



Leicester  
City Council

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

**DATE: MONDAY, 12 DECEMBER 2016**

**TIME: 5:30 pm**

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

### **Members of the Committee**

Councillor Cleaver (Chair)

Councillor 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:**

*Kalvaran Sandhu (Scrutiny Policy Officer)*

*Julie Harget (Democratic Support Officer)*

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

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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. CHAIR'S ANNOUNCEMENTS**

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

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 25 October 2016 have been circulated and the Commission is asked to confirm them as a correct record.

#### **5. PETITIONS**

The Monitoring Officer to report on any petitions received.

#### **6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

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

#### **7. BETTER CARE FUND PROGRESS UPDATE - [Appendix A](#) QUARTER TWO 2016/17**

The Director, Adult Social Care and Safeguarding submits a report that notes the position of the Better Care Fund (BCF) activity and performance at Quarter Two of 2016/17. This is a partnership plan and the Deputy Director of Strategy for the Clinical Commissioning Group will be in attendance to answer questions from Members. The Commission is asked to note the contents of the report and make any comments.

#### **8. PROGRESS REPORT - CLOSURE OF KINGFISHER [Appendix B](#) UNIT**

The Strategic Director, Adult Social Care, submits a report that provides the

Adult Social Care Scrutiny Commission with an update on the progress to close the Kingfisher Unit by 31 March 2017. The Commission is recommended to note the contents of the report.

**9. ADULT SOCIAL CARE CUSTOMER PORTAL SIX MONTH UPDATE** [Appendix C](#)

The Strategic Director, Adult Social Care submits a report that provides an update on progress and future development plans for the Adult Social Care (ASC) Portal which was launched on 12 April 2016.

The Commission is recommended to note the report and to provide feedback and suggestions on the implementation of the portal.

**10. THE 2016 ADULT AUTISM SELF-ASSESSMENT - EVALUATION PROGRESS IN LOCAL AUTHORITIES ALONG WITH PARTNER AGENCIESR** [Appendix D](#)

The Director of Care Services and Commissioning, Adult Social Care, submits a report relating to the 2016 Adult Autism Self-Assessment – Evaluation Progress in Local Authorities along with the Partner Agencies. The Leicester Leicestershire and Rutland Autism Strategy 2014-2019 Delivery Action Plan is also attached.

The Commission is asked to:

- 1) accept and validate the Autism Self–Assessment submission, and
- 2) Support the recommendations for future work to ensure the Council along with partner agencies are able to meet their legal responsibilities and raise standards.

**11. COMMUNICATION IN RELATION TO AUTISM**

The Chair of the Adult Social Care Scrutiny Commission will lead a discussion about how we communicate with people on the autistic spectrum and how to raise awareness of autism. Representatives from local groups that deal with issues relating to autism have been invited to contribute to the discussion.

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

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

**13. ANY OTHER URGENT BUSINESS**

# Adult Social Care Scrutiny Commission

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## **Better Care Fund Progress Update Q2 2016/17**

Date: 12<sup>th</sup> December 2016

Lead Director: Ruth Lake

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## Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version: 1

## 1. Summary

- 1.1 This update report notes the position of the Better Care Fund (BCF) activity and performance at Q2 of 2016/17.

## 2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and make any comments.

## 3. Report

- 3.1 The BCF programme is in its second formal year of delivery. The programme aims to achieve reductions in unplanned admissions to hospital, reduced admissions to long term care and reduced delayed transfers of care (DTC)
- 3.2 The detail of the 16/17 plan was presented to scrutiny in March 2016 and is attached for reference at appendix 1. This report provides a position statement against that plan, as at Q2.

3.3 The 16/17 BCF plan lists the following interventions:

Scheme Name	2016/17 Expenditure (£)	New or Existing Scheme	Agreed at BCF joint confirm and challenge?	Status	Performance
Risk Stratification	£64,000	Existing	Yes	LIVE	
Lifestyle Hub	£100,000	Existing	Yes	LIVE	
IT	£4,000	Existing	Yes	LIVE	
Clinical Response Team	£1,380,015	Existing	Yes	LIVE	
Assistive Technology	£213,321	Existing	Yes	LIVE	
LPT Unscheduled care team	£469,216	Existing	Yes	LIVE	
ICRS	£835,000	Existing	Yes	LIVE	
Night Nursing team	£90,990	Existing	Yes	LIVE	
Services for complex patients	£1,220,277	Existing	Yes	LIVE	
Mental Health Planned Care Team	£232,025	Existing	Yes	LIVE	
MH Housing team	£40,440	New	Yes	LIVE	
MH Discharge team	£42,462	Existing	Yes	LIVE	

ICS (+)	£883,614	Existing	Yes	LIVE	
Reablement - LPT	£1,137,375	Existing	Yes	N/A	
Existing ASC Transfer	£5,901,968	Existing	Yes	N/A	
Carers Funding	£650,000	Existing	Yes	N/A	
Reablement funds - LA	£825,000	Existing	Yes	N/A	
2016/17 ASC Increased Transfer	£5,650,000	Existing	Yes	N/A	
Performance Fund	£1,926,540	Existing	Yes	N/A	
Uncommitted	£194,757	New	Yes	N/A	
DFG	£1,854,000	Existing	Yes	N/A	

3.4 Each scheme is live, with overall rating for each intervention rated green; this is based on an assessment of both capacity, usage and delivery of any key actions required at the Integrated Systems of Care Programme Group, which oversees the operational delivery of the BCF. Some funding is allocated against service delivery that was funded via CCG budgets prior to the BCF, is now funded within the BCF pool but is not subject to performance monitoring (marked N/A).

### 3.5 Performance against BCF national metrics

Overall, performance is positive in the context of a significantly challenged health and care system

#### 3.5.1 Emergency admissions

Analysis of the emergency admission profile at Period 6 shows the following trend:

#### LLR Commissioners vs 16/17 contract



**plan**

M6 16/17	Emergency Admissions				Main ED attends			
Commissioner	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %
LLR	37229	38688	1459	3.90%	64125	70379	6254	9.80%
City	16295	16475	180	1.10%	32865	36284	3419	10%
ELR	10141	11008	867	8.50%	16187	17989	1802	11%
West	10793	11202	412	3.80%	15073	16106	1033	6.90%

Data source: UHL SLAM short stays report M6 31.10.16

The City is 1.1% over plan for emergency admissions (+180 admissions) and 10% over plan for Emergency Department (ED) attends (+3419 attendances). The emergency attendances figure includes duplicate patients (i.e. those patients who are seen in the Urgent Care Centre and then again in the ED are counted twice). De-duplicated data is being worked on by AGEM for LLR as part of the planning process for 17/18.

Year on year analysis is still positive, with 'deep' hour admissions (6 hours+) showing at -3.2% compared to the same time last year:

M6 16/17	Year on year variance						16/17 vs 15/16
				16/17 vs 15/16			
				City	East	West	LLR
Main ED attends FOT				4.46%	8.39%	-3.46%	9.34%
All Emergency admissions FOT				-1.50%	2.63%	1.75%	0.58%
0-6 hour emergency admissions				11.44%	8.07%	13.30%	11.45%
Deep admissions (6 hour +)				-3.18%	2.76%	0.53%	-1.12%

**Source: Acute contracts, CCG, M6 SLAM report, 31<sup>st</sup> Oct 2016**

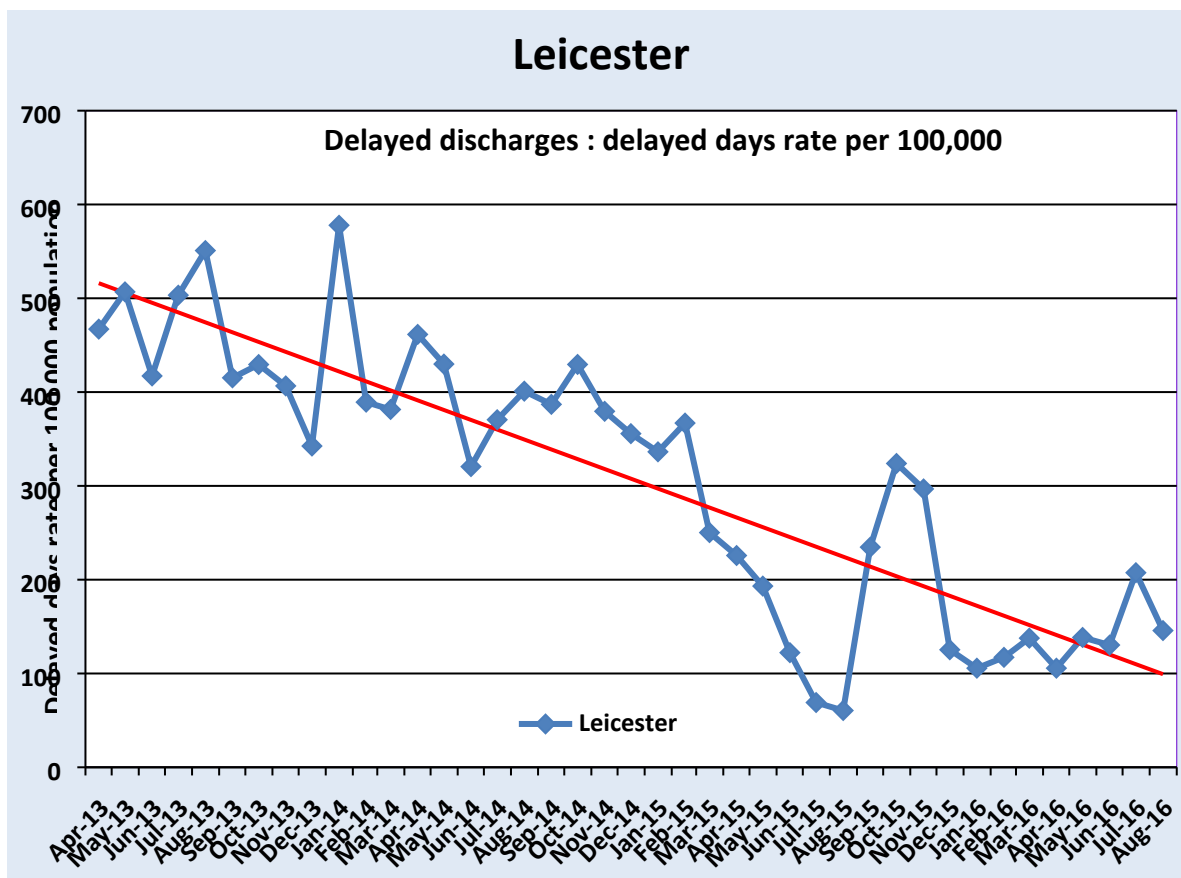
Finally, performance against the Q2 BCF target shows a variance of only +38 non-elective admissions against plan. It should be noted that this is despite the stretch target set for reduced non-elective admissions – in previous years, the variance has been much greater.

**3.5.2 Delayed Transfer of Care (DTOC)**

For 2015/16 Leicester City was the top performing Health and Wellbeing Board nationally against its BCF plan for DTOC:

	Plan rate per 100,000 population	Annual 15/16 Performance Against Plan	Performance Against Plan %	
East Midlands Average	3,749.2	+757.8	+16.8%	↑
Leicester City	4,694.7	-2,705.1	-136.0%	↓

The DTOC rate for all delays as at Oct 20<sup>th</sup> 2016 stood at 12.4 delays per 100,000 population against a target of 8.0 delays per 100,000 population. The City noted a spike in DTOC's during the summer months and this trend has continued:



It should be noted that the DTOC rate for ASC specifically (those delays that we are accountable for) was just 0.5 delays per 100,000 population, against a target of 1.5.

UHL delays have stayed below the target (2.04 delays vs a target of 2.39 delays). The main issues relate to are Leicestershire Partnership Trust (LPT) community hospital beds,

where small movements in numbers creating large percentage increases. For example, during July and August 2016, there were between 3-5 patients delayed in the 25-27 City LPT inpatients beds against an average of 1 patient during Q1 2016/17. The impact on the rate of delay is therefore significant. Additional support has been put into LPT discharge process to mitigate against these delays in future.

Analysis of the reasons for LPT Mental Health delays points largely to patients awaiting completion of health assessments – a formal recovery action plan is being enacted and monitored monthly via the LPT contracting group. As yet, no improvement has been seen.

The key issue that has been raised with CCG Commissioners is the lack of capacity within the Continuing Health Care system to complete assessments in a timely manner. The lack of trained staff available has been escalated to Arden & GEM CSU, who deliver this service but as yet, no mitigation has been agreed upon. This is a direct risk to the delivery of this target and to patient flow during winter months.

### 3.5.3 65+ Permanent Admissions in residential / nursing homes

At the end of Q2, there were 119 permanent admissions (290.4 per 100,000) made into residential care for those aged 65 and over. Forecasting this to year-end, based on current activity, would be around 240 admissions (585.6 per 100,000). The year-end target is to have no more than 260 admissions in the year (633.4 per 100,000). Therefore the Council is on target to achieve this.

### 3.5.4 Proportion of those aged 65+ at home 91 days later following hospital discharge

The local measure for Q2 reporting indicates that 93.3% of older people are still at home 91 days after hospital discharge into reablement / rehab services, against a target of 90%. The local measure counts hospital discharges from Jan - Jun 16 with follow-ups from Apr - Sep 16. Therefore the Council is on target to achieve this.

## 3.6 Planning requirements for 17/18

3.6.1 The NHS planning guidance confirms the continuation of the BCF, and the ongoing requirements for integration policy implementation by 2020. Specific guidance about preparation of BCF plans for 2017/18 is pending later in the autumn. At this stage, no fixed date has been issued for this publication. It is anticipated that BCF plans will need to be submitted by March 2017 but this requires confirmation within the guidance in due course.

3.6.2 It is recognised that for Local Authorities, planning timescales for 2017/18 and beyond are linked to the autumn statement (late November) and publication of LA allocations (January), so the planning process and timescales for NHS partners and LAs are not in alignment.

3.6.3 In order to prepare for the BCF refresh, work has already begun within the Integrated

Systems of Care (ISOC) Programme team. It is proposed to use the same evaluation tool as last year, which was adapted from the national self-assessment toolkit and provides an opportunity for a high-level evaluation of the impact of the components of the BCF plan.

3.6.4 Strategically the introduction of the Sustainability and Transformation Plan (STP), essentially reframes LLR priorities. Within the STP the implementation of integrated locality teams is a key feature and an area of work that will need factoring into BCF assumptions for 2016/17. A number of existing investment lines will form part of the new arrangements, and other development monies may be needed from within the BCF to support this development within the city.

3.6.5 The assurance process for BCF is expected to involve regional level assurance as before, followed by national moderation – details will follow when guidance published. A lessons learned session for the national assurance process is being held on 28<sup>th</sup> September which will inform the assurance process for 2017/18 plans.

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

##### 4.1 Financial implications

Total BCF allocation in 2016/17 was £23,715.0k of this £194.8k is currently uncommitted to any specific schemes. £13,027.0k of the £16,291.8k is being used to support Adult Social Care.

Table below shows the funding allocated between City Council, Leicestershire Partnership Trust (LPT) and the City Clinical Commissioning Group (CCG).

<b>Schemes/Investment Title</b>	<b>Subject to Performance Monitoring Y/N</b>	<b>Funding Allocated £'000</b>
<b><u>City Council</u></b>		
Strengthening ICRS	Y	835.0
Lifestyle Hub	Y	100.0
Assistive Technologies	Y	213.3
Services for Complex Patients – Care Navigators	Y	220.0
MH Discharge Team	Y	42.5
Reablement	N	825.0
Existing ASC Transfer (Protecting ASC Services)	N	5,902.0

2016/17 Increased ASC Transfer (Protecting ASC Services)	N	5,650.0
Carers	N	650.0
Capital – Disabled Facilities Grant (DFG)	N	1,854.0
<b>Sub-Total</b>		<b>16,291.8</b>
<b><u>Leicestershire Partnership Trust</u></b>		
Enhanced Night Nursing	Y	91.0
Intensive Community Support Beds	Y	883.6
Unscheduled Care Team	Y	469.2
MH Planned Care Team	Y	232.0
Reablement	N	1137.4
<b>Sub-Total</b>		<b>2,813.2</b>
<b><u>City Clinical Commissioning Group</u></b>		
MH Housing Team	Y	40.4
Risk Stratification	Y	64.0
IT System Integration	Y	4.0
Clinical Response Team	Y	1,380.0
Services for Complex Patients	Y	1,000.3
Performance Fund	N	1,926.5
Uncommitted	N	194.8
<b>Sub-Total</b>		<b>4,610.0</b>
<b>TOTAL BCF</b>		<b>23,715.0</b>

Additional BCF funds should be coming directly to the local authority from 2017/18, although not yet confirmed. This is additional funding that the government have alluded to in recent press announcements, in response to questions about the pressures on social care.

The additional funding is not significant in 2017/18 but rises significantly by the end of the parliament.

**Martin Judson, Head of Finance**

4.2 Legal implications

There are no direct implications arising from this report

**Pretty Patel, Head of Law ext 1457**

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report

4.4 Equalities Implications

The Better Care Fund update covers the protected characteristics of age, disability and gender, as defined by the Equality Act 2010. Issues arising from any of the protected characteristics will need to be monitored and addressed as part of the ongoing work underway on the BCF and any proposals for the 2017/18 plans.

**Irene Kszyk, Corporate Equalities Lead, ext 374147**

4.5 Other Implications

None noted

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

N/A

**6. Summary of appendices:**

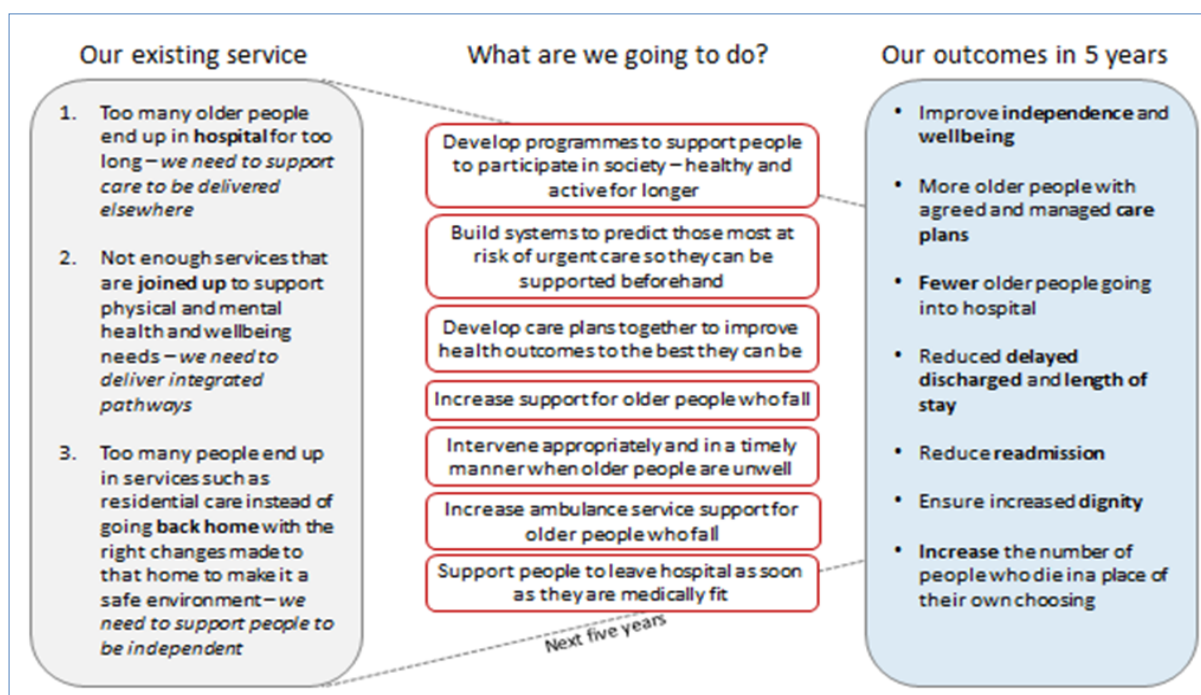
Appendix 1: Leicester City Better Care Fund 2016/17 Update for ASC Scrutiny Commission  
8<sup>th</sup> March 2016

**Leicester City Better Care Fund 2016/17  
Update for ASC Scrutiny Commission  
8<sup>th</sup> March 2016**

## Strategic context

Within Leicester City we have agreed jointly to use the opportunities presented by the Better Care Fund to drive a clinically-led, patient-centred transformative change programme. This will harness the collective views, innovations and ideas of many experienced health and social care professionals as well as the views of our patients and carers.

The programme is purposefully aligned with longer-term strategic planned change in our acute sector, including the plans of Leicester, Leicestershire and Rutland *Better Care Together* programme. The figure below depicts our plans at a strategic level:



## Our Better Care Fund 2016/17

Our vision for a healthier population goes much further than just ensuring people get the right care from integrated, individual services. We set out to create a holistic service delivery mechanism so that every Leicester citizen benefits from a positive experience and better quality of care during the first two years of our BCF and we have delivered tangible improvements across all 5 of the nationally mandated metrics. We have, however, struggled to achieve a sustainable reduction in emergency admissions during the first 2 years of the BCF and so have placed more emphasis on delivery of this standard in 2016/17 – we know that our patients who do not require hospital admission could be better cared for in their own homes and we will strive to ensure that this happens through 2016.

In looking ahead to 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work within the Better Care Together programme, including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services as well as our Vanguard programme for urgent care.

We have adapted our plans for 16/17 in line with the guidance outlined in the Better Care Fund Policy Framework (Dec 2015) and will continue to deliver schemes designed to either prevent acute activity (and avoidable emergency admissions), release acute activity (and continue to decrease our rate of delayed transfers of care) or enable independence (and reduce dependence on social care). Our plans will fulfil the two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets.

Our priority areas continue to be:



Figure 2: The Leicester City model of integrated care

For this population, we propose to implement specific services in the following areas:



Figure 3: The Leicester City pre- and post-hospital pathway



## Appendix 1

This integrated model of delivery will enable us to achieve what we set out originally to do: work together with communities to improve health and reduce inequalities, enabling children, adults and families to enjoy a healthy, safe and fulfilling life.

### Plans for BCF in 2016/17

Our plans continue to develop the programme of work delivered in 2015/16 as therefore many schemes are rolled over into this year's funding programme or enhanced.

#### Work stream 1: Prevention

We will continue to use the Better Care Fund to:

- Invest in preventative services, such as our Leicester City Lifestyle Hub, empowering people in our target population to access services such as weight management, STOP smoking services, reduction of social isolation and exercise programmes. This will be directly linked to our hugely popular and successful NHS Health Check programme.
- Commit to integrating health and social care systems and data around the NHS number to ensure that all health and social care staff who need access to the data can access it to provide better holistic care to our population.
- Increase our offer of assistive technologies, particularly for falls and specific conditions such as COPD and hypertension, so that patients feel safe and remain independent and manage their own health proactively.
- Extend our routine patient and service-user satisfaction surveys to include a wider range of services in health and social care to ensure that any service change we implement is increasing patient and service-user satisfaction.

We will also:

- Begin the process of integrating our community health 'single point of access' and our local authority 'single point of contact'.
- Improve our ability to manage and track outcomes for our population, ensuring that every pound spent on the services described above increase outcomes for our target population as well as returns the most value for our patients.

#### Work stream 2: Integrated Crisis Management

We will continue to use the Better Care Fund to:

- Invest in GP services to ensure that our population of the most complex patients are cared for proactively by a named GP and supported within their Health Needs Neighbourhoods as appropriate.
- Commission virtual team of six local ECPs who will respond to GP referred and 999 calls deemed clinically appropriate, seven days a week between 8am and 8pm. These ECP's will assess and stabilise the patient and, where clinically appropriate, not-convey the patient the hospital but treat them in their own home. Basic diagnostic equipment will be part of the service, with access to on-call consultants at the acute site should further consultation be required. If more

## Appendix 1

complex diagnostics are required, the patient will directly access ambulatory pathways at the Leicester Royal Infirmary and be discharged home, rather than via a base ward.

- Commission a proactive element to the team detailed above, providing services directly to our care home population – this team will proactively target those patients most at need in our care home population. This will include, for example, baseline observations & care plan review and also includes training on usage of community services to care home staff as an alternative to 999.
- Commission a joint co-located Unscheduled Care Team, bringing together traditionally separate health and social care teams to provide one service, 24 hours a day, seven days a week. These teams will provide care for patients (and carers, where appropriate) in their own homes for up to 72 hours following a crisis call out with the aim of preventing admissions to hospital and promote independence at home. This will cover both physical and mental health and work on an HNN level. The services will include both an admission prevention and a discharge element.
- Create a network of 10 new Joint Planned Care Teams covering all of Leicester City, and mapped onto HNN's. These teams will offer holistic planned interventions, keeping people independent at home as well as preventing both physical and mental health crises. These teams will refer into all core offers of health and social care services as well actively link with the voluntary sector services in the city.

We will also:

- Ensure that specific condition-management plans will be drawn up for our target population, ensuring that our patients know how to manage their conditions but also know who to call when they feel the need for additional support, other than 999. This will start with our resident care home population and move onto prioritised population segments using our risk stratification model.

### **Work stream 3: Enabling independence**

We will continue to use the Better Care Fund to:

- Invest in the current Intensive Community Support service which discharges patients home into one of 36 virtual beds.

We will also:

- Review and then strengthen our reablement offer across both health and social care providers to patients to promote independence and reduce admissions to care homes.

**Other planned activity:**

We plan to review all existing services provided under our Joint Integrated Commissioning Programme (including those in Section 256 agreements) to ensure true value is being released by any investments. This includes services covered by:

- ASC Capital Grants
- Disabled Facilities Grant
- Carers Funding
- Reablement funds

We will also scope the joint commissioning of aligned services with our Local Authority, including provision of domiciliary care, therapy and specific mental health and learning disability provision.

**Report Authors**

Rachna Vyas, Deputy Director of Strategy and Planning, Leicester City CCG  
Ruth Lake, Director, Adult Social Care and Safeguarding, Leicester City Council



# Appendix B



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## ***Progress Report - Closure of Kingfisher Unit***

Report to the Adult Social Care Scrutiny Commission

12 December 2016

Lead director: Ruth Lake

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## Useful information

- Ward(s) affected: All wards
- Report author: Ruth Lake
- Author contact details: 454(37) 5551,
- Report version: 0.3 (First progress report)

### 1. Summary

- 1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with an update on the progress to close the Kingfisher Unit by 31 March 2017.
- 1.2 Paragraph 3.1.2 below provides an indicative timetable of actions required to close the Kingfisher Unit.

### 2. Recommendations

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

### 3. Report

#### 3.1 Closure of Kingfisher Unit

- 3.1.1 Members of the Scrutiny Commission will be aware that a decision was confirmed on 10 November 2016, to close the Kingfisher Unit and purchase up to 10-12 short-term beds from current providers in the local market and sell the building.
- 3.1.2 The following is an indicative timetable for the actions needed to close the Kingfisher Unit by 31 March 2017:

<b>Task/Milestone</b>	<b>By when (date)</b>
Inform stakeholders of decision to close	10 – 30 November 2016
Plan and carry out staffing review	10 November 2016 – 31 March 2017
Prepare and Procure for short-term residential beds	10 November 2016 – 5 June 2017
Admissions to cease at Kingfisher Unit	01 February 2017
Inform all stakeholders Kingfisher Unit closed, explaining alternative arrangements for accessing short-term residential beds	1 <sup>st</sup> February
Close and secure building	31 March 2017
Manage the empty property until disposal	31 March 2017

### 3.2 Informing Key Stakeholders

All key stakeholders will be informed in a timely manner.

### 3.3 Staffing Review

Staff at the Kingfisher Unit were advised of the consideration of closure as soon as management became aware of this possibility. A programme of collective and individual consultation meetings with staff and unions has been scheduled to take place, in line with redundancy consultation legislation. As the unit is proposed to close fully, there will be no redundancy selection process. Consideration for requests to take voluntary redundancy will be made, as well as support offered to staff via the redeployment process and Outplacement services.

#### Current affected structure

<b>Post Title</b>	<b>FTE Posts</b>	<b>Headcount</b>
Admin & Business Support Officer	1.00	1
Assistant Cook	1.90	2
Cook	1.00	1
Domestic Assistant	3.41	5
Intermediate Care Assistant	20.85	26( 1 x 8 hour vacancy never filled) (1 x 20 hour vacancy) (1 x 20 hour Mat Leave)
Kitchen Assistant	1.00	1 ( 1x 20 hour vacancy and 1x 28 hour vacancy)
Laundry Assistant	0.81	2
Property Maintenance Technician	1.00	1
Senior Care Assistant	5.19	6
Team Co-Ordinator	1.00	1
Team Leader	1.00	1
Admin & Business Support Officer	1.00	1

### 3.4 Planning approach to cease admissions at Kingfisher Unit

The building is planned to close on 31 March 2017, however, to allow for planned closure, referrals to the Unit will cease approximately 8 weeks prior to closure, on the 1<sup>st</sup> February 2017.

For service users residing at the Kingfisher Unit as of 1<sup>st</sup> February 2017, Heads of Service will be formally notified to implement their respective service users exit plan from the Unit. Where this is not possible, alternative arrangements to be made prior to 31 March 2017.

The only referrals accepted beyond 1<sup>st</sup> Feb 2017 will be those for urgent 72 hours placement (Intermediate Crisis Response Service (ICRS)/Emergency Duty Team (EDT) or for respite where exit dates before 31 March 2017 are in place to ensure a timely departure.

The occupancy of Kingfisher Unit will be closely monitored by the Project team to maintain focus on effective and timely discharge from the Unit.

3.5. Short-term residential beds – New Service

A small number of people will continue to need short-term residential care. Demand modelling has shown the council would need to commission 12 short-term beds to meet this need. Therefore, It is intended to commission 12 short-term residential care beds from the independent sector through two block contract by the end of May 2017 at the latest.

3.5.1 In order to achieve this, a number of steps must be undertaken and a working group is in place to progress this. Tasks to complete before the end of January include: -

- a. Developing a service specification
- b. Confirmation of the contract model
- c. It is possible that TUPE may apply to this exercise and this is being explored through the working group
- d. Market engagement will take place to gauge interest and this will inform both specification and contract

3.5.2 A high level timeline for this work is set out below. A more detailed timeline will be developed by the working group. Depending on the number of bids received, it is possible that contract award could occur before the date set out below.

<b>Task/Milestone</b>	<b>By when (date)</b>
Formal sign off and confirm funding	November 2016
Prepare Contract	November/December 2016
Engage Stakeholders	December/January 2017
Agree contract and specification	January 2017
Invitation to Tender issued	30 January 2017
Tender evaluation	March/April 2017
Confirmation of contract award	April/May 2017
New service begins	5 June 2017

3.6 Access to short-term beds immediately following closure

Between the closure of the Kingfisher Unit and the mobilisation of the new service, if there is a need for short-term beds, they will be spot purchased from the independent sector. There are currently 107 homes from who we could



spot purchase short-term residential beds, and recent analysis shows that up until and including 4 November 2016, the average weekly void rate was 7.5% meaning that on average 171 beds would be vacant weekly for spot purchasing.

### 3.7 Closure and emptying of building

As soon as admissions have stopped at the Kingfisher Unit, which is expected to be the 1<sup>st</sup> February 2017, Estates and Building Services will assist with the closure and emptying of the building. They will ensure the empty building is managed appropriately until disposal and arrange for the sale of the building, unless an alternative LCC use is identified.

## 4. Financial, legal and other implications

### 4.1 Financial implications

The closure of the Kingfisher unit is expected to deliver revenue savings of £450k by 2020/21. This report provides a progress update and timescales for the project. As such, there are no direct financial implications from the recommendations in this report. Finance will continue to have an active involvement in providing financial support and advice to the project.

***Stuart McAvoy, Principal Accountant (Strategy) Ext 37 4004***

### 4.2 Legal implications

Legal Services have been actively involved in the project and advise accordingly.

In respect of a future disposal of the Centre, this will need to be the subject of a further report and authorisation once options for the future use of the Centre have been considered. The disposal will be in accordance with the Council's Framework for Property Disposals. Officers in Legal and Estates will continue to provide advice and assistance during the course of this matter.

John McIvor  
Principal Lawyer (Property, Planning & Highways)

### 4.3 Climate Change and Carbon Reduction implications

No climate change implications

### 4.4 Equalities Implications

The commissioning stages of 'analyse' and 'plan' are the key stages at which the equalities considerations for the proposed block contracts for short term residential beds must be clarified. The analysis part of the commissioning process should focus on understanding the communities and customers being served currently by the Kingfisher Unit and the range of their diverse needs, which are to be reflected in the service specification for the new block contract.

Consideration of service users' profile by protected characteristics as cited in the Equality Act 2010 (age, disability, sex/gender, race, religion or belief, sexual orientation, gender reassignment) is crucial in being able to articulate the equalities implications of the needs to be met under the proposed new contracts – in keeping with our Public Sector Equality Duty and exemplified by the proposed Equality Impact Assessment (EIA). The planning stage involves the identification of equality outcomes that are to be met within the service specification, requiring any interested tenderer to demonstrate how they are able to meet those diverse needs. These two stages will shape how service users' equalities considerations for the proposed new service will be met.

**Irene Kszyk, Corporate Equalities Lead, ext 374147.**

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

Nil

**6. Summary of appendices:**

N/A

**7. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?**

No

**8. Is this a "key decision"?**

No

**9. If a key decision please explain reason**

## Adult Social care Scrutiny Commission

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### **Adult Social Care Customer Portal 6 Month Update**

Lead member: Cllr Rory Palmer

Date: 12 December 2016

Lead director: Steven Forbes

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**City Mayor**

## **Useful information**

- Ward(s) affected: All
- Report author: June Morley
- Author contact details: 37 1939
- Report version number: 1

### **1. Summary**

1.1 To provide an update on progress and future development plans for the Adult Social Care (ASC) Portal which was launched on 12 April 2016.

1.2 The portal is an interactive website that links directly into the ASC case management system.

1.3 Since the portal was launched, there has been a targeted marketing and communications campaign to raise awareness throughout the Council and the third/voluntary sector services.

1.4 The portal offers the public the opportunity to:

- Understand whether they are likely to be eligible for ASC support
- Calculate any financial contribution they may have to make
- Discover what services are available to meet their needs, without having to speak to Council staff

1.5 The portal also offers a range of benefits to ASC staff, including:

- Customer and financial details are imported directly into the case management system removing the need for Council staff to duplicate inputting
- Links to the online directory of available services
- Diverts those not eligible to other services

1.6 The implementation of the portal was Phase 1 of creating an interactive customer focussed system and Phase 2 will consider any enhancements or changes that are needed arising from customer and staff feedback.

### **2. Recommendations**

2.1 To note the report and to provide feedback and suggestions on the implementation of the portal.

### **3. Supporting information including options considered:**

**3.1** The report provides an overview of :

- Marketing and advertising of the Portal
- Challenges
- Usage statistics
- Phase 2

### **3.2 Marketing and advertising (April to September 2016)**

**3.2.1** During the marketing and advertising phase, the following were achieved:

- Official launch attended by 80 council staff
- 773 individuals attended a briefing session
- 65 briefing sessions / portal demonstrations were delivered to a range of internal and external agencies
- 5000 leaflets distributed to various VCS and other organisations
- Health providers engaged – including information on displayed in GP waiting rooms and direct to GP's via a regional GP conference.

### **3.3 Usage/statistics (number of visitors to the website)**

- During the period April to August, it was not possible to differentiate between access to the portal from a legitimate interested customer or not. This is due to staff training and familiarising themselves with the portal
- As all external staff demonstrations and training ceased in August it is more likely that usage during September and October represents use from the public. It is not possible to quantify this with 100% accuracy however as we anticipate that there will always be a small proportion of exploratory use by staff and others who are accessing for interest rather than using the Portal for funding

**3.3.1** Appendices 1 and 2 provide analysis for September and October 2016 which in summary show that:

- Between 670 and 805 people accessed the portal each month during the months of September and October (i.e. after the marketing launch period)
- There were approximately 450 new visitors to the portal in each of the months
- Portal users were being directed to immediate online advice and information – i.e. “self-helped”
- Of those that completed a financial assessment, approx. half did not submit it (assumption is that they would seek further information or that the potential charge could have made them re-consider care and support services)
- An average of around 15 submissions (requests for assessment) per month to ASC made via the portal, with around half progressing to an active case

### **3.4 Phase 2**

**3.4.1** Phase 2 will focus on:

- A move towards engaging current [as well as new] customers
- Implementation of 2-way communication that will allow the portal to be used

by ASC to send documents (such as financial review requests or support plans) to the user in secure, timely and cost efficient manner

- Using the portal to receive documents from individuals
- Simplifying the functionality and layout of the portal to enhance the customer experience, such as reducing the number of clicks required to move through the needs analysis section to the information and advice pages
- Improving management information extractable from the portal
- Engaging with ASC staff to encourage use of the portal by all service users and carers that may be capable of digital communication
- Further communication drives and publicity to increase and develop awareness
- Gathering and using customer feedback for influencing future improvements

### **3.5 Conclusion**

The portal initial launch was completed with a 6 month promotional campaign covering council staff and external partners (including voluntary and community sectors.) It was successful in so far as it reached 525 internal staff and 248 external staff through a total of 74 visits and demonstrations. This is however only the first step and increasing awareness will require further direct promotional activity in 2017; continued referencing to the Portal in communications with partners, service users and the community as a whole. Awareness of the portal will hopefully widen through 'word of mouth' knowledge within our partners in the community, service users communities and individual to individual awareness raising as more people use the system and make others aware of its presence.

- 3.5.1** We are beginning to see a greater use of the portal through the statistical data over this initial launch period and would anticipate that usage numbers will steadily increase through the remainder of 2016 into 2017.
- 3.5.2** Of the average 750 portal customers who currently access the site during the months of September and October, less than 1% have so far gone on to submit their details for an assessment of need. This could be an early indication of the potential that the portal has in reducing contact with our current front line services and enabling channel shift into this new way of accessing information and initial contact re care and support. We have set a target of reducing initial case work contacts by 10% at access points (predominately our Contact and Response Team) in 2016/17 and would seek to carry this target through into 2017/18. The Portal is one contributing element to this targeted reduction.
- 3.5.3** The portal further improves our information and advice offer by providing a link to the on line service directory, council webpages and to national providers of advice and guidance such as ASKSara. This brings accessible advice and guidance together helping staff and customers alike.
- 3.5.4** The portal will continue to be developed based on technical feasibility (e.g. 2 way communications) and customer feedback (usually related to navigation and layout), with priorities driven by the needs of the ASC service.

## **4. Details of Scrutiny**

To be discussed at the scrutiny commission meeting on 12<sup>th</sup> December 2016.

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

### 5.1 Financial implications

### 5.2 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

### 5.3 Climate Change and Carbon Reduction implications

No implications

### 5.4 Equalities Implications

Equality impact statement was complete as part of Phase 1 of the project and is due for review in 2017.

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

## **6. Background information and other papers:**

### **7. Summary of appendices:**

Appendix 1: Portal usage analysis September 2016

Appendix 2: Portal usage analysis October 2016

### **8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?**

No

**9. Is this a “key decision”?**

No

**10. If a key decision please explain reason**

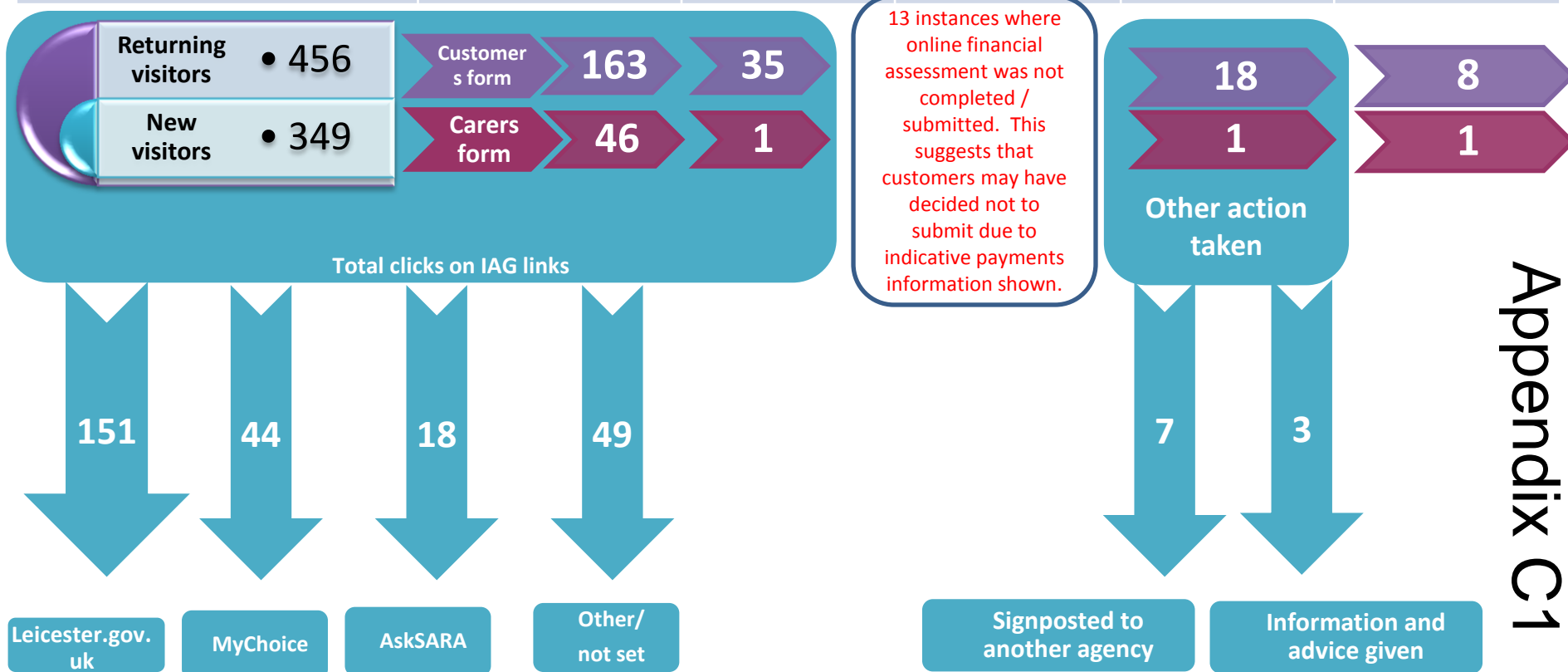


# APPENDIX 1 – ASC Scrutiny Commission 12.12.16

## Overview of ASC Portal usage September 2016

(01-30/09/16)

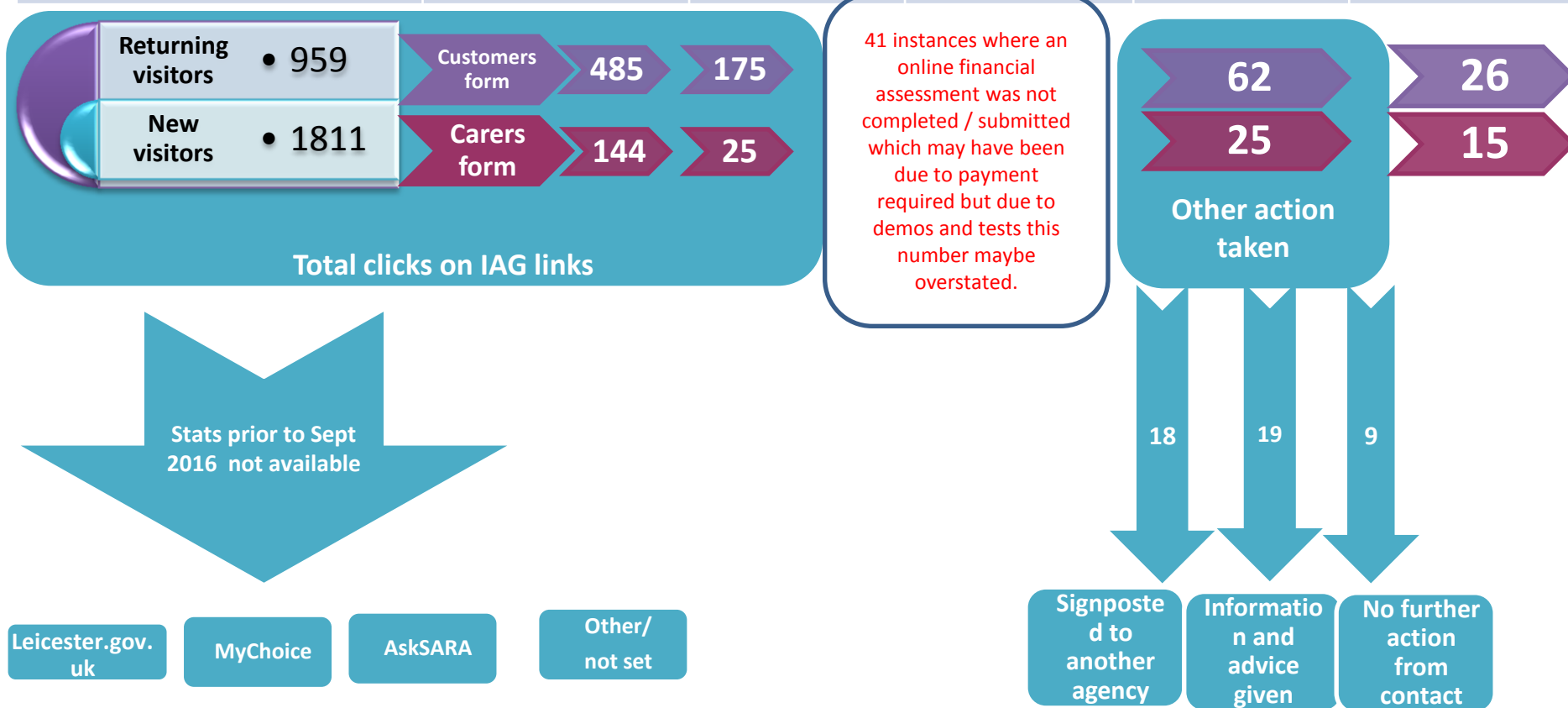
Total visits to the Portal (number includes <u>admin logins</u> , <u>testing and demos</u> )	Customers that progress to needs analysis page (number includes admin logins , testing and demos)	Customers that progress to Online Financial Assessment (OFA)	Customers that carry on after OFA	Total requests submitted to Contact and Response	Progress to a new case/link to existing case
805	209	35	22	19	9



# Overview April – September 2016

(01.04.2016 -30.09.2016)

Total visits to the Portal (number includes <u>admin logins</u> , <u>testing and demos</u> )	Customers that progress to needs analysis page (number includes admin logins , testing and demos)	Customers that progress to Online Financial Assessment (OFA)	Customers that carry on after OFA	Total requests submitted to Contact and Response	Progress to a new case/link to existing case
2770	629	175	134	87	41

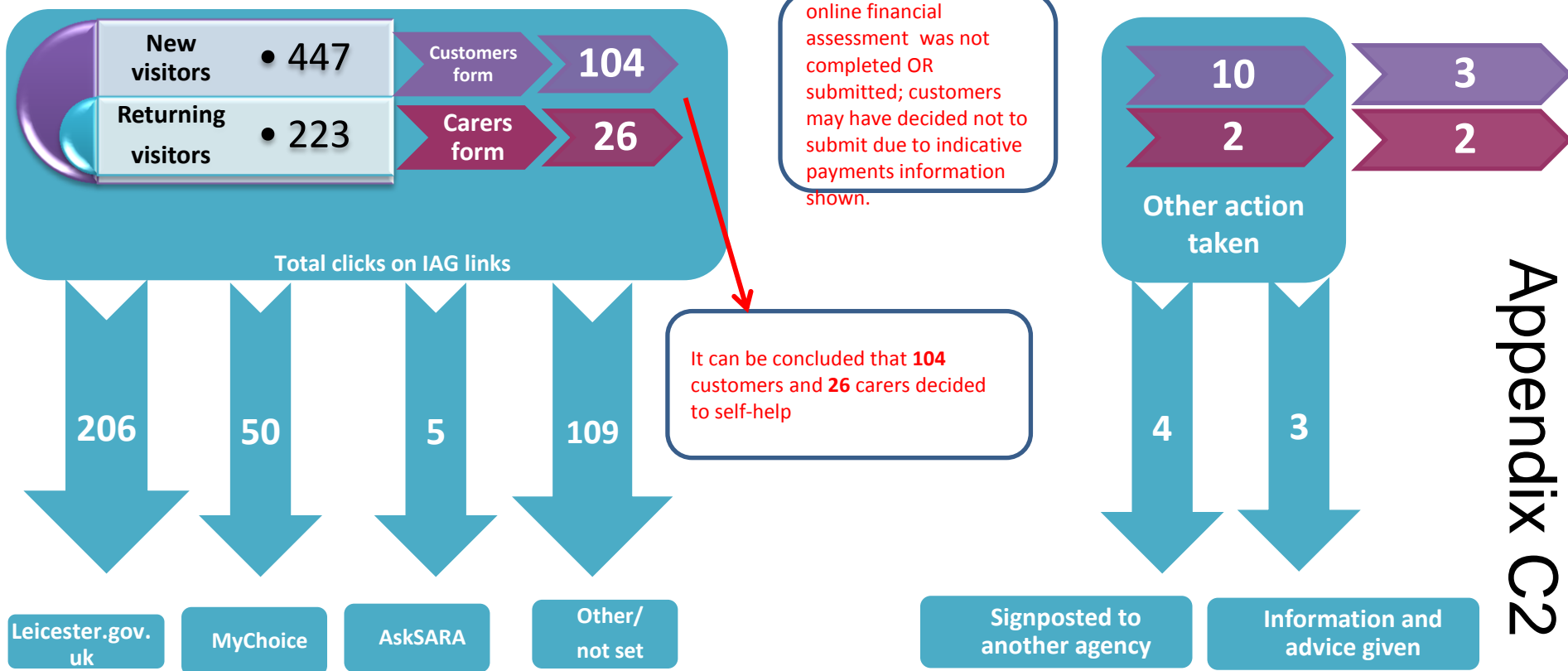


# Appendix 2 – ASC Scrutiny Commission 12.12.16

## Overview of ASC Portal usage October 2016

(01-31/10/16)

Total visits to the Portal	Customers that progress to needs analysis page	Customers that progress to Online Financial Assessment (OFA)	Customers that carry on after OFA	Total requests submitted to Contact and Response	Progress to a new case/link to existing case
670	130	19	9	12	5





# **ADULT SOCIAL CARE SCRUTINY COMMISSION**

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## **The 2016 Adult Autism Self- Assessment – Evaluating Progress in Local Authorities along with Partner Agencies**

Date of Commission meeting: 12<sup>th</sup> December 2016

Lead Director: Tracie Rees

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**Useful Information:**

- Ward(s) affected: All
- Report author: Yasmin Surti - Lead Commissioner LD & MH
- Author contact details: 454 2387
- Date of Exec meeting: Lead Member briefing 12/10/2016

**1. Summary**

The Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy was published in March 2015.

- The cross-Government Adult Autism Strategy is an essential step towards realising the Government's long term vision for transforming the lives of, and outcomes for, adults with autism.
- The Strategy is not just about putting in place autism services but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.
- The Self Assessment-Framework is completed to draw comparisons with the previous submissions and see where improvements have been made, where consolidation has taken place, but no progress and where further work is required.
- These outcomes are then translated into the Autism Delivery Action Plan with RAG ratings, which covers the three local authorities as separate entities, and health partners CCG and LPT.
- The Autism Partnership Board has discussed and agreed the outcomes at their last meeting.

**2. Recommendation(s) to scrutiny**

Scrutiny are asked to:

- Accept and Validate the Autism Self-Assessment submission
- Support the recommendations for future work to ensure the Council along with partner agencies are able to meet their legal responsibilities and raise standards.

**3. Supporting Information****National Context**

The Autism Act became law in 2009, and a National Strategy, Fulfilling and Rewarding Lives was published 2010. This was followed up with Implementing Fulfilling and Rewarding Lives (DH 2010), which gave a set of mandatory recommendations regarding what action CCG's and Local authorities should take to develop services for people with Autistic Spectrum Disorder (ASD). This was refreshed by a National Strategy published in April 2014 - Think Autism Fulfilling and Rewarding Lives, the strategy for adults with Autism in England: an update.

Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy was published in March 2015.

The guidance refers to the legal duties imposed upon local authorities and NHS bodies by the Autism Act 2009. It includes the Care Act 2014, and the Children and Families Act 2014. The Transforming Care programme has also raised the profile of autism in respect of appropriate community support to avoid hospital admission and ensure timely hospital discharges.

### Local Context

This places a legal requirement on Clinical Commissioning Group's, under Section 7 of the Local Authority Social Service Act (1970). If local services are not in line with statutory guidance, service users could request a judicial review.

The autism guidance not only refers to what "must" be done to comply with legislation but also says what local authorities and NHS bodies "should" do with regard to the way in which they exercise their functions with a view to securing the implementation of the autism strategy.

The last Autism Self-Assessment Framework was completed in 2014. RAG ratings indicate green where we exceed the requirements, amber in areas where there is work in progress and red in areas which are future priorities.

The 2016 Autism Self-Assessment Framework is designed to assess the progress made by the Local Authority and its partners over the last two years. It was submitted on 17th October. The number of RAG rated areas has increased from 20 to 31 so not all are comparative. The local authority is the designated lead for collating and submitting the Autism Self-Assessment Framework. Below are details of what we submitted and what we need to do to improve things.

### Progress

RAG ratings indicate green in twelve areas where we exceed the requirements, amber in fifteen areas where there is work in progress and red in three areas, which are future priorities. See table below.

Sections with RAG rated answers		Red	Amber	Green
Planning	11	0	7	4
Training	2	0	0	2
Diagnosis	9	3	2	4
Care & support	4	0	4	0
Housing	1	0	0	1
Employment	2	0	2	0
Criminal Justice system	2	0	1	1

Areas where we are doing particularly well and some listed as local innovations in the Self –Assessment are:-

The Carers Support group is hosted bi-monthly by the carers centre and has enabled carers to feel their voice is now being heard. As Autism is a hidden disability, they feel very isolated and that the 'authorities' do not understand.

Their views have been collated over time and have provided valuable evidence for responses to the assessment.

Accommodation for supported living has been developed with autism specific design

features, with tenants successfully moved in.

The Monday Club provides prevention and emotional wellbeing support to a growing number of people with autism, within a community setting enabling a range of opportunities for activity and development.

The development and maintenance of the LLR Autism Partnership Board, linking into both City LD and MH Partnership Boards.

### **General progress**

A Multi-disciplinary Autism Diagnostic and Support Pathway has been maintained and refreshed for Children, Transition and Adults with partners across health and social care in Leicester, Leicestershire and Rutland has been for people with a learning disability. Those with no learning disability currently only have a diagnostic pathway.

This is underpinned by an LLR Delivery Action plan linked to the Statutory guidance published in March 2015 for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy.

A comprehensive training programme is available, some of which is mandatory for ASC staff. Some components are currently being revised by a multiagency LLR group.

Regular self-advocate and carers feedback has provided evidence of progress and highlighted gaps.

Criminal Justice System –awareness raising is making progress across the whole system to recognise Autism, and responding more appropriately across the courts, prison and probation services.

### **Areas for development**

The three red areas relate to the lack of post diagnostic support in Adult Mental Health. There is currently no health service provision. A business plan has been submitted by LPT to the CCG's, as to how this service may be best delivered, but there is currently no additional funding. This links with the Transforming Care programme

Data collection has improved but can still be difficult from a range of sources that do not cross reference, therefore the quality and quantity affects the ability to analyse it. However Information sharing protocols have assisted in progressing this work.

Understanding how Autism affects different groups in society, women, older people and people from different BME groups.

Improve the transition experience for young people in preparing for Adulthood including employment.

Improve carers experience and support for non-learning disability cases and ensure their voice is heard.



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

##### 4.1 Financial implications

None

##### 4.2 Legal implications

Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy was published in March 2015.

The guidance refers to the legal duties imposed upon local authorities and NHS bodies by the Autism Act 2009. It includes the Care Act 2014, and the Children and Families Act 2014. The Transforming Care programme has also raised the profile of autism in respect of appropriate community support to avoid hospital admission and ensure timely hospital discharges.

This guidance places a legal requirement on Clinical Commissioning Group's, under Section 7 of the Local Authority Social Service Act (1970). If local services are not in line with statutory guidance, service users could request a judicial review.

##### 4.3. Climate Change implications

None

##### 4.4 Equality Impact Assessment

None

##### 4.5 Other Implications

None

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

**None**

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

6.1 The Adult Social Care Scrutiny Commission report - 2016 Adult Autism Self-Assessment

6.2 City Autism SAF out-comes - accessible version

6.3 LLR Autism Delivery Action Plan

#### **7. Is this a private report ? No**



# Appendix D1

LLR Autism Strategy 2014 – 2019 Delivery Action Plan									
As at 7/11/16 Version 11									
<b>RAG Guide</b>									
On target - no concerns									
On target - possible delays									
Behind target									
Not yet started									
HEADLINE ACTION	Domain	KEY ACTIONS	RESP Officer	TIMESCALE completion and review	PROGRESS REPORT & MEASURES	RAG for Outcome			
						City	County	Rutland	LPT/CCG
<b>Training</b>									
Prevention	Personalisation	The LLR Training Plan is being reviewed and updated and the Elearning Module is being refreshed and expanded	LA/LPT	Ongoing					
Training	Personalisation	Refresh the workforce plan for the Autism specific work being undertaken across all professions which will then increase and cascade knowledge of Autism in the wider community.	All	Ongoing	Training take up has been v good across all areas both public sector, private & voluntary. Courts, Criminal Justice System and Probation Service are now actively engaged in training.				
Training	Personalisation	Ensure that all Council Departments have access to ASD Training	All	Ongoing	Training uptake has been increased across all Departments				N/A
Planning	Personalisation	Work with the provider market to develop a range of support options (informed by user feedback) available to eligible individuals with Autism to choose using their personal budget.	CCG LPT LA	Ongoing	Market position statement. Work has begun on Integrated Personal Health Budgets				
<b>Accommodation</b>	<b>Domain</b>	<b>KEY ACTIONS</b>	<b>RESP Officer</b>	<b>TIMESCALE completion and review</b>	<b>PROGRESS REPORT &amp; MEASURES</b>	<b>City</b>	<b>County</b>	<b>Rutland</b>	<b>LPT/CCG</b>
Planning	Accommodation	Increase the range of accommodation. Support people to live in mainstream housing & provide information about housing and support options to people with Autism and their carers.	LA District Councils	Long term	Measure where young people move to when leaving family home, education settings, MH wards. In discussions with with Districts to ensure Autism is included in Local Housing Strategies				N/A
Planning	Accommodation	Support people living at home with their families where this is their choice to enable them to plan for their future housing needs.	LA District Councils	Medium term	Numbers of providers (specialist) on framework. Evidence of PB Evidence from Transforming Care List				N/A
Planning	Accommodation	Ensure more people are owning their own home or living in rented accommodation with tenancies	LA District Councils	Long term	Numbers increasing/Continue to collate				N/A
planning	Accommodation	Ensure housing departments know about the housing needs of people with Autism and include this in their local plans	LA District Councils	Medium term	Market Position Statement and Local Housing Strategies				N/A
<b>Diagnosis</b>	<b>Domain</b>	<b>KEY ACTIONS</b>	<b>RESP Officer</b>	<b>TIMESCALE completion and review</b>	<b>PROGRESS REPORT &amp; MEASURES</b>	<b>City</b>	<b>County</b>	<b>Rutland</b>	<b>LPT/CCG</b>
Diagnosis	All sections	Robust systems in place to identify and flag people with Autism across Health, Local Authorities and other statutory and voluntary agencies (where appropriate) to enable Reasonable adjustments to be made	CCG/ LPT/ LA	Short term	Increased numbers of people with Autism identified through the SAF process				
Diagnosis	Partnership working	Commission a multi-disciplinary post diagnostic support service for those people without an intellectual disability	LPT/CCG Avinash Hiremath/Jim Bosworth	Ongoing	Business case with CCG for the following disciplines - Psychology, SALT, OT				
Training	personalisation	Ensure training is provided for all staff across primary care to recognise, adapt and respond appropriately to need.	CCG/ Cheryl Bosworth/John Singh	Ongoing	GP have access to a range of training				
Criminal Justice System	Partnership working	Work with the criminal justice system, police, prison and probation services, to improve knowledge and access to assessment and support.	LPT Andy Watson / LA / Probation CRC / Police	Ongoing	LPT now provide mental-health input to local prisons (except Stocken- Rutland making alternative arrangements) so are collating data. Probation service (CRC) & Police are now represented on the Autism Board.				
Prevention	Health	Improve people's experience of General Hospital Admission by developing/adapting an Alert card/Passport to take to hospital.	UHL	Ongoing	Monitor via Flagging System & user experience				
<b>Employment</b>	<b>Domain</b>	<b>KEY ACTIONS</b>	<b>RESP Officer</b>	<b>TIMESCALE completion and review</b>	<b>PROGRESS REPORT &amp; MEASURES</b>				
Employment	Personalisation	Ensure all actions under personalisation include people accessing employment, education and social activities.	LA	Medium term	Monitor via SAF returns, review outcomes & user experience.-				N/A
Training	Reasonable adjustments	Raise awareness /provide guidance on making reasonable adjustments under Equality Act guidance specifically to people with Autism.	LA Health	Ongoing	Autism Alert card, all commissioning staff do tier 1 training. LPT - no adjustments for Mental Health				
Employment	Reasonable adjustments	Raising awareness with employers & ensure workers have a good understanding of the needs of people with Autism.	LA/ LPT/ CCG	Ongoing	6 monthly report on activity				
Training	Employment	Raise awareness with Voluntary groups to encourage those with Autism to volunteer.	Vol sector	Ongoing	User /carer feedback				
Training	Preparing for Adulthood	Engage with local Colleges of Further Education and Universities on the needs of people with Autism.	LA LPT/ CCG	Ongoing	Feedback from users/carers and education establishments				
Planning	Personalisation	Need to address the issues for those who wish to access education but may not be able to improve their level of education.	LA/ Colleges/ Connexions/ Prospects/	Ongoing	User /carer feedback				

Planning	Domain	KEY ACTIONS	RESP Officer	TIMESCALE completion and review	PROGRESS REPORT & MEASURES	City	County	Rutland	LPT/CCG
Planning	Preparing for Adulthood	Ensure the Local Offer is reflective of the needs of young people with Autism	LA / CCG / LPT	Ongoing					
Planning	Preparing for Adulthood	Ensure the changes with the Education, Health and Social Care Plan are inclusive of Autism needs	LA / CCG / LPT	Ongoing	Increased involvement in EHC's				
Planning	Preparing for Adulthood	Refresh the Autism Transition pathway for young people and ensure links with EHC Process	LA / CCG / LPT	Short term	Completed Refresh Autism Transition Pathway				
Planning	Health	Ensure the review of Child Mental Health services links with the Autism Pathway	CCG / LPT	Short term	Starts March 2016	N/A	N/A	N/A	
Prevention	Reasonable adjustments	Ensure that information is available in a range of accessible options	All	Ongoing	LPT hosts the current information platform. Other work in progress				
Planning	Carers	Continue to meet with and listen to carers on a bi-monthly basis	LLR Board	Ongoing	Carer feed back				
Diagnosis	Carers	Involve carers in the development of the Autism strategy & Autism Pathway	LLR Board	Ongoing	Carer feed back				
Prevention	Reasonable adjustments	Ensure the needs of older people with Autism are identified. The Autism Strategy is not just about young adults with autism. It is critical that local services and communities think autism in relation to older people. A key challenge for older adults with autism is they will have had significant support from their families, but as families age, this becomes less possible.	LA / CCG / LPT	Ongoing	Map and track Further information gathering required				
Prevention	Reasonable adjustments	Adult commissioning teams in both health and social care will ensure people with Autism over the age of 65, and those with dementia are supported to access, through existing pathways (e.g. Dementia pathway), a range of services that best meet their assessed needs.	LA / CCG / LPT	Ongoing	Map and Track Further information gathering required				
Planning	Carers	Encourage the market development of a range of short break services to include: Over-night stays away from home Activities at home Activities in the community individually or in a group Ensure health needs are met appropriately wherever an individual wants to have their short break	LA/LPT/CCG	Ongoing	Short break review underway User /carer feedback User /carer feedback City reprocurment of flexible short breaks completed				
Planning	Reasonable adjustments	Develop, maintain, share and publish information on the needs of people with Autism across Leicestershire, including women, older people and people from BME communities	LA/ LPT/ CCG Public Health	Ongoing	Use Web sites User/Carer Feedback				
Diagnosis	Health	Build on the Autism pathway to ensure there is sufficient data available about people who are known or referred to social care	LA/LPT/CCG	Ongoing	Working with Childrens and Adult data and improve flagging of adults with Austism and LD				
Training	Criminal Justice system	Raise awareness of the needs of people with Autism with the Criminal Justice system	LA LPT/CCG/ Police/ Probation/ Prisons	Ongoing	Map and track Increased Interaction and Liaison between all agencies				
Diagnosis	Criminal Justice system	Increase understanding and use of the Autism Diagnostic pathway by the Criminal Justice system	LA/ CCG / LPT Probation Police Prisons	Ongoing	Links made with Liason and diversion services, nursing services available in prisons, Increased Interaction and Liaison between all agencies				
Diagnosis	Health	Provide access to theraputic services - OT, psychology, SLT, following a diagnosis for those non Learning disabled.	LPT/CCG	Medium term	Business case with CCG for decision	N/A	N/A	N/A	
Planning	Personalisation	Ensure there is appropriate and effective reporting, investigation and feedback of Safeguarding incidences	LA/ LPT/ CCG	Ongoing	Monitor Outcomes				
Planning	Health	Ensure Transforming Care plans incorporate the needs of people with Autism who are inpatients in MH hospitals or alternative hopstial settings	LA / CCG / LPT Specialised Commissioning	Ongoing	Monitor progress and appropriate support via Care & Treatment Reviews				
<b>Care and Support</b>	<b>Domain</b>	<b>KEY ACTIONS</b>	<b>RESP Officer</b>	<b>TIMESCALE completion and review</b>	<b>PROGRESS REPORT &amp; MEASURES</b>	<b>City</b>	<b>County</b>	<b>Rutland</b>	<b>LPT/CCG</b>
Carers Assessments	Carers	Ensure where appropriate carers of people assessed as having autism are offered a carers assessment	LA	Ongoing	Data and Carer feed back				N/A
User Social Care Assessments	Reasonable adjustments	Ensure Social Care Assessments make reasonable adjustments and address people's autism needs	L/A	Ongoing	Data and User feed back				N/A

## Adult Social Care Scrutiny Commission

### Draft Work Programme 2016 – 2017

Meeting Date	Topic	Actions Arising	Progress
12 <sup>th</sup> Jul 16	<ol style="list-style-type: none"> <li>1) Adult Social Care Commissioning Intentions 2016/17</li> <li>2) Annual Quality of Care Statement for 2015</li> <li>3) Re-procurement of Domiciliary Care Contracts</li> <li>4) Draft Scoping Document – End of Life Social Care Review</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>2) Information on other local authorities' incentive schemes for providers is sent to Members and the Chair to meet with Healthwatch.</li> <li>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.</li> </ol>	
8 <sup>th</sup> Sep 16	<ol style="list-style-type: none"> <li>1) Quarterly Performance Report: Qtr. 1, April to June 2016/17'</li> <li>2) Domiciliary Care Re-Procurement</li> <li>3) Impact of Working Age Adults on ASC</li> <li>4) Disability Related Expenditure – Outcome of the Consultation.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>4) A further report is brought back to the Scrutiny Commission, should any changes to DRE be considered.</li> </ol>	<ol style="list-style-type: none"> <li>1) Letter to be written</li> </ol> <p style="text-align: center;">Info has been circulated.</p>
25 <sup>th</sup> Oct 16	<ol style="list-style-type: none"> <li>1) Leicester Safeguarding Adults Board – Annual Report for 2015/16</li> <li>2) Leicester Ageing Together</li> <li>3) Local Account for 2015/16</li> <li>4) The Executive's response to the Commission's Review on Community Screening</li> <li>5) Changes to the Dementia Care Advice Service</li> <li>6) Kingfisher Unit</li> </ol>		

Meeting Date	Topic	Actions Arising	Progress
12 <sup>th</sup> Dec 16	<p><b>*Theme: Autism</b></p> <ul style="list-style-type: none"> <li>1) BCF Update</li> <li>2) Kingfisher Unit Update</li> <li>3) Adult Social Care Portal – Six Month Implementation Update</li> <li>4) Autism Delivery Action Plan – An Update on Progress and Self-Assessment Outcomes</li> </ul>		
7 <sup>th</sup> Feb 17	<ul style="list-style-type: none"> <li>1) Adult Social Care Budget</li> <li>2) Adult Social Care Outcome Framework (ASCOF) 2015/16</li> <li>3) Quarterly Performance Report – Quarter 2</li> <li>4) Update on implementation of actions following the peer review</li> <li>5) Update on the Enablement Strategy</li> <li>6) Outcome of the Mental Health Recovery Hub Consultation</li> </ul>		
4 <sup>th</sup> Apr 17	<p><b>*Theme: Dementia</b></p> <ul style="list-style-type: none"> <li>1) Update on Dementia Strategy</li> <li>2) Alzheimer’s Society</li> <li>3) Transition into Adulthood: Young People with Disabilities</li> </ul>		

### 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?	