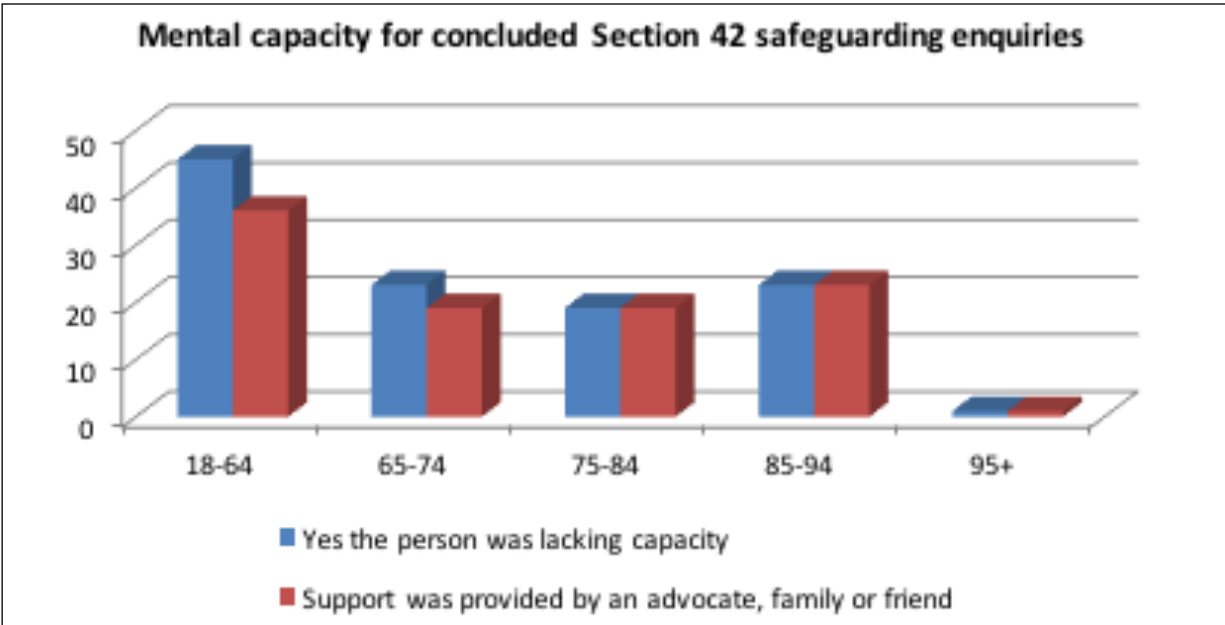
A total of 356 cases lead to Section 42 enquiries being made. Allegations of abuse were spread across the various categories of abuse and in many cases named more than one category.

Category of alleged abuse	Total – all sources
Physical abuse	98
Sexual abuse	14
Psychological abuse	51
Financial or material abuse	97
Discriminatory abuse	5
Organisational abuse	29
Neglect and acts of omission	95
Domestic abuse	7

In order to be eligible, the relevant person (the adult at risk) would have to have support needs that affect their ability (or cause an inability) to prevent harm. Cases taken forward showed that the adults at risk had a variety of support needs.

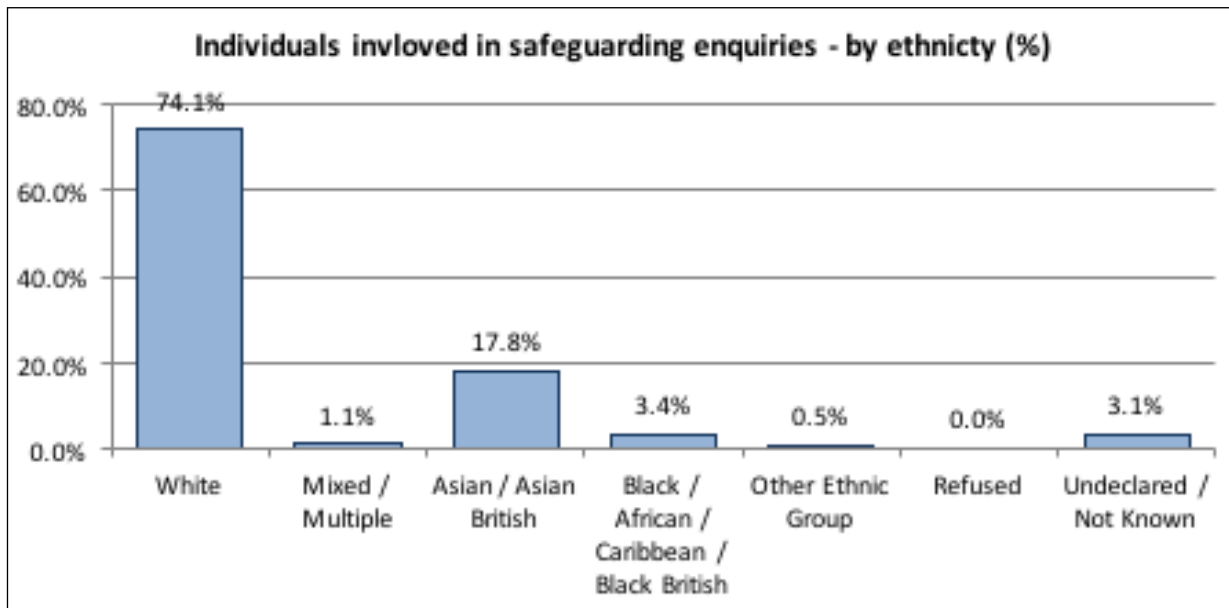


The table below shows that in over half of the cases leading to Section 42 enquiries, that the adult at risk lacked the mental capacity to safeguard themselves or to make decisions relating to their safety.

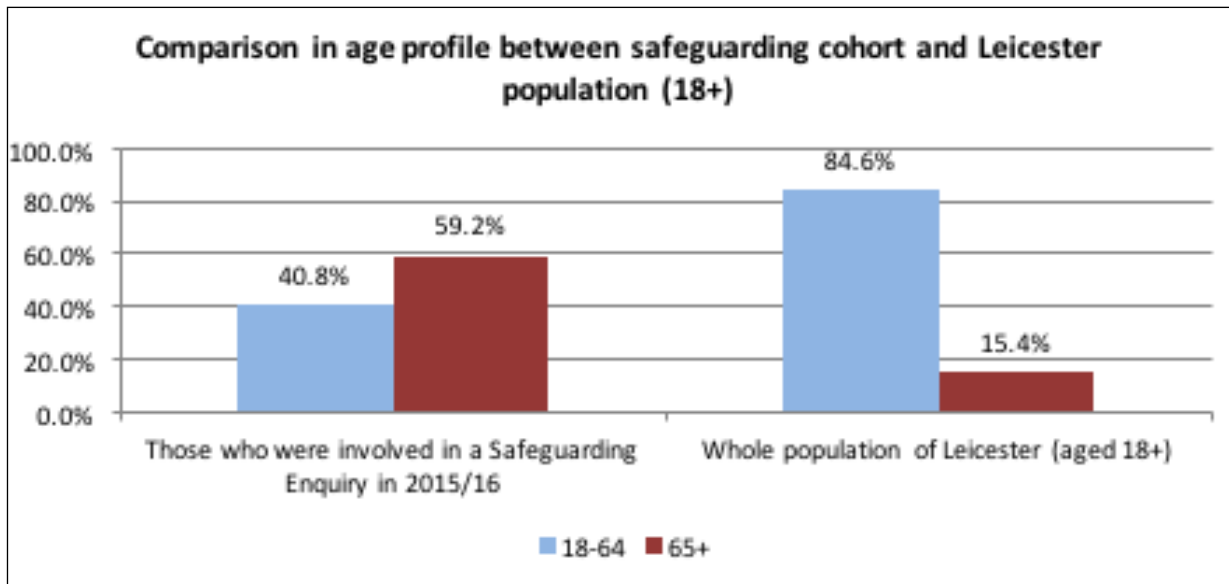


The majority were provided with advocacy in order for their voice to be heard and their right to be represented ensured. This data indicates and agrees with other national data that the loss of mental capacity increases the risk of harm and abuse. The fact that the local adult social care department is particularly monitoring and responding to new deprivation of liberty safeguards (DoLS) applications would hence make a lot of sense and shows that the DoLS process applies another layer of safeguarding as intended.

The table below shows the breakdown by ethnicity:



Cases taken forward for Section 42 enquiries do not reflect the ethnic make-up of Leicester. The local census of 2011 shows a population of: White 50.52%, Asian or Asian British 37.13%, Black and Black British 6.24%, Mixed 3.51% and Other 2%. This does not identify that white adults are at greater risk but perhaps that abuse against people from minority groups is less likely to be reported; an aspect that is debated and considered.

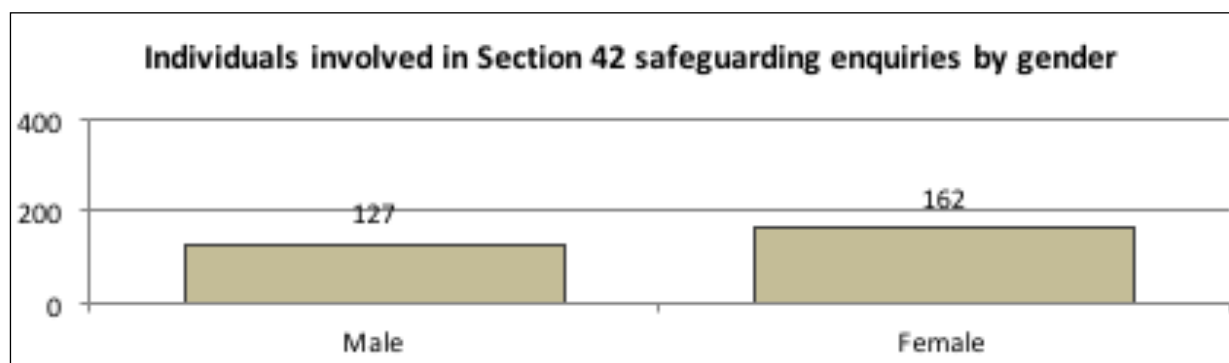


The population break down by age shows that Leicester is a 'young city' with almost 85% of the population being of working age. However, older people in the city experience a disproportionate risk of harm compared to their younger counterparts and the data clearly shows an increased risk the older you get.

Table SG1a Counts of individuals by age band	Age band						Total
	18-64	65-74	75-84	85-94	95+	Not known	
Individuals involved in safeguarding concerns	597	176	257	317	43	14	1404
Individuals involved in Section 42 safeguarding enquiries	139	48	44	52	6	0	289
Individuals involved in other safeguarding enquiries	122	44	82	88	15	0	351

Table SG1a further shows that this is the case relating to alerts, and all enquiries. This fact triaged with the fact that the majority of all cases identify paid carers as the main source of harm and abuse was taken into account by the LSAB when they made the decision to set up a task and finish group in 2016 to identify and address any concerns in the local care sector and provide assurance to the LSAB that local adult services provide safe and good quality care. Over 200 enquiries (Section 42 and other) related to the source of risk as paid carer(s).

In relation to Section 42 enquiries there is a 40:60 male/female split.



The gender distribution did not raise any concern for the board. Abuse is reported in almost equal numbers.

A challenge that this year's data identified was that a total of 86 individuals have had more than one safeguarding enquiry recorded during 2015/16.

- 43 have had a repeat Section 42 enquiry
- 43 have had a repeat 'other safeguarding enquiry'

Some individuals have had more than two enquiries in the year. The totals for the number of repeat enquiries are as shown:

Enquiry type	Number of repeat enquiries	Individuals involved in more than one
Section 42	101	43
Other enquiries	108	43
Total	209	86

This translates into almost a third of all Section 42 enquiries and around a quarter of other enquiries. The LSAB has identified a need to undertake case audits to identify if there is an issue with the way cases were and are responded to in the first place or if some other theme can be identified that lead to these high numbers of repeats. This aspect will be brought forward in the board's audit plans for 2016/17.

Table SG2c shows the outcome of enquiries including source of risk:

Table SG2c	Concluded Section 42 Enquiries		
Counts of enquiries by action, result and source of risk	Source of risk		
	Social care support	Other-known to individual	Other-unknown to individual
No action taken	15	11	35
Action taken and risk remains	0	5	14
Action taken and risk reduced	36	59	88
Action taken and risk removed	13	14	43

In the majority of cases action was taken and risks reduced or removed. This is not reflected in the fact that so many cases are referred for a second or even third time. The LSAB are moving forward to identify underpinning reasons for the number of repeat referrals by undertaking a programme of qualitative audits during 2016/17

The deprivation of liberty safeguards (DoLS) activity 2015/16

We report on activity relating to the deprivation of liberty safeguards (DoLS) for several years now and DoLS compliance continues to be challenged not only locally but nationally as well. The Supreme Court judgement relating to the cases and overruling previous judgements relating to P v Cheshire West and Chester Council and P&Q v Surrey County Council, have led to clarity and what is commonly known as the 'acid test', resulting in increased numbers of requests for authorisations to deprive adults of their liberty. Local authorities have to undertake a number of assessments in order to authorise a deprivation of liberty, or not if this is indicated. Assessors are highly trained and experienced professionals and overall there is an apparent national skills gap as well as an escalation of costs that both impacted on the ability of Leicester City Council and the majority of local authorities to comply with the authorisation process.

Adult Social Care has doubled the number of full-time best interest assessors (BIA) from three to six. These appointments were made in July and September 2015. However, as these were recruited internally, this depleted the pooled BIA assessors which reduced from 3.6 to 0.6 (full-time equivalent). Since October 2015, we have increased the pooled resource by an additional two BIAs. Each pooled BIA assessor is required to undertake six assessments per year (if they are full-time employed), or four if they are working on a part-time basis. Until we build our pooled resource further, we will not see much benefit by way of completed assessments against the rate of requested authorisations. It is hoped that by the end of 2016 we will have an additional seven to eight pooled BIAs who are currently completing the training course. The authority also continued to utilise independent BIAs to complete assessments.

Over the past year Adult Social Care has increased the number of signatories for authorisation and sign off from five to ten with a further four being trained. Sign off by a senior manager with sufficient knowledge is crucial in ensuring that those assessments completed are of sufficient quality to withstand legal challenge and ensures that the rights of individuals are safeguarded.

The DoLS activity table shows that there continues to be a backlog of cases awaiting assessment. At the end of the period this accounted for 548. Overall 723 cases were assessed from a total of 1,833 cases. The safeguards provided under DoLS for people who are deprived of their liberty, of course, do not protect the people on the waiting list and hence the LSAB has included this on its risk register for ongoing monitoring and improvement.

DoLS Activity 2015/16	Total
Referrals received	1833
Granted	693
Not granted	30
Withdrawn	562
Not yet signed off by supervisory body	548

Adult Social Care has reviewed the way cases are prioritised and is focused on reducing the backlog of new referrals from April 2016. This is in recognition of the risks when an adult, their situation and any risks are not known. Adult Social Care will no longer prioritise cases already subject to a standard authorisation that is due to expire. This change is based on the limited resources and how to use them to best protect adults at risk of harm and abuse. Independent legal advice was sought from Brown Jacobson in support of the change whilst recognising that whatever and whoever is prioritised for DoLS assessment; it still leaves some adults and the organisation at risk.

A significant risk factor influencing the change in prioritising requests, was the fact that with new requests for DoLS 'sitting' on the waiting list, there was no way to measure the risk attached to these individuals as the service was and is dependent on the managing authority providing all relevant information to support prioritising those with greater need correctly. In part, this was underpinned by learning from a safeguarding review (discussed later in the report) which identified that seven residents were waiting for assessments to be completed and that indeed harm and abuse might have been prevented, reduced the risk or ensured earlier alerts; had assessments been completed in a timely manner. The DoLS team and commissioners regularly exchange intelligence in order to further prioritise assessments and target stretched resources where adults maybe at the greatest risk.

Safeguarding adults reviews (SARs)

The Care Act 2014 requires local safeguarding adults boards (SABs) to include within the annual report information relating to any safeguarding adults reviews (SARs) that it has arranged. This includes reviews that have concluded in the year, that are still ongoing at the end of the year and also what has been done to implement the findings of any reviews.

A SAR should be arranged when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse.

In Leicester, the adult review and learning subgroup of the LSAB makes arrangements to carry out any reviews agreed by the board and the implementation of any recommendations.

During 2015/16 one SAR was concluded; this review had started in the previous year.

Care Home X was a care home located in Leicester, registered to provide care for 21 people with dementia, learning disabilities, mental health conditions, physical disabilities and sensory impairments. A whistle-blower had raised allegations of serious abuse and neglect of a number of residents at Care Home X residential home by care staff.

As a result of these allegations there was a police investigation, a responsive inspection from the Care Quality Commission (CQC) and an adult safeguarding investigation, carried out in line with local multi-agency safeguarding procedures. These enquiries and investigations identified further areas of concern, potentially affecting the whole resident group.

Council staff supported the provision of care in the home whilst the situation was progressed. The company which owned the home decided to cease operations and the home was closed 10 days after the allegations had been received. In the days before closure, all residents had been transferred into alternative accommodation and care settings.

A SAR was commissioned to identify any learning points regarding the actions of individual agencies in contact with this home prior to the allegations and whether agencies could have worked together more effectively.

A number of recommendations were made, all of which were accepted by and acted upon by the LSAB. These included:

- Improving the extent to which issues within a care home setting can be gathered together from individual residents' records
- Ensuring that families are involved in reviews of residents and that residents are engaged directly in quality and compliance assurance visits
- Ensuring that allegations which appear to be criminal in nature are swiftly reported to the police and that a multi-agency strategy discussion takes place
- Improving information regarding the training of staff and the use of deprivation of liberty safeguards within a care home
- Improving the joint response to investigating allegations in care homes

In response, a comprehensive action plan was developed and the delivery of actions overseen by the adult review and learning group. Progress has been made in a number of areas, including:

- Review of the joint protocol for completing large scale investigations
- The development of a care home team within Leicestershire Police
- The creation of a supported residents care team in Leicester City Council
- A refresh of the multi-agency information sharing meeting arrangements, bringing all agencies together to share information that is held about provider quality concerns
- Involvement of Healthwatch in supporting the board’s work to address the level of safeguarding concerns arising within a residential or nursing care setting


No new SARs were arranged during 2015/16.

Domestic homicide reviews (DHR)

Three domestic homicide reviews (DHR) have been ongoing during this period. The LSAB has an agreement in place to undertake the reviews on behalf of the local community safety partnership. The reviews have been delayed due to the legal processes but all are now on schedule for completion during the summer of 2016.

The LSAB is assured that implementation of identified learning is being implemented whilst the review process is being completed. The LSAB’s adult review and learning group has received quarterly updates in relation to all three DHRs ongoing, including updates on identified learning, themes and progress against early actions.

Safeguarding partner agencies - Annual reports

Organisation name:	Leicestershire Police
Name of person(s) completing the report:	T/Supt Jon Brown (Supt, Serious Crime), PS Gail Simpson (Crime & Intelligence Directorate Support Team) and Barney Thorne (Safeguarding Partnership Manager)
Partner agency logo:	 <p>Leicestershire Police Protecting our communities</p>
Overview 2015/16:	<p>Safeguarding vulnerable people (both adults and children) has continued to be a major focus of policing activity during 2015/16:</p> <ul style="list-style-type: none"> • We have referred over 7,000 incidents during 2015/16. • This has led to 129 multi-agency investigations.

- We have issued 53 domestic violence prevention orders.
- Project 360 has been extended.
- New SARC (Sexual Assault Referral Centre) has been opened.
- Co-location of Signal (rape investigation) and Domestic Abuse and Complex Investigation Team to ensure best use of specialist resources.
- UAVA (United Against Violence & Abuse) has commenced providing force wide support via one referral pathway.
- PVP4 (protecting vulnerable people), a force wide training programme, is being delivered to all front line operational staff - this includes specific modules relating to adult safeguarding issues.
- The removal of the immediate threat of huge budget cuts, together with an increase in Precept has allowed the force to increase investment in resources for this area of business, but this will not largely have an impact until 2016/17 - this will see 38 detectives, 21 PSCOs (Police Community Support Officers) and 17 Investigative Support Officers join the directorate as we look to make the most of our resources.
- The Force continues to develop organisational structures and working practices to ensure policing for the future is as effective and efficient as it can be, and protects the most vulnerable in our communities. Ongoing projects include Blueprint 2020, which continues the work commenced under Project Edison; the strategic alliance (with Northamptonshire and Nottinghamshire forces); and the force is also exploring use of the Cambridge Harm Index which indexes crimes on level of harm rather than number of occurrences, as a way of prioritising resources.

Internal safeguarding adults governance and audit arrangements:

- Management structure has remained consistent during 2015/16 - Crime and Intelligence Directorate (CAID) headed up by the Ch Supt, supported by T/Supt (Serious Crime), DCI (Adult Serious Crime) and the Safeguarding Partnership Manager.
- New Force operating model was implemented during 2015/16 and is now embedded. Specialist departments were ring-fenced during this change to maintain continuity around safeguarding investigations – DAIU (Domestic Abuse Investigation Units), Signal and ARD (Adult Restorative Disposal) remits remain as before.
- Governance structure: daily DMM (conference call) which addresses immediate tasking and resourcing issues; monthly Crime and Intelligence Directorate (CAID) tasking and co-ordination meeting which discusses data, resource issues, specific tasking; Performance Development Group which discusses performance at chief officer level. This is supported by Force and directorate audit regimes, and management of departmental action plans derived from Force, regional and national objectives. Governance also provided via HMIC (Her Majesty's Inspectorate of Constabulary) and safeguarding board audits.

- A new audit regime began at the end of 2015, via the CAID Support Team. This is a rolling process of audits by department, quality assuring priority areas highlighted by HMIC inspections, SCRs (Serious Case Reviews), DHRs and self-assessment. Results and feedback go to departments via DCI Adult Safeguarding – domestic abuse and sexual offences audits have so far shown good compliance with required procedures and a good level of service.
- Quality assurance process introduced re Body Worn Video (BWV) use to ensure best possible evidence is captured, particularly where there may be reluctance to support prosecution.
- Achieving Best Evidence Group set up during 2015 to address issues around quality of video recorded evidence provided in relation to vulnerable and intimidated witnesses. This has resulted in an upgrade of equipment in all video recording suites, refresher training, clarification of procedures and a quality assurance regime around video interviews carried out.
- We are looking at new working practices to make the best use of our available resources for VRIs (visual recorded interviews) to ensure the highest quality possible.

Safeguarding adult work undertaken and key achievements:

- New SARC opened in March 2016 providing excellent resources for victims of sexual assault (adult only at this time).
- Project 360 extended.
- NHS England funded Mental Capacity Act training which was delivered to 16 key frontline managers across the force, with a vision to ensure an understanding is fostered around mental capacity. While this does not give us expertise, it will allow investigations to consider practical positive routes for some of our most vulnerable victims.
- Funding has been received from the Police and Crime Commissioner to set up an Integrated Vulnerability Management Unit. This will include CPNs (community psychiatric nurses), drug and alcohol workers, PCs aimed at assisting local authority colleagues with Section 135s. The project will then pool these new individuals with the Adult Referral Team and the Mental Health Triage Car giving greater expertise with a shared focus and goal.
- We have had to update our internal managing adults at risk procedure to be Care Act 2014 compliant, and have also taken this as an opportunity to raise expectations for officers around identifying vulnerable people and the use of strategy discussions.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

We have seen a number of incidents involving care homes this year. Better understanding of the managing adults at risk procedure has led to an increase in the number of strategy discussions undertaken with multi-agency partners.

In several of these incidents, having a strategy discussion at the onset of the investigation has led to either a greater understanding of the incident, resulting in no further action, or allowing the incident to be escalated to the Force's Complex Investigation Team. This has resulted in multiple social workers initially embedding themselves at the beginning of the investigation which has been an excellent demonstration of multi-agency working, challenge and desire to get the best for our victims.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

A lot of our Neighbourhood Officers are tasked with seeking out opportunities to engage with the local community and take on a project to assist the community. One of our officers situated in Beaumont Leys came across a day centre for people with dementia. The outside of the day centre had become overgrown and there was little use made of it by the people who attended the centre. The officer asked internally for volunteers and went to local businesses, McDonalds, Greggs and B&Q in order to redevelop the garden, adding a pond and garden furniture and giving it a much needed lick of paint, all at no cost.


Following the project we have seen a surge in engagement taking place between officers and the local community around the day centre.

The challenges:

- Police forces nationally have for the last five years seen a reducing budget from the government. However, we are now in a position where although the budget has not increased via national funding, we have an opportunity to consider how we do what we do. This has seen us use the Cambridge Harm Index to ask the Police and Crime Commissioner to increase the precept from the council tax to allow us to grow in certain areas of the Force where resource is needed or if there is an opportunity to redevelop the work that we do.
- This year, as with past years, has seen an increase in reporting of historical sexual abuse. While these may not be considered as adult safeguarding investigations, the victims are predominantly adults now and may need safeguarding through the process as a result of trauma and abuse during childhood. These investigations carry a high degree of political and media attention for obvious reasons and as a result have led to the decision making being heavily scrutinised both organisationally and individually. When these investigations are reported in the media we have seen a direct increase in reporting from the public, particularly as local investigations have received national attention. This may present a challenge in the future as we currently have a small non-recent investigation team. However, they are situated within a large directorate of detectives and resources can be aligned if and when necessary.

Awareness raising and staff training:

- PVP4 training programme commenced in 2015 and will continue throughout 2016. Ten modules have so far been scheduled. These are delivered face-to-face by team leaders, using video input from specialist departments and supporting online resources. Modules specific to adult safeguarding have already been delivered around domestic abuse, mental health and crime in adult care settings. Two further modules on HBA/FM (honour based abuse/forced marriage) and vulnerability referral forms are in development and will be released during the next few months.
- A series of regular updates by the DCI Adult Safeguarding has commenced which will follow the format of PVP and include any learning points arising from SCRs, DHRs or the internal audit results. The first one went out in April 2015 and included specific points around safeguarding adults - signposting people to the best kind of help, best practice to assist victimless prosecutions, and ensuring intelligence checks are completed.
- Managers from the adult referral team have given training to Force senior investigators (who lead investigations relating to death) to raise awareness of wilful neglect, the Mental Capacity Act and the Care Act. They were also given advice about investigations in health or care settings.

Organisation name:	Leicester City CCG
Name of person(s) completing the report:	Adrian Spanswick / Mina Bhavsar
Partner agency logo:	 NHS Leicester City Clinical Commissioning Group
Overview 2015/16:	<p>Leicester City CCG is a statutory NHS body with a range of statutory duties, including safeguarding adults and children. CCGs are responsible for commissioning most hospital and community healthcare services. CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.</p> <p>Leicester City CCG hosts on behalf of the three Leicestershire, Leicester and Rutland CCGs, the safeguarding team, which includes designated professionals who cover children and adult safeguarding, designated doctor for safeguarding children, named GP for safeguarding children and heads of safeguarding for children and adults. It should be recognised that the designated professionals undertake a whole health economy role. The CCG collates assurance in relation to health providers as part of the contracting process.</p>

The CCG gains assurance from all commissioned services which includes NHS statutory and independent healthcare providers. This activity occurs throughout the year to ensure continuous improvement and may consist of assurance visits and attendance at provider safeguarding committees.

Leicester City CCG is able to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:

- Governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements, this is the Director of Nursing and Quality (who is also chair of the CCG's Strategic Safeguarding Group).
- CCG policies setting out a commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- A CCG safeguarding adults training programme in place for GPs.

The Leicester City CCG works with its inter-agency partners and is represented at senior level in LSAB by the Director of Nursing and Quality, with support by the consultant/designated nurse safeguarding children and adults. In addition the CCG has actively contributed to the subcommittees of the board.

Internal safeguarding adults governance and audit arrangements:

- Leicester City CCG, in partnership with West Leicestershire/East Leicestershire and Rutland, have a quarterly strategic safeguarding group (children and adults), which receives a safeguarding report, case review report, overviews policies and procedures and current key developments. All key papers are then reported through CCG's internal governance processes and then to the governing body on a monthly basis.
- Monitor implementation of CCG safeguarding strategy/plan and provide quarterly reports to the SSG in relation to safeguarding activity.
- Business continuity plan.
- Contribute to internal 360 assurance audit when requested. Last one completed July 2014.
- Consultant/designated nurse monthly meeting with Director of Nursing and Quality. In addition a meeting also takes place with the wider designated professionals from hosted safeguarding team on a monthly basis.
- Completion and submission of the safeguarding adults assurance framework for LSAB.
- Commissioner monitoring frameworks, systems and processes for large and small NHS providers.
- Monitor compliance against Care Act 2014, DADV, Crime and Victims Act 2004 and other key areas of legislation.
- Regular update and escalation/oversight of team/directorate and organisational risk assessment/register.
- Mental Capacity Act (MCA) checklist jointly agreed with Leicester Partnership Trust (LPT) and University Hospitals Leicester (UHL).

Safeguarding adult work undertaken and key achievements:

- The CCG's ongoing commitment and contribution to progress the LSAB business plan.
- Securing and overseeing primary care engagement for DHRs, SARs, SILPs (Serious Incident Learning Process), and providing support and monitoring of resulting actions.
- Attendance, contribution and oversight provided from a CCG perspective in relation to progressing LSAB priorities.
- Attendance, contribution and oversight provided from a CCG perspective in relation to DHR and SAR panel membership.
- Revised Mental Capacity Act (MCA) assurance provider template that has been aligned to the NHS contract for completion and return.
- High percentages of city GPs have completed and continue to complete, their safeguarding adults training Level 2 and 3.
- Prevent training programme in place for GPs.
- A successful MCA/DoLS programme funded by NHS England delivered 2014/15 to city care homes, health practitioners and GPs.
- A further programme secured to deliver bespoke training (legal firms and/or experts in the MCA/DoLS field) aligned to gaps identified following 2013/14 training. Target group UHL staff, Community Health Council (CHC) staff (extending to domiciliary care providers), Leicestershire Partnership NHS Trust (LPT) and East Midlands Ambulance Service (EMAS) staff.
- Attendance and contribution from CCG Senior Executive/CCG hosted safeguarding team at LSAB and all subcommittees of the board.
- Attendance and contribution from CCG at Large Scale Investigations meetings and other relevant meetings for safeguarding enquiries.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

CCG Prevent leads have been instrumental in finding a solution for a gap that emerged in the final parts of the pathway for individuals who were ready to be discharged from the Channel process. An exit strategy came into effect which allows individuals to continue receiving oversight in relation to their health and wellbeing from schools, primary care (GPs) etc.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

Over the past year we have engaged with a number of particularly vulnerable groups which includes those at risk of harm or abuse, most notably young carers, learning disability carers groups, the homeless, asylum seekers/refugees and learning disability patients. The engagement activity has covered a wide range of issues, from carer's rights to GP services, access requirements and mental health. We have also taken part in a number of workshops and events with local people at risk, to encourage people to give their views and get involved.

The engagement team has an internal structure in place to make sure that any safeguarding issues can be quickly dealt with should anything arise. This includes providing contact phone numbers at events, and liaising with any issues of concern. The safeguarding team also supported the Engagement Manager when it was necessary to make a referral to the safeguarding team, after spotting a potential issue at a carer's event.

The safeguarding team are also integral to our strategy development, and have ensured safeguarding considerations are at the forefront of our work. As an example, the safeguarding team supported the development of a series of patient experience surveys. This involved advising the team on the needs of young carers, putting them in touch with external agencies and supporting a young person on work experience.

CCG is engaged with the LSAB with the safeguarding adults communication and engagement work stream.

The challenges:

- Educating and skilling up a diverse workforce to understand their roles and responsibilities in meeting the requirements of the Care Act 2014, Cheshire West etc.
- Delay of certain government guidance.

Awareness raising and staff training:

- Online eLearning
- Face-to-face MCA session
- Face-to-face Prevent sessions
- Face to face safeguarding adults training planned March 2015 and delivered 2016 (PLT (Protected Learning Time) slot not available until 20 April 2016)
- Safeguarding briefings via CCG newsletter

Organisation name:	Leicestershire Partnership Trust
Name of person(s) completing the report:	Rachel Garton, Trust Lead Safeguarding
Partner agency logo:	
 <p>Leicestershire Partnership NHS NHS Trust</p>	
Overview 2015/16:	
<p>2015/16 was a period of significant change in relation to safeguarding within LPT and the wider safeguarding partnership, both in terms of changes to guidance and legislation and changes to key staff roles. The implementation of the Care Act 2014 necessitated consideration of how well we work as individuals and as part of the wider partnership to safeguard those adults at risk that we care for. Learning from</p>	

Operation Yewtree, the overarching 'Lessons Learnt Report' authored by Kate Lampard, a full compliance visit from the Care Quality Commission (CQC) in 2014/15 and information sourced from our internal safeguarding audits and investigations, provided a timely opportunity for LPT to review elements of safeguarding process and practice, helping to focus its safeguarding work and review systems, processes and procedures. This work has begun to cement existing good practice and bring about change - a positive step towards continual service improvement.

Internal safeguarding adults governance and audit arrangements:

The Chief Executive of the Trust is ultimately responsible for safeguarding arrangements; he/she is supported by the Chief Nurse, who is the executive responsible for safeguarding within the Trust, the Head of Professional Practice and Education and the Trust Lead for Safeguarding Children and Adults.

Each of LPT's three divisions holds a monthly safeguarding forum, with a bi-monthly Trust-wide Mental Capacity Act forum also in place. These groups are overseen by the Trust's safeguarding committee, which in turn reports to the Quality and Assurance Committee (QAC), a subgroup of the Trust board. QAC receives a regular highlight report. Terms of reference for the group are reviewed annually.

The Safeguarding Committee provides the strategic leadership and co-ordination of the quality assurance processes that underpin the clinical governance agendas for safeguarding activity across the Trust; the committee is chaired by the Chief Nurse and membership includes professional leads across divisional areas, safeguarding named professionals and training and human resources staff. Each division is represented on the committee.

The Safeguarding Committee oversees the safeguarding annual audit plan, which in 2014/15 included a Trust wide annual safeguarding audit, sent out to all clinical staff via survey monkey, a 360 assurance audit of Mental Capacity Act and a 'Think Family' audit. Action plans are monitored via the Trust audit department and overseen by the safeguarding committee.

Safeguarding adults work undertaken and key achievements:

A number of key objectives were achieved in 2015/16, the following list is not exhaustive:

- Adult safeguarding team co-authored and delivered joint training, with LPT Specialist Nurse for Domestic Violence, to practitioners who work within Mental Health Services for Older People (MHSOP).
- Divisional leads, supported by adult safeguarding specialist nurses developed and sustained an MCA Champions forum, involving key staff from practice areas who are in a position to bring about positive change in practice.
- Data collection and analysis, whilst further work is needed, has improved year on year.
- Development of an integrated forum - seeing children's and adult's safeguarding teams working in greater alignment.

- Between April 2014 and April 2015, the Adult Safeguarding Team responded to approximately 860 calls on the adult safeguarding advice line from staff with safeguarding concerns. Specialist advice has been provided on thresholds, referrals and procedures or wider risk management.
- Safeguarding adults training remained green throughout 2014/15, with all areas consistently achieving upwards of 85% compliance.
- The Trust Prevent policy has been in place since September 2014, with 2,109 staff already trained in Prevent by April 2015.
- Training figures are monitored by the bi-monthly safeguarding committee.
- MAPPA (Multi-Agency Public Protection Arrangements) training now forms part of the full-day Trust induction program and the Level 2 safeguarding adults training.
- A MAPPA briefing is also available to staff attending Trust induction. Bespoke sessions have been carried out in the Community Health Service (CHS) division and training was also rolled out to medical staff in 2015.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

Specialist Nurse Safeguarding Adults have recently supported two separate multi-agency safeguarding strategy meetings in relation to domestic violence for older people. The decision to investigate met the threshold for a higher level concern. LPT Safeguarding Nurse supported the meeting by:

- Providing expert advice to other agencies about Domestic Violence Assessment (DVA) in older people.
- Advice in relation to the use of the risk identification and assessment and management model using the Domestic Abuse, Stalking and Harassment and Honour Based Violence tool (DASH (2009)).
- Information sharing with agencies involved.
- Supporting LPT practitioners involved in care and treatment of the victims.
- The outcome of both meetings established the risks and potential level of harm was increased in both cases to meeting the threshold for a serious concern. Protection plans were put in place for both victims and separate referrals to Multi-Agency Risk Management Conference (MARAC) were completed.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

This has been a challenging area and one which is a priority moving forward in terms of consultation with local people, or adults at risk. As an organisation we are embracing the 'making safeguarding personal agenda' and hope to make significant progress in this area in the year ahead.

The challenges:

2015/16 was a stimulating year for safeguarding due to the fast growing agenda. The safeguarding team, colleagues within divisions, and partners, have worked hard to ensure LPT is effective in keeping its service users free from harm. This in itself is not without its challenges – to continually feel assured around the safety of our patients, it is vital that learning is embedded into practice; this can be difficult due to the often reactive nature of the work. The adults safeguarding team’s key aim for 2015/16 is to promote visibility in practice areas and provide additional face-to-face support to practitioners.

Involvement and participation of service users, carers and the public is difficult to achieve in a meaningful way. We plan to work with the local safeguarding boards to ensure we are at least as a baseline seeking views of service users of their experience of safeguarding whilst in our care, including how safe they feel in our services.

The ever growing agenda adds significant pressure to the safeguarding training provision - ensuring we adequately equip staff with the knowledge and skill required to effectively safeguard without unlimited training resource. A review of training is underway to ensure best use of time and provision in order to continue to give staff a good training experience that can be easily translated into practice.


Managing inward and outward facing work and ensuring the two are aligned is an ongoing challenge, close working with partners and good internal integrated working is a continued priority for LPT moving forward.

Awareness raising and staff training:

All Trust staff receive adult safeguarding awareness as part of their core mandatory training package. Clinical staff also receive safeguarding adults training at Level 2 and bespoke sessions in relation to required safeguarding topics as and when needed.

Organisation name:	University Hospitals of Leicester NHS Trust
Name of person(s) completing the report:	Sarah Meadows

Partner agency logo:

University Hospitals of Leicester 
NHS Trust

Overview 2015/16:

The Trust continues to prioritise adult safeguarding arrangements and the team has expanded over the past 18 months, with the addition of two safeguarding specialist nurses, to support the service. This has enabled improvements in data collection and sharing, innovative service developments, as well as a strengthening of existing processes. The team continues to receive increasing numbers of referrals year on year.

Internal safeguarding adults governance and audit arrangements:

Adult safeguarding arrangements are governed by the UHL Safeguarding Assurance Committee (SAC), chaired by the Deputy Chief Nurse and with representation from the clinical management groups (CMGs) and the CCG designated nurses.

The overarching role of the SAC is to review and endorse key performance safeguarding indicators for UHL and performance manage their implementation. The SAC monitors and supports the Trust's compliance with relevant legislation, national policy and guidelines and provides a forum to review the effectiveness of the CMGs to ensure robust safeguarding practice. The SAC has oversight of lessons learned from safeguarding incidents and SARs/DHRs. The SAC also has oversight of any risks associated with adult safeguarding and takes/recommends actions required to mitigate those risks. The SAC reports directly to the Executive Quality Board and regular reports are provided to the Quality Assurance Committee and CCGs (via CQRG (Care Quality Reference Group)).

In addition to SAC, the adult safeguarding professionals participate in LSAB and CCG assurance processes, monitored through CCG CQRG meetings and equivalent LSAB groups such as the Performance, Effectiveness and Quality (PEQ) subgroup.

Safeguarding adult work undertaken and key achievements:

- Increased capacity of the UHL Safeguarding Team in late 2014, from one staff member to three, this has enabled the service to be increasingly responsive and to widen its sphere of practice. It has also enabled service development and innovative practice.
- Development and implementation (from January 2015) of the Trust-wide MCA/DoLS intensive support project. This is an initial 18 month project aimed at supporting practitioners to embed MCA/DoLS theory into practice. The project has been developed and implemented by the adult safeguarding team with no additional resource and is an example of best practice.
- Development of domestic abuse guidance, policy and training for UHL staff.
- Participation in a number of SARs/DHRs, as Independent Management Review (IMR) authors and panel members. Development and implementation of a range of actions to improve practice, following lessons learned.
- Strengthened links with the UHL Patient Safety Team – cross fertilisation of learning and ensures that adult safeguarding is central to Serious Incidents and Complaints, where appropriate.
- We were instrumental in developing the pathway for local authorities to oversee health-led investigations from 1 April 2015 (Care Act requirement) and our openness and transparency has facilitated smooth transition of processes and robust change to assurance processes.
- We have facilitated a huge increase in the number of DoLS applications submitted by the Trust.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

Miss EJ

This young woman presented with a history of self-neglect, substance misuse and was being exploited by others. She was a known sex worker who was struggling to cope with her addiction. She was seriously unwell and initially non-compliant with treatment. The adult safeguarding team and the wider clinical team spent many weeks and months developing a meaningful relationship with her. The team were compassionate and non-judgemental in their dealings with her - something that she greatly valued. The team employed consensual supervision whilst she was in our service in order to enhance compliance. The team engaged her with support services that could support her post discharge. The team facilitated multi-agency communication, gained her confidence and subsequently her compliance with treatment regimes. For the first time in many years she abstained from substance use and entered a recovery programme. She 'got clean' and became fit for surgery (which she underwent successfully). She was discharged to her own flat with support from New Futures.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:


- Through lessons learned from internal safeguarding incidents, Serious Incidents and Complaints and participation in LSAB commissioned reviews.
- It is standard practice for the adult safeguarding team to consult with patients/ significant others during safeguarding adult enquiries and this is captured within our reports.
- Through Friends and Family Test (FFT).

The challenges:

- Representation at the various LSAB (city and county) groups remains challenging although we remain committed to the partnership.
- Escalating number of DHRs over the past year has placed additional pressure on the service although we are on track with single agency actions.

Awareness raising and staff training:

- Implementation of the 'essential to job role' eLearning modules for Consent, MCA and DoLS for all staff with direct clinical contact with patients.
- Revised mandatory safeguarding adults training, to include awareness of Prevent. Currently 94.56% staff are trained in adult safeguarding.
- Provided face-to-face training for staff that are unable to access eLearning.
- Provided individual training/awareness raising sessions with key groups of staff following DHRs i.e. Emergency Department staff and musculoskeletal staff.
- Development of webpages dedicated to safeguarding adults for both staff and members of the public. The ever growing agenda adds significant pressure to the safeguarding training provision - ensuring we adequately equip staff with the knowledge and skill required to effectively safeguard without unlimited training resource. A review of training is underway to ensure best use of time and provision in order to continue to give staff a good training experience that can be easily

Organisation name:	National Probation Service
Name of person(s) completing the report:	Jeanne Smith / Carolyn Maclean
Partner agency logo:	
Overview 2015/16:	
<p>In June 2014 Leicestershire and Rutland Probation Trust was dissolved and under what is described as Transforming Rehabilitation, two new organisations were created - the National Probation Service (NPS) and the Community Rehabilitation Company (CRC). This necessitated a significant amount of organisational chaos affecting every aspect of the organisation, for example NPS no longer has any corporate services and Leicestershire, Leicester and Rutland (LLR) is now part of the Midlands Division. LLR lost its local training unit who would keep training records and deliver the safeguarding training and large numbers of cases were transferred to Offender Managers both before and after the split. The NPS was given new responsibilities at Court and new processes were introduced to manage these. Senior Probation Officers were also given additional responsibilities, particularly in relation to managing human resources.</p> <p>In summary, it was a year of significant investment in reorganisation and trying to balance these demands with keeping the organisation running to a high standard. Despite the high level of change, LLR was the only area in the Midlands to maintain case auditing arrangements. The MAPPA Thematic Inspection in 2014/15, but published in 2016, provided many examples of good practice - the MAPPA Manager is a Senior Probation Officer with the NPS. The Integrated Offender Management Team (IOM) also continues to perform strongly.</p>	
Internal safeguarding adults governance and audit arrangements:	
<p>The internal governance is that within the Midlands Division, Senior Probation Officers were assigned local responsibility for adult safeguarding/board arrangements. There has been limited capacity in relation to auditing due to the size of the organisation and the restructuring of the organisation. The Deputy Head of NPS – LLR has functional responsibility for adult safeguarding.</p> <p>In terms of audit arrangements, adult safeguarding is not specifically targeted. The context of any audit that is conducted is around the management of risk of serious harm and vulnerability. The core work of the NPS is the assessment and management of harm. This may include those who present a risk of serious harm, vulnerable individuals and victims. Offender Assessment System (OASys) assessments require the vulnerability of all cases to be assessed – this includes self-harm, suicide, learning disabilities etc. Where needs are identified, the expectation is that the Offender Manager will then make contact with the necessary service provider.</p>	

Safeguarding adults work undertaken and key achievements:

Throughout the transitional period, NPS have continued to ensure that the core adult safeguarding training has been delivered. This now takes place via e-learning followed by a classroom event. It is difficult to separate out the key achievements as adult safeguarding is an intrinsic part of the work of the National Probation Service. Adult safeguarding remains a key partner in MAPPA and, as such, they continue to make a significant contribution to the management of those cases where safeguarding is an issue.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

Submitted by the Offender Manager, City North.

In terms of the support offered to this case, this included:

We completed some work on domestic violence including warning signs of perpetrators, materials from the Freedom Programme were used in sessions (which were adapted accordingly) and I ensured I was responsive to her learning needs and used a lot of visual aids.

I liaised with the offender managers for the co-defendants to ensure non-contact licence conditions were implemented to safeguard this case, as she experienced intimidation from them. She also feared any potential contact from them.

I worked closely with her Learning Disability Social worker to help access community resources and support, such as a drama group to help empower her and develop her social confidence and constructive use of time. This social worker initially accompanied the case to Supervision appointments including her pre-sentence report interview as a way of offering her support.

I also contributed to safeguarding assessments regarding her child, attended child protecting meetings and also supported her practically and emotionally at a meeting where she met the adoptive parents of her child.

She also engaged in a work placement within Probation where she acquired new skills. We also visited Voluntary Action Leicester and we approached charity shops for voluntary work. She also engaged with Move-On as a way to develop her employability.

This case was referred to a Mother and Baby project where she resided for a period of time; this placement prevented any further harm in context of domestic abuse and also safeguarded her vulnerability. As part of Supervision, we also had some appointments at Sure Start Centres to help develop her confidence in accessing community resources.

There were also warning markers on her address in relation to her vulnerability and being a victim of domestic abuse.

When this case had moved on to independent accommodation, which was a shared house, checks were made on the occupants within this address to prevent any future abuse or harm. Also there was liaison with the landlord regarding this case's vulnerability to ensure appropriate measures were in place.

When this case's Order ended she wrote a blurb about her experience on Probation and how much she appreciated the support offered to her. Towards the end of the Order she had developed her confidence and had secured part-time work.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

There are several ways in which information is gathered from both individual service users and groups of service users:

- NPS undertake regular offender surveys, primarily as a means of gathering service user feedback. The Offender Survey is a national survey that is carried out once each year. The surveys are collated and the results published. The information gathered is then used to inform safeguarding adults work.
- Every offender has an OASys assessment completed by an Offender Manager and an ongoing dialogue takes place between the Offender Manager and the offender in relation to issues of known vulnerabilities. Action is then taken in response to this and recorded appropriately.
- Each offender is also required to complete a self-assessment questionnaire which would provide a further opportunity to identify adult safeguarding issues.
- The BTEI (Birmingham Treatment Effectiveness Initiative) map is also used with offenders, of which one of the purposes is to identify adult safeguarding issues.

The challenges:

It is reported anecdotally by NPS staff that they are struggling to obtain services for adults who are vulnerable/challenging. Whilst some may have a package of care in place when in the community, should they go into custody, decisions are frequently made to close the case and then re-open assessments when the case is due to be released or has already been released. This in effect causes additional work and frequently slows down service delivery. A more helpful approach would be for these cases to be put in a pending file thus avoiding the need for a duplication of assessments. The view at present is that there is not a collective sense of responsibility for difficult/vulnerable individuals with low-level multiple needs. The challenge is how we work together to address this.

Awareness raising and staff training:

The NPS – LLR have appointed a Senior Probation Officer who is the lead on diversity. Whilst in post, she has delivered and facilitated a range of training with marginalised groups, dementia and ADHD being just three examples. The NPS is also involved in DHR trawls and, where appropriate, with reviews; the learning from these investigations being shared with staff. Staff are frequently invited to attend events delivered by partners, charities etc. in order to extend their knowledge and facilitate closer working relationships.

Strategic business plan 2015/16 – Evaluation and review

During 2015/16, the LSAB set out four strategic priority areas to be completed over the next two years. These were underpinned by objectives, actions needed and taken, outcome and impact measures. The board had set timescales for completion of work and ensured that there were key lines of reporting by its subgroups, members and safeguarding partner agencies.

The Care Act 2014 was coming into force and the board needed to ensure that it met its statutory functions and reviewed the impact the changes would have in relation to the functioning, structure and priorities of the now statutory board. Dr David Jones, the LSAB chair for almost three years, retired from his role as independent chair of the adult board and this resulted in the recruitment of a new Independent Chair, Jane Geraghty.

Strategic Priority Area 1 – Core business: Partnership, governance and board functions

The LSAB reviewed the structure, functioning and cycle of review and revision and made strategic improvements in relation to:

- The board agreed a Constitution and the Terms of Reference in relation to all subgroups and task and finish groups. As part of this exercise, the board also reviewed membership and representation and improved this when needed. An example of this was Healthwatch joining the LSAB as a full member in March 2016. The board continued to work locally with Leicestershire and Rutland and continued joint working with the Safeguarding Children Board.
- Processes were reviewed and revised in order to make improvements to the reporting arrangements. The LSAB recognised that further financial investment would be needed during 2016/17 in order to ensure a fully functional and effective board office.
- The LSAB reviewed its financial position and agreed revised funding arrangements from April 2016.
- The board agreed and commissioned development and training opportunities for the general public, user groups and professionals in order to drive consistent improvements in safeguarding. This had a particular focus on working with individuals in a family context, joined working to safeguard children and young adults in the transition to adulthood etc.

- The table shows the level of attendance by safeguarding partner organisations at LSAB board meetings during 2015/16.

Date	CQC	Police	CCG	EMAS	ASC	Prison	NHS	UHL	LPT	NPS	CSC	LCIL	EMC	Healthwatch
18-05-2015	N	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	
17-09-2015	N	Y	Y	N	Y	Y	N	Y	Y	N	N	N	Y	
17-12-2015	N	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	
10-03-2016	N	Y	Y	Y	Y	N	N	Y	N	N	N	Y	Y	Y
	0%	100%	100%	50%	100%	50%	25%	100%	75%	50%	0%	25%	75%	100%

- Statutory board members (ASC, CCG & Police) attended 100% of meetings. This shows a high level of commitment by statutory organisations. With the exception of University Hospitals Leicester (UHL), no other agency attended 100% of meetings and, overall, there is an average attendance level of under 50% in relation to non-statutory safeguarding partner organisations. Hence attendance remained a challenge during 2015/16.

Strategic Priority Area 2 – Prevention and protection

- The LSAB and its partners worked alongside and supported ASC in implementing a family approach to working with people. In this respect there were workshops and training events for professionals and members of the public. The ASC recognises the importance of taking a holistic approach that goes beyond the needs of the individual and takes account of each person's support networks and any challenges and support family brings with it.
- Female genital mutilation (FGM) was a focus of the children and adult boards across Leicester, Leicestershire and Rutland and a joined approach was led by the CCG and resulted in guidance and strategies being launched during July 2015. It culminated in the launch of a public video: [youtube.com/watch?v=2XdHwHGJHck&feature=youtu.be](https://www.youtube.com/watch?v=2XdHwHGJHck&feature=youtu.be)
- Information relating to FGM lrsb.org.uk/fgm-female-genital-mutilation and applicable procedures were updated.
- The board particularly welcomed the fact that the new Care Act included self-neglect and hoarding and set itself a target of identifying any local concerns. This has since been revoked by government and therefore remains an area of focus with local procedures in place or being developed.

Strategic Priority Area 3 – Partnerships and communications work – Hearing the voice of the people

The LSAB had particular focus on working with adults at risk, local community groups aimed at increasing participation in the board's strategic work, review of safeguarding experience and in anticipation of 'Making Safeguarding Personal' (MSP). The board and Adult Social Care invested in a work stream lead post to facilitate and progress this very important aspect.

The Participation & Communication Work Stream consulted extensively with 'participation partners,' a wide and diverse group of local people who use services or are carers and family members, staff or members of the general population with a particular interest in adult safeguarding.

The participation partners gave the following, important messages:

- Participants told us: "Adult safeguarding posters and leaflets should be redesigned, reflecting our feedback about simple language and strong imagery".
- We responded by: Redesigning our posters and leaflets with clear messages and strong images. The newly designed resources have now been distributed to our existing partner organisations, but also to more varied environments where people might experience bullying or abuse, such as licenced premises and public spaces.
- Participants told us: "The LSAB should have a dedicated forum for eliciting regular feedback from local users of safeguarding services".
- We responded by: Working closely with partners, we developed an 'Expert by Experience' working group. The group has met regularly and has taken forward their self-determined agenda, including a film of user experiences of safeguarding and planning the development of the future expert feedback model.
- Participants told us: "The LSAB should use our experiences to provide learning and training that will improve services".
- We responded by: Working with a suitably experienced local provider, we have commissioned a film of user experience, to be used as a training and public awareness tool about adult safeguarding. The film will be available for viewing in August 2016 and is aimed at adults at risk and professionals.
- Participants told us: "We want a dedicated, independent user group".
- We are responding by: Working with our participation partners to design the future engagement model between the safeguarding adults board and the local community. A dedicated user reference group is being developed that will be responsible for the future participation and community engagement work for the partnership. Members of our Expert Feedback and Engaging with Diverse Communities groups will work alongside user representatives from safeguarding partner agencies, providing the core membership for this group.

Working closely with the local authority to develop and embed the 'Making Safeguarding Personal' (MSP) approach locally. To support this aim, we have made MSP one of our strategic priorities for 2016/17 and have set up a dedicated board subgroup to oversee that this work is progressing as it should, and to gain assurance that our partner organisations are equally committed to the approach.

Strategic Priority Area 4 – Quality assurance and effectiveness of multi-agency practice

The Safeguarding Effectiveness Group (SEG) reviewed and revised the data collected and the way this was presented to the board. The SEG implemented an audit cycle that collated information about multi-agency practice from organisations and individuals and identified no concerns overall from these findings. Audits undertaken focused on the use of questionnaires. The outcome confirmed that:

- Partner organisations, professionals and staff are aware of safeguarding adults and safeguarding children reporting procedures.
- This included the majority of professionals stating that they are aware of specialist support relating to radicalisation, domestic abuse, modern slavery and so on.
- Staff was reported to have appropriate levels of training and this was confirmed by individual respondents.
- Overall professionals felt supported by their managers.

Whilst the LSAB focused on the knowhow of organisations and professionals involved in preventing or responding to abuse over the past two years, for 2016/17 there will be a focus on the outcomes for individuals. Not as perceived by professionals (as was the case in previous surveys and audits), but as judged by the adult at risk. The LSAB plans to have this quality aspect central in its monitoring of safeguarding practice and has set up a task group to implement 'Making Safeguarding Personal'. The board is seeking assurance around the experience of individuals and has taken account of this year's data analysis in making this decision.

Strategic Priority Area 5 – Workforce Development

The board was particularly seeking:

- A workforce who are able to understand and apply safeguarding knowledge and have the skills to respond according to safeguarding concerns, in a way that is proportionate to their roles and responsibility.
- A workforce who are skilled and able to recognise and represent the voice of the adult, empowering choice and decision-making where possible.
- A workforce who are able to take appropriate action in relation to whistleblowing / escalation of concerns / resolving professional disputes.
- Organisations that are committed to training and developing their workforce to have a good understanding of safeguarding and apply this within their organisation.
- Practitioners who are able to demonstrate competence, confidence and a commitment to safeguarding children, young people and adults.

- Strategic and organisational commitment to safeguarding adults and to support their workforce to be highly skilled and trained to support service users.
- Strategic and organisational commitment to offer assurance of the impact of their safeguarding learning.

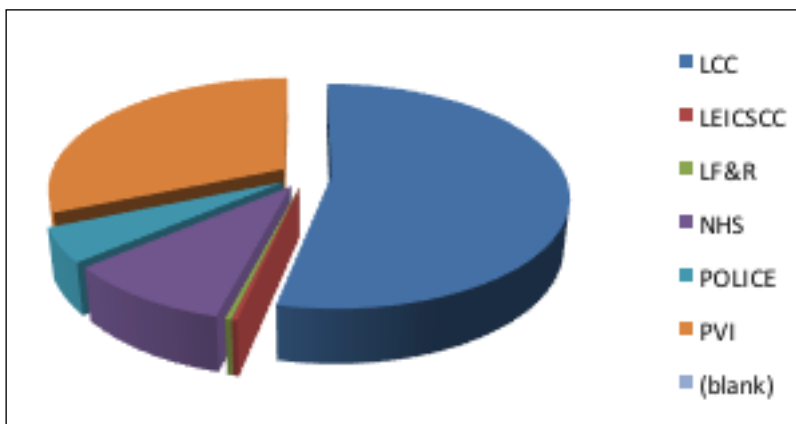
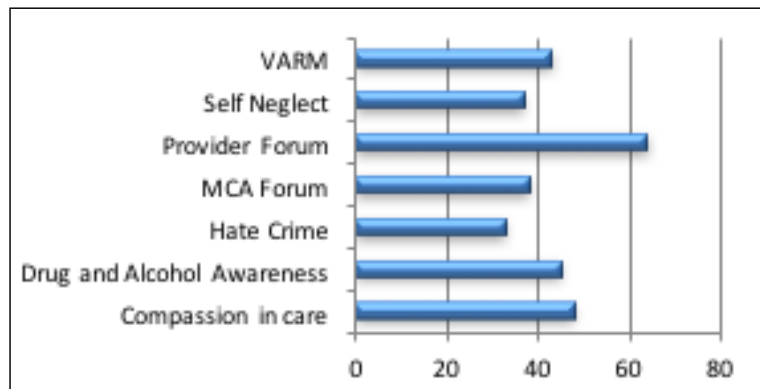
The SEG audits and analysis provided assurance to the board that effective training is being delivered both through the LSAB (multi-agency training) and within safeguarding partner organisations. Partner agency reports provide their own evidence of internal training provision.

The LSAB’s multi-agency training provision was attended by over 350 delegates participating in ten events.

Numbers in attendance

There were two compassion in care sessions, three drug and alcohol awareness raising sessions, two sessions looking at issues of self-neglect and the Leicester Vulnerable Adults Risk Management (VARM) system, one MCA forum looking at Court of Protection and two MCA provider only forums (funded by NHS MCA improvement project monies). Areas were focused on specialist knowledge and knowledge gaps as identified through reviews, audits and surveys undertaken during the year or identified by data or otherwise.

The table shows the total numbers of attendees on each specialist course provided:



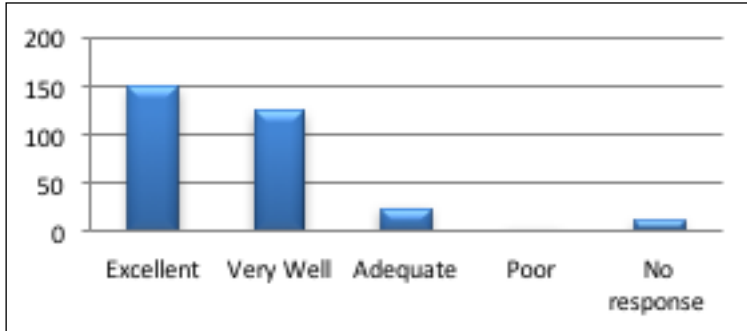
The breakdown of delegates in relation to the organisation they work for is broken down in the table below. It shows that delegates from all safeguarding organisations were able to access multi-agency training.

Overall ratings of events

At the end of each training session delegates were asked to rate the sessions from one to ten, one being poor ten being excellent. Delegates were also asked to rate the speakers and facilitators. These were rated as poor, adequate, good, very good, or excellent.

The combined results from all completed evaluation forms on the day were:

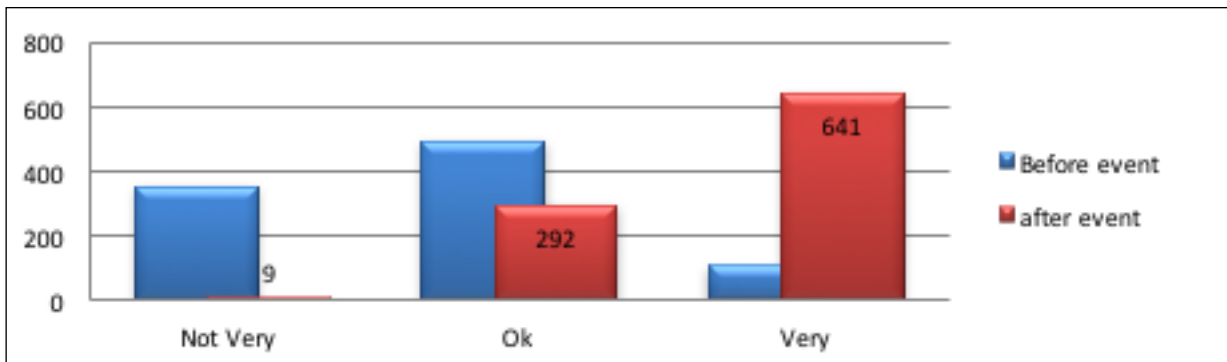
Overall ratings of events



Learning

Each delegate was asked about their level of awareness, confidence, or understanding of the specific areas being covered during a session, before and after the session:

Learning after the events overall ratings

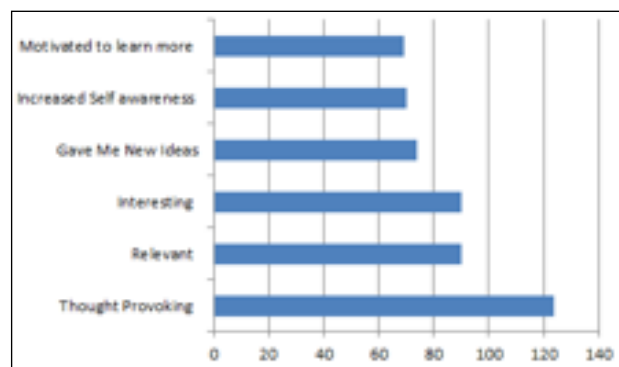


The table clearly shows that delegates felt that the learning increased their knowledge about the specific subject area in almost all instances. Appendix 1 includes a full breakdown of all training course learning and feedback.

Key thoughts from delegates

At the end of the sessions delegates were asked to select three key words/phrases that best described how they viewed the training sessions.

The table shows the top six chosen, from a list of 25.



Information available to the LSAB shows a good level of training provision locally and it plans to continue to provide specific multi-agency training during 2016/17.

Improving safeguarding in 2016/17 – Strategic plan 2016/17

At the beginning of 2016, the board and many of its member organisations underwent a major change of personnel. Dr David Jones retired from his role as independent chair after three years of leading the LSAB and supporting its developments and improvements. A new Police & Crime Commissioner was voted in and his representative on the LSAB for many years is due to retire in the summer of 2016. A further retirement of the CCG lead and changes within the leadership and management of Adult Social Care with a major structural review during 2015, has resulted in an almost complete change of major leaders within the safeguarding adults arena locally.

In February 2016 the new Independent Chair, Jane Geraghty, supported by Dr Ade Cooper facilitated the board to review and revise its business priorities. The following priorities were agreed for 2016/17:

Core business/statutory requirements:

1. Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.
 2. Publish an annual report detailing how effective their work has been.
 3. Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.
-

Strategic business priorities:

1. To achieve assurance that young people who are becoming adults with care and support needs and are at risk of abuse are identified and appropriately supported.
2. This includes young people who have been identified as being at continued risk as a young adult due to child sexual exploitation.
3. To provide assurance to the board that systems allow the identification of organisations/agencies that present a safeguarding risk.
4. To assure the board that actions are taken (and robust processes are in place) to address when systemic failures and concerns are identified.

5. Identify what influences the high numbers of referrals relating to adults in care environments compared to alerts of abuse that takes place elsewhere, and develop remedial actions, where needed, to redress the balance.

6. The board will be assured on the delivery of 'Making Safeguarding Personal', including Section 42 enquiries.

7. The board will explore the use of the 'Making Safeguarding Personal' toolkit.

8. 'Making Safeguarding Personal' is fully embedded within local safeguarding activity and measured as part of data collection.

9. There is an agreed public facing communication action plan and delivery that provides assurance that safeguarding messages are reaching all communities.

10. Workforce awareness-raising – identify areas of the workforce that are not fully aware of safeguarding adults issues.

11. Develop and deliver a workforce awareness-raising plan to provide assurance that all parts of workforce are aware of safeguarding issues.

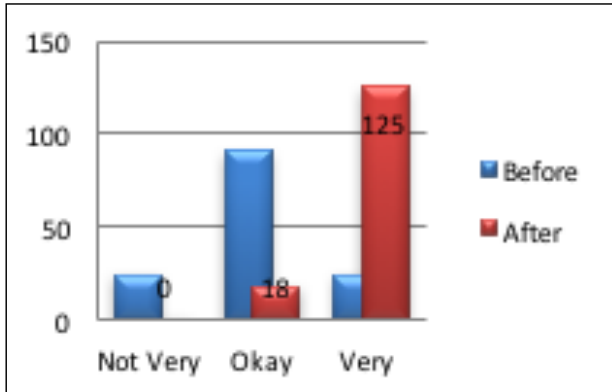
12. Oversee and progress SARs, DHRs and other adult reviews.

In order to achieve its priorities, the board has reviewed its membership and strengthened it where this was needed:

- Healthwatch will be represented from 2016 onward.
- All agencies providing services will be represented in recognition of the fragmentation of the service.
- The LSAB has communicated with CQC about their lack of attendance during 2015/16.
- It has reviewed and where needed revised its network and structure (see Appendix 2 – Board Structure Chart).
- A new service user reference group will support the board's work from July 2016.
- The board office has been strengthened through the appointment of a DHR coordinator and full time administrator. Temporary appointments have been made for the board manager to provide stability in the medium term.
- There is an appropriate budget in place through funding and a three-way split by the statutory partners: Adult Social Care, CCG and Police.

Appendix 1 – Training specific feedback

Learning from events for specific training sessions



Compassion in care

16% before the session not very aware, confident or knowledgeable of subject. After session this went down to **0%**.

64% before the session thought their knowledge; confidence in awareness of subject was okay compared **10%** after the session.

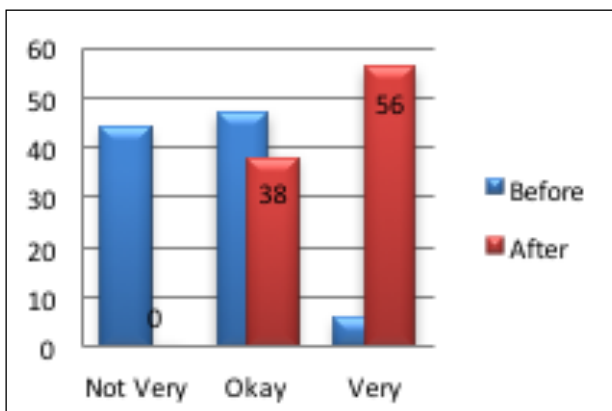
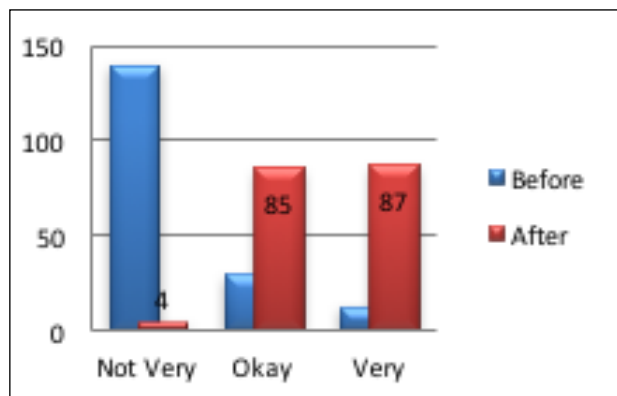
17% were very aware, confident or knowledgeable before the session, **87%** after the session.

Drug and alcohol awareness training

77% before the session not very aware, confident, or knowledgeable of subject. After session this went down to just **2%**.

20% before the session thought their knowledge; confidence in awareness of subject was okay compared to **59%** after the session.

8% were very aware, confident or knowledgeable before the session, **61%** after the session.



Hate crime and Prevent awareness

45% before the session not very aware, confident, or knowledgeable of subject. After session this was **0%**

48% before the session thought their knowledge; confidence of awareness of subject was okay compared to **39%** after the session.

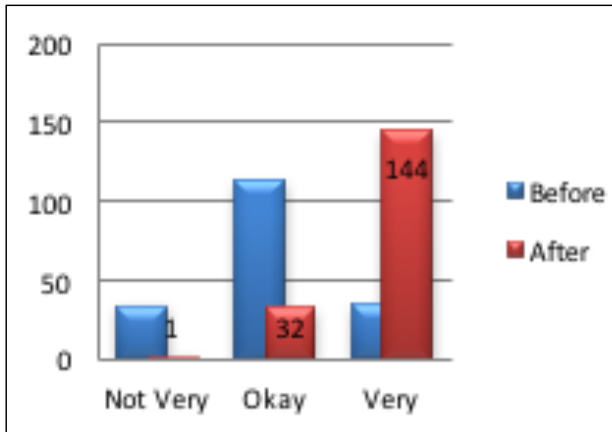
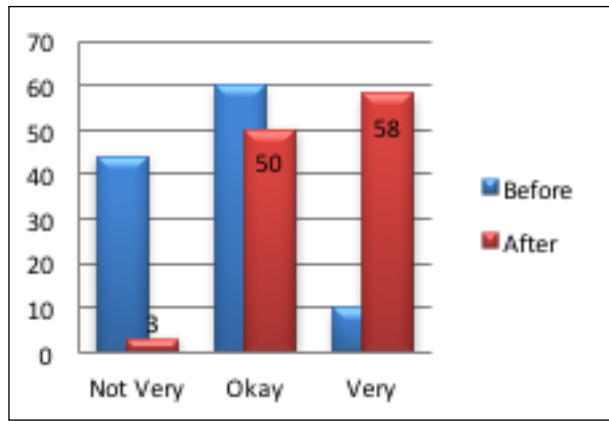
6% were very aware, confident or knowledgeable before the session, **58%** after the session.

MCA forum – Court of Protection

37% before the session not very aware, confident, or knowledgeable of subject. After session this went down to just **3%**

53% before the session thought their knowledge; confidence of awareness of subject was okay compared to **44%** after the session.

9% were very aware, confident or knowledgeable before the session, **51%** after the session.



MCA provider only forum

18% before the session not very aware, confident, or knowledgeable of subject. After session this went down to just **0%**.

63% before the session thought their knowledge; confidence of awareness of subject was okay compared to **18%** after the session.

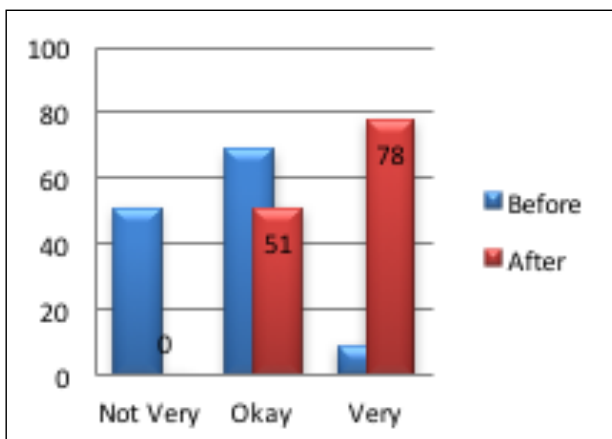
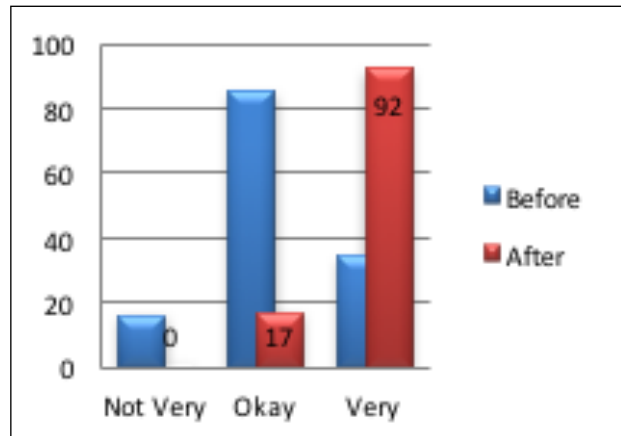
19% were very aware, confident or knowledgeable before the session, **80%** after the session.

Self-neglect

12% before the session not very aware, confident, or knowledgeable of subject. After session this went down to **0%**.

63% before the session thought their knowledge; confidence of awareness of subject was okay compared to **12%** after the session.

25% were very aware, confident or knowledgeable before the session, **68%** after the session.

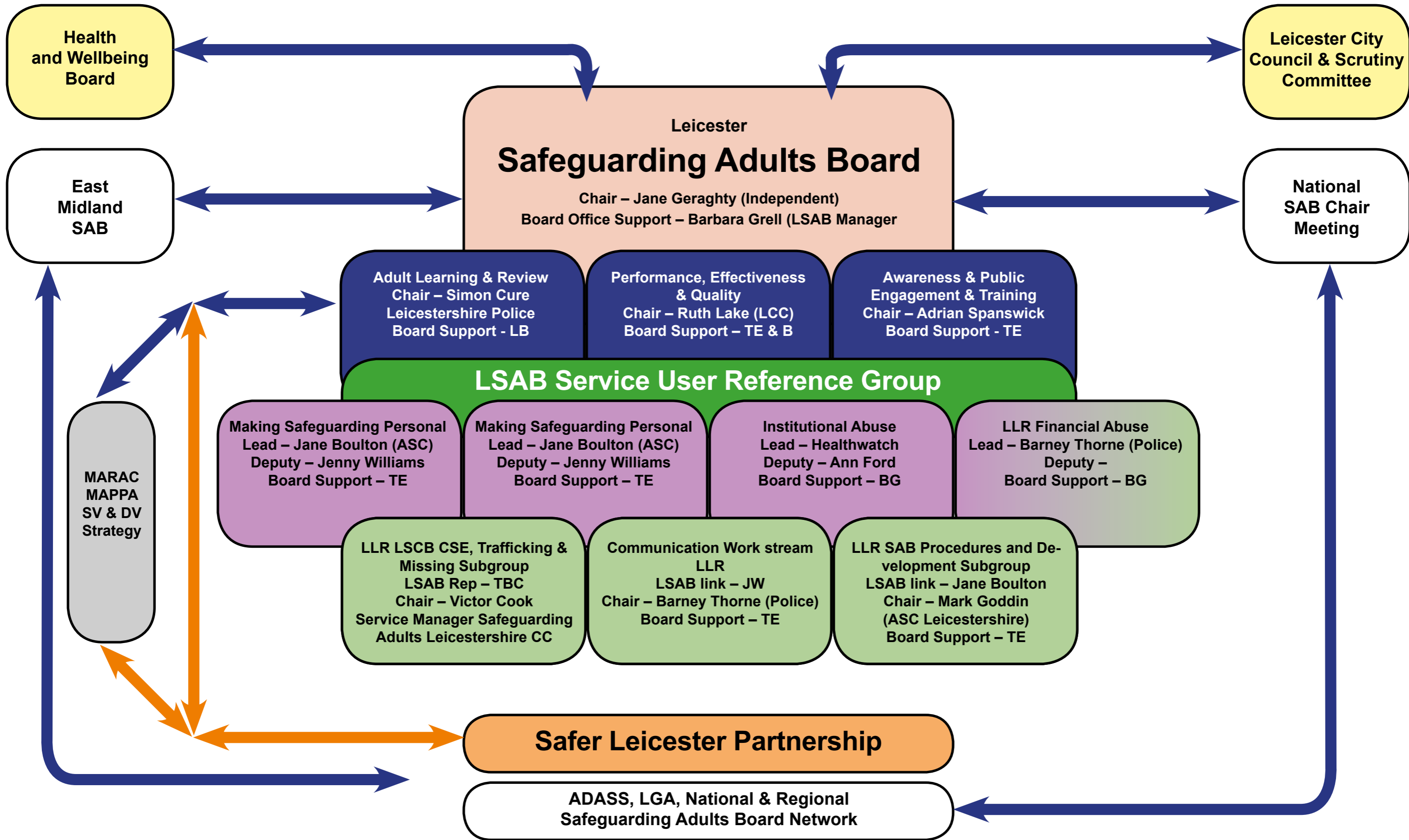


Vulnerable Adults Risk Management (VARMS)

40% before the session not very aware, confident, or knowledgeable of subject. After session this went down to **0%**.

53% before the session thought their knowledge; confidence of awareness of subject was okay compared to **40%** after the session.

6% were very aware, confident or knowledgeable before the session, **60%** after the session.



- LSAB Subgroups
- LLR Groups
- LSAB Task & Finish Groups
- Safer Leicester Partnership Link

Adult Social Care Scrutiny Commission

Adult Social Care Local Account 2015/16

Date: 25th October 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 Leicester's Adult Social Care Local Account for 2015/16. This will be Leicester's sixth Local Account, and summarises key developments, achievements and performance over the course of the year. It also sets out future plans in response to the challenges faced.

2. Recommendations

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

3. Report

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

3.5 The Local Account has sections covering the following subjects:

- **Vision** – Setting out the department’s vision over 2015/16 and highlighting the work undertaken during the year to develop new strategic priorities for ASC in Leicester.
- **ASC and Health Needs in Leicester** – Looking at current and future levels of need in the city.
- **The Care Act and the Better Care Fund** – Describing major national developments impacting on the delivery of ASC during the year.
- **Services** – Providing a brief description of services provided by ASC in Leicester and reporting key service level performance data for the year.
- **Achievements** – Reporting on the progress made in addressing priorities identified in the 2014/15 Local Account.
- **Complaints** – Reporting on the number and nature of complaints (and commendations) received by ASC in 2015/16.
- **Finance** - Summarising the breakdown of spend in the year.
- **Performance** – Reporting on our ‘Key Performance Indicators’ for 2015/16.
- **Future Plans** – Setting out key strategic priorities for 2016/17.

4. Financial, legal and other implications

4.1 Financial implications

There are no financial implications arising from this report.

Martin Judson Head of Finance

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

Adult social care services as a whole will have significant implications for carbon emissions in the city, particularly as a result of the travel requirements. The opportunities to reduce emissions is limited, as regular visits to clients, and sometimes the provision of travel for clients, is an inherent part of delivering the services. However, areas where some carbon savings may be possible are:

- Where co-location of office and other care services facilities is undertaken;
- Through careful planning of travel by Council staff and, where it’s compatible with the needs of the service, managerial support for the use of sustainable travel modes by staff;
- Encouraging a similar approach to efficient and sustainable travel by commissioned service providers through the commissioning process;
- Ensuring that both Council staff and those working for commissioned service providers are aware of the energy efficiency/affordable warmth help and advice that’s available to clients.

4.4 Equalities Implications

4.4 Equalities Implications

The Local Account describes the diverse range of local residents who access and use ASC services. In terms of protected characteristics, the most frequently mentioned groups of users are characterised by age and disability as these most directly influence their eligibility based on need. However, given the diversity of the city and the need to also ensure that services meet the cultural and social needs of residents within their communities, the range of other protected characteristics also influence service provision: sex (gender), race, religion or belief, sexual orientation, gender reassignment, and pregnancy or maternity. The outcomes described in the Local Account are in keeping with the Equality and Human Rights Commission's equality measurement framework which sets out the main equality outcomes contributing to improved quality of life. ASC aims of independent living and continued engagement in the life of their communities enable people to maintain their identity and voice, their family and social ties, along with their safety and wellbeing.

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?)

There are no other issues identified.

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

None

6. **Summary of appendices:**

Appendix 1: Leicester's Adult Social Care Local Account 2015/16

Leicester's Adult Social Care Annual Report

Adult Social Care Local Account 2015-2016



If you need help reading this publication or require it in a different format please contact 0116 454 1000 or email customer.services@leicester.gov.uk

Introduction

Welcome to our sixth Adult Social Care Local Account. This report covers the period 1st April 2015 to 31st March 2016 and looks at how our services performed during that time and also sets out some of our future plans.

Vision

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

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

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

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

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

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

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

During the year further work was undertaken to agree our future priorities and develop an operational plan to deliver them, along with our core business. These priorities are set out at the end of this report.

Adult Social Care and Health Needs in Leicester

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

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

Further predictions are detailed below:

	2015	2020	2025
Total population aged 18-64	217,600	219,100	219,900
Total population aged 18-64 predicted to have a learning disability	5,375	5,410	5,434
Total population aged 18-64 predicted to have a moderate physical disability	15,347	15,642	15,731
Total population aged 18-64 predicted to have a serious physical disability	4,285	4,414	4,455
People aged 18-64 predicted to have a common mental disorder	35,026	35,207	35,292
Total population aged 18-64 predicted to have alcohol or drug dependence	13,061	13,197	13,287
Alcohol:	7,401	7,470	7,511
Drugs:			
<i>Source: PANSI</i>			
Total population 65 and over	40,200	44,700	50,700
Total population aged 65 and over predicted to have a learning disability	830	930	1,058
Total population aged 65 and over with a limiting long term illness whose daily activities are limited a lot	12,012	13,203	15,100
Total population aged 65 and over predicted to have dementia	2,908	3,191	3,655
Total population aged 65 and over unable to manage at least one mobility activity on their own	7,484	8,232	9,358
Total population aged 65 and over unable to manage at least one domestic task on their own	16,499	18,126	20,650
Total population aged 65 and over unable to manage at least one self-care activity on their own	13,563	14,911	16,957
Total population aged 65 and over living in a care home with or without nursing	1,565	1,704	1,975
Total population aged 65 and over predicted to have depression	3,455	3,831	4,336
<i>Source: POPPI</i>			

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

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

The Care Act

The Care Act, introduced in April 2015, replaces most current law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; the new obligations on local authorities; and how local authorities should charge for both residential care and community care.

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

The Better Care Fund

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

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

The BCF formally commenced in April 2015 and the fund is being used for the patients that are likely to benefit from it most: patients who are aged 60 years of age and above; younger adults with three or more health conditions; and anyone with dementia. Our combined efforts mean that Leicester citizens will benefit from a more positive experience and a better quality of care.

Services

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

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

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

Single Point of Contact - The Single Point of Contact receives referrals for all new contacts to Adult Social Care from hospitals as well as the community. We provide Information Advice and Guidance and work with people to explore their circumstances to enable them to maximise their independence and safety. Where appropriate, we work in a person centred way to provide short term solutions to their needs and pass on cases to locality social work teams for further assessment. We recorded 12,105 contacts in 2015/16.

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

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

This year we completed 4,910 assessments of new clients. We also review people's needs on a planned basis, to look at how well the services being provided are meeting the individuals' outcomes. This year we completed 3,114 reviews of existing clients.

Preventative Services –

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

- **Minor adaptations** – 3,822 minor adaptation recommendations were processed during 2015 – 16. These recommendations included mixture of single and multi- items such as stair rails, grab rails, half steps, levelled door thresholds and lighting improvements.

- **LeicesterCare alarms and assistive technology (AT)** - Assistive Technology allows an individual to perform a task that they would otherwise be unable to do. AT includes a wide range of devices from simple 'standalone' items such as picture memory phones to more high tech 'telecare' items such as fall sensors and epilepsy sensors.

2,339 AT referrals were completed and 3,349 AT devices provided during 2015-16. This supported 1,915 service users, of which 1,509 were new to the AT service.

The Telecare service we provide is known as LeicesterCare. LeicesterCare facilitates timely hospital discharges and avoids admissions into both hospital and residential care, and enables people to live their lives as independently as possible. LeicesterCare provides a 24 hour emergency alarm monitoring service to approximately 4,700 service users. Alarm calls can be raised directly by the Service Users or by automatic sensors detecting events such as falls. LeicesterCare will liaise with the Integrated Crisis Response Service to provide a prompt response to alarm activations, reducing the impact on ambulance services and other acute services. During the year the LeicesterCare service handled over 156,300 calls.

- **Reablement** - The Reablement Service provides support for people within their own homes. It is based on short-term assistance from care Reablement Assistants and health professionals working together to improve service users' independence. Reablement supports an individual to regain skills and confidence, and where appropriate makes use of aids, equipment and assistive technology. We helped 1,769 people who were new to our service during the year.
- **Integrated Crisis Response Service (ICRS)** – This service brings together Adult Social Care and Health staff to support people who are experiencing a crisis in their own home, preventing admission to hospital or a care home. The service is available 24 hours a day, 7 days a week and responds within 2 hours. The service is short-term and is available for a maximum of 72 hours. ICRS have handled over 5,000 referrals during the year.

Independent Living Support (formerly known as Housing Related Support) - These services provide non-statutory support to help people who live in supported accommodation, sheltered housing (run by housing associations) and people living in the community. The support helps people to maintain or develop skills that empowers them in their everyday lives and enables them to continue to live independently. During 2015-16 we reviewed the approach to better collect the data as a consequence there is a considerable increase in the number of hours provided in the region of 51,833 hours of support via these services (up from just over 16,000 in 2014/15).

Domiciliary Support (formerly known as home care) – We commission (buy) personal care services for people to enable them to maintain or regain their independence and remain living in their own home for as long as possible. 'Personal care' covers things like washing, dressing, preparing meals or helping to manage money. As at 31st March 2016, there were 1,731 people receiving domiciliary care commissioned by the council, representing 18,000 hours a week. Over the year 2015-16 as a whole, 2,586 people used this service, representing an average of 18,364 hours a week of care across the year as a whole.

Carers – We provide a variety of services and support for people who provide unpaid support to family or friends who could not manage without this help. We provided support to 2,257 carers and undertook 2,150 carer's assessments. The outcomes of the assessments were that 62 (2.7%) carers received support via a one off Carers Personal Budget. 2,088 (92.5%) received information and advice. 351 carers received training through both internal and external training programmes. In addition to the training they provide, the voluntary sector supported a total of 436 carers through a variety of provision on behalf of the Council.

Shared Lives – This is a scheme whereby an adult who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. Together, they share family and community life, promoting independence and improving the person's health and wellbeing. The outcomes can be very positive with people reporting being settled, valued with a sense of belonging often for the first time in their lives. Shared Lives can also be a valuable stepping stone for a person to get their own place. The number of people accessing Shared Lives services is 44 service users, in addition there are 3 County users accessing our services.

There are 29 long term placements (including 1 County user) of those long term placements 13 people access Day Services and 6 of that 13 access occasional respite. We also have 2 people who access respite. There are an additional 16 people accessing day services (including 2 County users).

Sheltered Housing - We provide an Adults and Social Care & Housing related support service to tenants in Sheltered Accommodation to help maintain independence and reduce reliance on other formal services. There are approximately 410 tenants in 14 sheltered housing schemes across the city. In 2015/16 a total of 10,181 contacts were made with tenants, of which 2,103 resulted in a referral to other services. The total number leading to an intervention/outcome was 1,430.

Extra Care Housing and Supported Living - These are buildings that have self-contained apartments with either staff on-site, or in one case, on-site care. They are designed to be accessible to meet people's needs, including those people using mobility aids and wheelchairs. There can be a range of communal facilities that encourage the tenants to interact with each other as a community. An additional 176 people with a range of needs including mental health needs or a learning disability were supported this year.

Residential and Nursing Care - The council places people who are unable to live independently into residential and nursing care homes. This includes older people who are very frail and have significant needs, and also people of working age with significant learning disabilities, mental health problems or physical disabilities. All care homes are inspected by the Care Quality Commission and are also assessed by the council using a Quality Assessment Framework. During 2015/16 we supported 235 people in nursing care and 1,365 in residential care.

Dementia Services - We directly provide a Dementia Care advisor service which offers advice, guidance and care management to everyone diagnosed with Dementia (and their carers) within the last 12 months. The service goes to around 800 people. We commission (buy) a dementia support service from the Alzheimer's Society which offers advice and guidance to people with dementia and their carers along with advocacy, dementia cafes and training for carers of people with dementia. This service goes to around 300 people.

Community Opportunities (previously known as Day Services) – Adult Social Care funds a range of activities, largely in the voluntary and community sector, that enable disabled and older people to learn new skills, play an active role in the community and to maintain their independence and wellbeing, whilst enabling family carers to do have a break from their caring role. In 2015/16, there was a 30% decrease in the number of people accessing these services where the council had arranged the support. A contributing factor is that more of our customers are choosing to arrange their own care and support through the use of direct payments.

Substance Misuse - We contract a number of providers to provide adult and young person's substance misuse services these include information, advice and guidance, specialist harm reduction interventions such as needle exchange services and psychosocial/pharmacological treatment interventions. In addition there is a wet centre providing day care facilities for treatment resistant drinkers and a housing –related support service providing supported accommodation and floating support for those individuals in contact with substance misuse services where the risk of homelessness is a barrier to recovery.

Key outputs include: almost 1,500 adults receiving treatment for drug misuse; over 500 adults receiving treatment for alcohol misuse; nearly 200 adults receiving treatment for a combination of alcohol and (non-opiate) drug misuse; and over 100 young people (under 18) received treatment for drug and/or alcohol misuse.

Transition - The Transitions Team works with young people who are leaving school and who have been identified as having a disability and are eligible for an assessment under the Care Act. The team works with young people, their families and carers, schools, health colleagues and Connexions to assess the young person's needs and provide support if required to enable them to live as independent a life as possible. About 70 young people were supported in 2015 -16. The team is responsible for undertaking assessments, carers' assessments and for undertaking Safeguarding investigations.

Safeguarding - We have a duty to Safeguard Adults who are in need of care and support, are less able to protect themselves as a result of the need for care and support and may be at risk of or experiencing abuse or neglect. This is a duty under the Care Act 2014. We will work with the person at risk, their carers/family and other agencies to work together to reduce the risks to the adult and others and to improve their wellbeing. We will ensure the Adult's

wishes are always at the forefront of the work we do. This year we received 1,873 safeguarding concerns into the department and completed 763 Safeguarding Enquiries/Investigations.

Achievements

In our Adult Social Care Annual Report 2014/15 we said we would do a number of things to meet our priorities going in to 2015/16 and beyond. This section tells you what we have actually done.

Implement the Care Act and prepare for further changes due to funding reforms - We successfully implemented the Care Act and recent feedback from peer reviews indicates that the Council is meeting its statutory duties and staff have a good understanding of the new legislation including the principle of wellbeing.

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 - We have reviewed our information and advice services this year to ensure the offer is relevant. We have also introduced a new customer portal to allow people to assess their own needs and find support that might help them to meet their needs.

Reconfigure our staffing structures, to support an improved user experience and support staff to be productive and to deliver high quality social work services - We completed a review of our structure this year and have now implemented a new care pathway. This commenced in March / April 2016 so we are reviewing its early outcomes.

Improve performance management and financial management, ensuring managers have the necessary tools to be held to, and hold their staff to account - We continue to work on a performance framework and have developed tools for managers to use to understand their activity and its financial impact. There is further work to do on this area now that our organisational review has concluded

Integrate services for those young people in transition to adulthood / adult services - We continue to seek an integrated transitions service and will work with children's services to develop an agreed approach.

Review commissioned services, ensuring that the range, quality and focus of services are able to match eligible need and our preventative responsibilities - Reviews are ongoing to ensure that commissioned services reflect eligible needs and our preventive responsibilities.

Support integration by aligning and co-locating some services with health partners - Our crisis response service is now co-located with health partners at the Neville Centre and this is enhancing joint working. To ensure a coordinated response for people needing urgent support, locality social work teams now share the same client base as community health services, linked to GP practices. We are now working to integrate our points of contact with health services in the city.

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 - We reduced the number of older people entering residential care during this year, by focussing on promoting independence and community packages of support.

Review packages of care and ensure support plans are focussed on reducing dependency - This has not been achieved in this year due to capacity and demand for unplanned / urgent work, as well as the reorganisation of our teams to allow them to focus on planned activity. This is a priority for 2016.

Implement an enablement model of support to promote the independence of people with a range of needs, particularly mental health / learning disability - An Enablement service has been created and commenced on 1st April 2016.

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 - Training in this year has focussed on key issues such as Mental Capacity and in preparation for the changes to our care pathway, such as supporting staff to take on a new role in Enablement.

Complaints

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

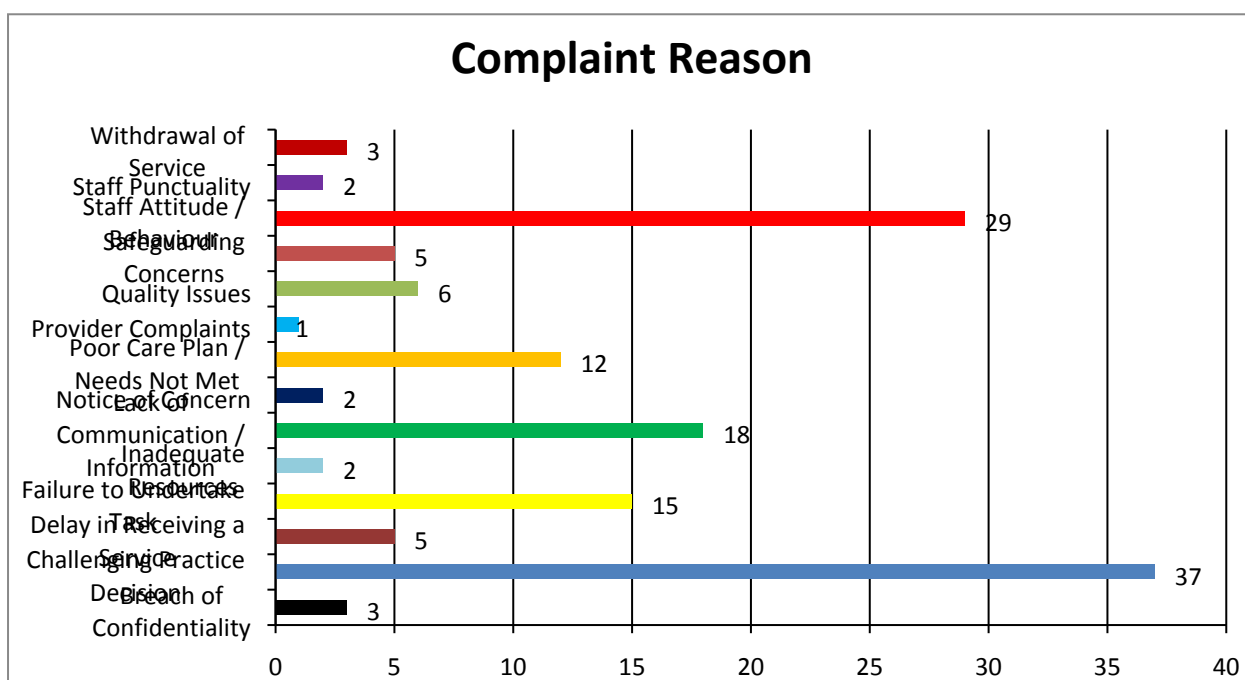
Many of the complaints that we receive are informal and are settled within the relevant services. However, we do run a formal complaints procedure as well. Complaints give us very valuable feedback about the adult social care

services that we provide and through this we get a picture of which areas are performing well, and where we need to give more attention.

The number of formal statutory complaints recorded in 2015/16 was 81: an increase of 4% compared to 78 received in the previous year. 79 of these complaints progressed to a conclusion and from these 13 were upheld, 14 were partially upheld, 1 was withdrawn and 1 progressed further as a safeguarding investigation. A total of 52 complaints were not upheld.

During 2015/16, 10 decisions by the Local Government Ombudsman were recorded in relation to complaints about Adult Social Care services. Two enquiries were referred back to us so we could respond to them in the first instance. Out of the 10 complaints, 2 complaints were upheld with maladministration and injustice. A further six long-standing complaints opened in the previous year by the Ombudsman were also formally concluded in 2015/16 and these were all upheld.

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



As an organisation we are always looking to make improvements to our services as a result of customer feedback. For all complaints that we consider, we review what individual actions may be needed to avoid the same circumstances arising again. For example, where complaints have identified a worker's practice as the issue, action may be taken to address matters during supervision or we may identify further training to support and improve future practices.

We also consider whether there are any broader themes emerging for the Department to reflect on as a whole. During 2015-16 we noted that some of the more general themes arising from complaints received by the Department were in regard to delay, communication and the quality of information recorded in particular. These themes included such matters as:

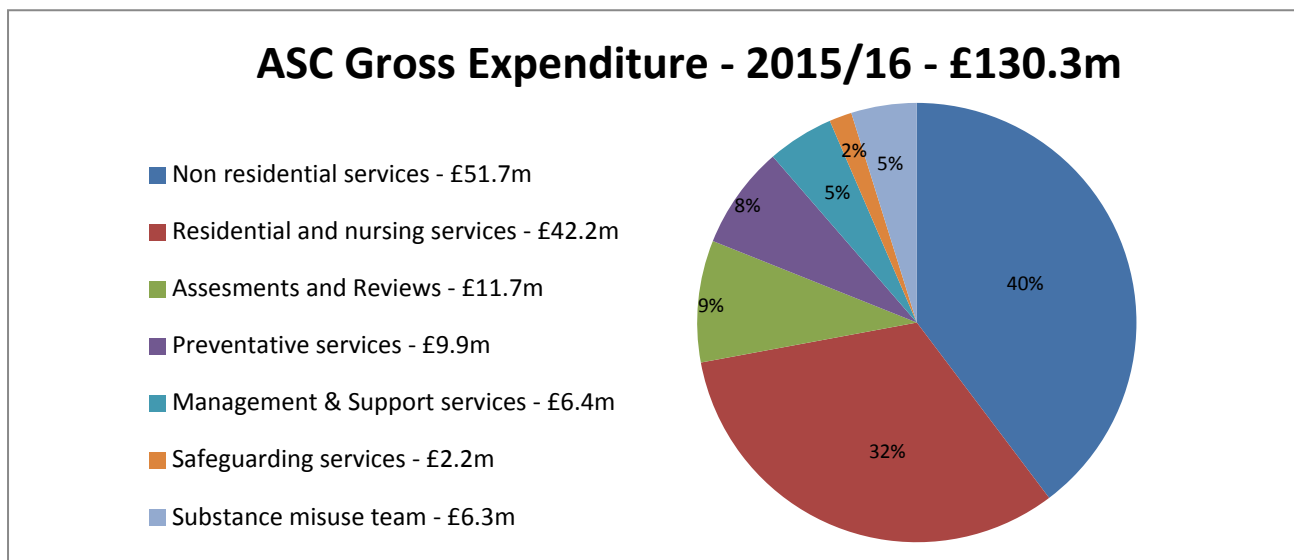
- The timeliness of actions
- Appropriate monitoring of timescales
- Ensuring recorded information is accurate, factual and representative of discussions
- Incorporating evidence into recordings
- Noting actions taken in recordings
- Updating contact details
- Providing suitable information prior to and after actions have been taken in a timely way
- Explaining processes that we have to take clearly to the service user or family
- Making sure roles of teams or officers are fully understood
- Giving clear idea of timeframes where possible and details of any potential financial implications
- Clarifying significant actions in person or in writing and not over the phone.

In the next year we will be using our recently established Professional Standards & Governance Board and Team Leader’s Forum to actively look into the feedback that we receive from customers about our care pathways and services, making sure that clear quality standards are in place for our officers to work to.

We are also very pleased when we receive positive reports from our customers about the work that we do and we formally record these comments as commendations: a total of 158 staff commendations were received in 2015-16.

Finance

Each year the Council sets a budget for Adult Social Care; this details the money that is available to spend on different services. The following chart shows the breakdown how the budget was spent in 2015/16.



Performance

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

What are we doing well?

We have a high percentage of service users and carers receiving self-directed support, giving them increased choice and control over the care they receive. At 31st March 2016, 98.7% of service users received self-directed support with 44.3% receiving direct payments. This marks an improvement from the previous year. At the same point 100% of carers received a direct payment.

Delayed discharges (when a patient is ready for transfer from a hospital bed, but is still occupying a bed) from hospital have reduced significantly from last year. In 2015/16 there were 6.0 delayed discharges per 100,000 population compared to 13.0 in 2014/15. The percentage of those delays which were attributable to Adult Social Care also reduced from 4.3 per 100,000 population to 1.7. This makes Leicester one of the most improved areas in the country for this measure.

For the second year running, fewer people over the age of 65 were admitted to residential or nursing care. In 2015/16 258 people (equating to a rate of 653.7 per 100,000 population) compared to, 287 people (equating to a rate of 734.1) admitted in 2014/15, in 2013/14 the figure was 291 people (equating to a rate of 750.9). Having said that, we want to drive much more improvement on this measure in future years.

The percentage of service users with a learning disability or in contact with secondary mental health services living independently continues to improve. 71.7% of those with a learning disability and 62.1% of those in contact with secondary mental health services were living independently, compared with 69.8% and 35.8% respectively in 2014/15.

We have continued to significantly increase the use of Assistive Technology. 1,910 services users were supported with assistive technology in 2015/16 compared to 1,762 the previous year and 1,534 the year before that.

We are continuing to improve our Early Intervention and Prevention services, with more people signposted to other services or receiving one off services. In 2015/16, 69.2% of initial contacts did not require a full assessment and long-term support compared to 63.1% in 2014/15 and 47.8% in 2013/14.

Historically, our performance in reablement services has been very high, but in 2014/15 this dipped. However, in 2015/16 the proportion of older people who were still at home 91 days after discharge from hospital into reablement services increased from 84.3% in 2014/15 to 91.5%, our best performance since the introduction of this measure. The proportion of older people offered reablement services following discharge from hospital though fell from 3.6% to 3.1%.

We also showed a small improvement in another measure for reablement outcomes, with more people becoming fully independent. In 2014/15, 54.0% of people leaving reablement services were fully independent with no further need for Adult Social Care services, compared to 53.8% in 2014/15 and 46.4% in 2013/14.

What are we doing less well?

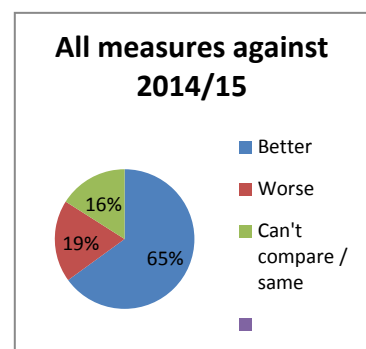
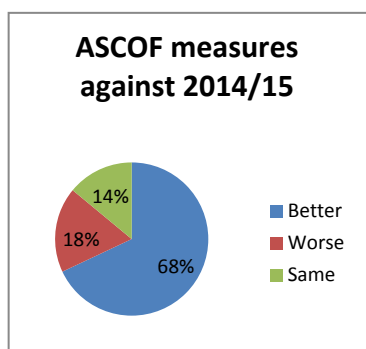
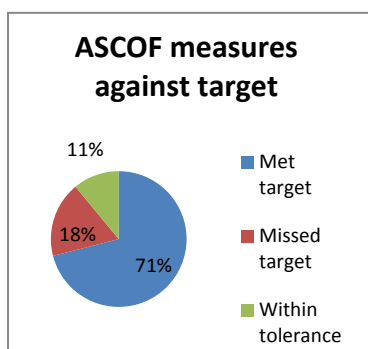
We need to improve the number of people with a Learning Disability who are in paid employment. Our performance has dropped from 8.8% in 2012/13, 7.7% in 13/14 and 6.9% in 14/15 to 5.2% in 2015/16.

Fewer carers (54.4%) received needs assessments or reviews and a service or advice and information than in the previous year (when there had been a significant increase to 48.3.7% of carers for 2014/15 compared to 28.4% in 2013/14).

While showing some improvement, our performance on the ASCOF measures derived from the national ASC User Survey remain poor. Of particular concern is the measure (3D1) relating to how easily service users are able to find information about services. We failed to show any improvement on this measure and we remain well below our comparator authorities.

We need to make sure more service users are having their care packages reviewed on a regular basis. Due to other pressures on our services, we were only able to review 40.4% of service user's packages over the year 2014/15 compared to 68.4% in 2013/14. 2015/16 saw some improvement, with 54.5% of service user's packages reviewed but we remain well below our 2013/14 position.

Performance summary:



Future Plans

The way we deliver Adult Social Care in Leicester will have to change in coming years. As previously stated, we are facing tremendous financial pressures and will have to do things differently and in some cases do less. At the same time we are committed to delivering the best services we can and improving those things we have not been doing as well as we would like. Our priorities for 2016/17 are:

- Improve the experience for our customers of both our own interventions and the services we commission to support them.

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

Healthwatch Leicester

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

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

They can be contacted as follows:

Email: information@healthwatchleicester.co.uk

Website: www.healthwatchleicester.co.uk

Twitter: @HealthwatchLeic

Post: Healthwatch Leicester, Clarence House, Humberstone Gate, Leicester LE1 3JP

Phone: Helpline: 0116 251 8313
General Enquiries: 0116 251 0601

How to contact Adult Social Care

Internet: <http://www.leicester.gov.uk/your-council-services/social-care-health/adults/about-our-adult-social-care-services>

Portal: <https://mysupportneeds.leicester.gov.uk/web/portal/pages/home>

Phone: 0116 454 1004 (Monday to Thursday 8.30am – 5.00 pm. Friday 8.30 am to 4.30 pm)

Email: customer.services@leicester.gov.uk

Visit / Post: Leicester City Council, Customer Service Centre, 91 Granby Street, Leicester, LE1 6FB

Opening hours:	Monday:	8.30am – 5.00pm
	Tuesday:	8.30am – 5.00pm
	Wednesday:	9.30am – 6.00pm
	Thursday:	8.30am – 5.00pm
	Friday:	8.30am – 4.30pm

Adult Social Care Scrutiny Commission

Changes to Dementia Support

Lead Director: Steven Forbes

Date: 25th October 2016



City Mayor

Useful information

- Ward(s) affected: All
- Report author: Tracie Rees
- Author contact details: 4542012
- Report version number: 1.0

1. Purpose

- 1.1. To provide the Adult Social Care Scrutiny Commission with an overview of the proposal to change the way dementia support is provided for people diagnosed with the condition.
- 1.2. At present dementia advice and support is provided across the city in a fragmented manner by the National Health Service (NHS) and social care.
- 1.3. This includes Dementia Care Advisors, employed by the local authority, who provide both advice to people diagnosed with dementia and also case management for people who receive ASC services, as well as support funded by the Council via a contract with the Alzheimer's Society. Support for people in hospital settings is funded by the NHS, which is also delivered by the Alzheimer's Society.
- 1.4. The new proposal will provide one co-ordinated approach across the NHS and social care for Leicester, Leicestershire and Rutland (LLR).

2. Summary

- 2.1. The proposal is to create one co-ordinated support service across the NHS and social care for LLR, funded by the NHS and the three local authorities. This will still provide a focus on the needs of people living in the city, whilst giving a more consistent and integrated approach to dementia support across LLR. It would also support the delivery of efficiency savings.
- 2.2. This approach would mean ceasing the Dementia Care Advisors role and procuring a specialist organisation, such as the Alzheimer's Society or a similar organisation to provide an advice service across LLR from pre-diagnosis and beyond.
- 2.3. At present the Dementia Care Advisors are only able to support people who have received a diagnosis in the last 12 months, due to increased demand.
- 2.4. Therefore, the proposed changes will mean that the Dementia Care Advisor posts would revert back to their case management role. Although there will be a reduction in the number of posts in order to create the required resources to commission the new service, any reductions in staff will be managed through the Council's vacancy management arrangements to mitigate any redundancies resulting from this change.

3. Recommendations

- 3.1 Adult Social Care Scrutiny are asked to note the report and to provide feedback on the

proposal.

4. Background information/Report

- 4.1 It is recognised that early diagnosis, support and advice is key to helping individuals and their families/carers to cope with dementia. In Leicester it is estimated that there are approximately 3000¹ people with dementia, of which around 2,544² (85%) have received a diagnosis and around 66% of these live at home. About 800 people live in residential settings. The numbers of people living with dementia in Leicester is set to rise to approximately 4500 by 2030³.
- 4.2 In Leicester there are currently four main services delivering dementia support.
- a) Dementia Care Advisors, who are employed by the Council
 - b) Specialist dementia support service funded by the Council via a contract by the Alzheimer's Society
 - c) Hospital in-reach dementia care support service, funded by the NHS
 - d) In addition, there are a number of other services providing dementia support, including AgeUK funded by the Council
- 4.3 Presently people who have a diagnosis of dementia made within the last 12 months are referred to the Dementia Care Advisors and receive a service, either advice alone or case management, based on their needs. Thus many people with dementia (those with a diagnosis longer than 12 months) cannot access this service. The service is unable to cope with the increased numbers of people being diagnosed in Leicester and this model is not sustainable into the future. The current caseload is about 460 people at a cost of about £440 per user per annum for the advice and guidance element.
- 4.4 The Council also commissions a Dementia Support Service from the Alzheimer's Society. This service offers a range of support to people with dementia including advice and guidance, advocacy, dementia cafes, activity groups and carers' training. This service currently supports about 400 people at a cost of about £200 per user per annum.
- 4.5 This service is currently under review because its contract is due to end in October 2017. Therefore, the opportunity was taken to review it in the light of the pressures on the in-house service.
- 4.6 At the same time, discussions with the County Council and Rutland and the local Clinical Commissioning Groups (CCG) showed that their contracted dementia services were also coming to an end and it was agreed that there would be a great deal of benefit to be gained if one service could be jointly commissioned across LLR.
- 4.7 Discussions are underway with a view to the City Council procuring the new service on behalf of the other organisations.
- 4.8 The City Council's contribution to the new proposed service will be £152,000 per year. Although, this is a reduction in the existing funding, when combining the external

¹ Dementia UK Update – Alzheimer's Society 2014

² Leicester City Clinical Commission Group 2016

³ Poppi data for Leicester City Council 2016

contract value with part funding for the Dementia Care Advisors, it will mean an increase in the level of funding to the Voluntary and Community Sector (VCS) from £82,000 to £152,000.

- 4.9 In addition, Leicester is an active member of the Dementia Action Alliance movement. This a network that supports a society-wide response to dementia. It encourages and supports communities and organisations across England to take practical actions, including information sharing and joint work to enable people to live well with dementia and reduce the risk of costly crisis intervention.
- 4.10 We are also in the process of establishing a Dementia Action Alliance for the city, which will be chaired by the Deputy City Mayor, with a focus on making Leicester a dementia friendly city. The impact of this will be to raise awareness generally amongst Leicester's citizens, businesses and services that we all share part of the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.

5. Proposed New Service

- 5.1 The advantages of a new service commissioned across LLR would be:
- More people and carers would be seen – the service would be available to everyone from those with worries about their memory, those with a recent or long-standing diagnosis, and those people with planned and unplanned hospital admissions.
 - Much clearer pathway for referring into the service for professionals, carers and users and across city/county and service boundaries;
 - People receiving a service will get the same service no matter where they live
 - There will be a reduction in any potential duplication of services occurring across organisations,
 - Funding from both in-house and external services will be combined, which will result in a saving that will contribute towards to overall Adult Social Care efficiency programme.
- 5.2 The new service will comprise advice, information, activity groups, memory cafes, carers training, hospital liaison service and, in the city, advocacy (this is commissioned separately in the county and Rutland).

6. Details of Scrutiny

- 6.1 This report is due to be discussed at the Adult Social Care Scrutiny Commissioning meeting on 25th October 2016.

7. Financial, legal and other implications

7.1 Financial implications

The City Council's contribution to the new proposed service will be £152k per year from a combination of the existing budgets for Dementia Care Advisors (DCAs) and for the existing Alzheimer's society contract. The DCAs will revert to standard social work duties and will be

paid for from within the care management staff budget.

The total funding provided by the Council for the new externally contracted service from the voluntary and community sector will therefore increase from £82k to £152k.

Martin Judson, Head of Finance

7.2 Legal implications

Employment Legal Implications

There is the potential for TUPE to apply to the Dementia Support Service currently being provided by the Alzheimer's Society. It is not clear whether the Alzheimer's Society employs any individuals for the Dementia Support Service that is carried out for the Council. For TUPE to apply there must be an organised grouping of employees with the principal purpose of carrying out activities on behalf of client and the activities must be fundamentally or essentially the same before and after the service provision change. This should be considered as part of any future procurement exercise.

There is the potential for TUPE to apply to Dementia Care Advisors depending on the design of any new service. If the specification does not include any case management then TUPE is unlikely to apply however this would need to be fully considered as part of any future procurement exercise.

In relation to the suggested absorption of the posts within the current care management staffing profile consideration would need to be given to whether there are available vacancies within the Adult Social Care service for Care Management Officers, as Dementia Care Advisors are currently on this generic job description. It would need to be viewed in line with the current voluntary redundancy trawl taking place within the assessment and care management functions of which the Care Management Officer role is in scope. There is the possibility of an overall reduction in Care Management Officer numbers and these staff and roles would be included in any potential generic reductions.

The report refers to the reduction in posts in relation to the Dementia Care Advisors, any potential compulsory redundancies which could arise from this would be managed and progressed in line with Leicester City Council's Redundancy Policy. To mitigate any redundancies redeployment would be utilised for eligible employees who are identified as displaced.

Julia Slipper, Solicitor (Employment & Education) and Caroline Dickman, HR Advisor

7.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising from this report.

Duncan Bell, Environment Team.

7.4 Equalities Implications

The proposal for a single integrated dementia care advice service across Leicester,

Leicestershire and Rutland, with provision for advocacy support for Leicester, will continue to meet needs of those with dementia and their families/carers as is currently provided, but will be available for a greater number of people – reflecting the anticipated increase in demand as stated in the report. The main equalities considerations in the commissioning of a single service will be around issues related to age and disability which influence the nature of dementia experienced by the individual. However, given the diversity of Leicester’s population, social and cultural factors are also important considerations in determining how best to continue to engage with those with dementia and how best to support their families/carers. Therefore, protected characteristics such as sex (gender), race, religion or belief, sexual orientation, gender reassignment, also need to be considered as key elements of awareness and appropriate engagement within the service so that it will be appropriate for the city’s diverse population. Such attention in the commissioning and delivery of the proposed service will ensure that it meets our Public Sector Equality Duty and its aims of: eliminating discrimination, promoting equality of opportunity, and fostering good relations between different groups of people.

Irene Kszyk, Corporate Equalities Lead

8. Background information and other papers:

None

9. Summary of appendices:

None

Adult Social Care Scrutiny Commission

Draft Work Programme 2016 – 2017

Meeting Date	Topic	Actions Arising	Progress
12 th Jul 16	<ol 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 	<ol style="list-style-type: none"> 1) Future plans for delivering the commissioning intentions to be brought to the Commission in a timely manner and some anonymised case studies, regarding independence to be sent to Commission Members. 2) Information on other local authorities' incentive schemes for providers is sent to Members and the Chair to meet with Healthwatch. 3) The Commission is given further opportunities to comment on the re-procurement of domiciliary care support services and a report on the living wage to be added to the Commission's work programme. 	
8 th Sep 16	<ol style="list-style-type: none"> 1) Quarterly Performance Report: Qtr. 1, April to June 2016/17' 2) Domiciliary Care Re-Procurement 3) Impact of Working Age Adults on ASC 4) Disability Related Expenditure – Outcome of the Consultation. 	<ol style="list-style-type: none"> 1) For the Chairs of ASC and HWB Scrutiny to write a letter to the Secretary of State, expressing the Commission's concerns relating to proposals to cap housing benefit payments to residents in Extra Care. For details of the numbers of people who had their safeguarding outcomes either partially or full met to be sent to Members. 4) A further report is brought back to the Scrutiny Commission, should any changes to DRE be considered. 	<ol style="list-style-type: none"> 1) Letter to be written <p style="text-align: center;">Info has been circulated.</p>
25 th Oct 16	<p style="color: red; margin: 0;">*Theme: Keeping Vulnerable Adults Safe</p> <ol style="list-style-type: none"> 1) Leicester Safeguarding Adults Board – Annual Report for 2015/16 2) Leicester Ageing Together 3) Local Account for 2015/16 4) The Executive's response to the Commission's Review on Community Screening 5) Changes to the Dementia Care Advice Service 		

Meeting Date	Topic	Actions Arising	Progress
12 th Dec 16	<ul style="list-style-type: none"> 1) Transition into Adulthood: Young People with Disabilities 2) Quarterly Performance Report – Quarter 2 3) Adult Social Care Portal – Six Month Implementation Update 4) Local Area Action Plan: Autism Strategy – An Update on Progress 5) BCF Update 		
7 th Feb 17	<ul style="list-style-type: none"> 1) Adult Social Care Budget 2) Update on implementation of actions following the peer review 3) Update on the Enablement Strategy 4) Outcome of the Mental Health Recovery Hub Consultation 		
4 th Apr 17	<p>*Theme: Dementia</p> <ul style="list-style-type: none"> 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?	