Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 4 APRIL 2017
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.

J Harget

For Monitoring Officer

Officer contacts:

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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 24 January 2017 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. THE ALZHEIMER'S SOCIETY

Ms Sally Grundy, the Operations Manager for the Alzheimer's Society will be present to talk about the work of the Society. This will include the preventative work being undertaken, some of the research that they are looking at, along with the support the Society gives to people in the early stages of dementia.

7. UPDATE ON THE DEMENTIA PROGRAMME **Appendix A**

The Strategic Director, Adult Social Care submits a report that updates the Commission on the Dementia Programme. The Commission will also receive a

power point presentation relating to the programme.

Members are recommended to note the work programme and provide feedback.

8. CONTINUING HEALTHCARE FUNDING

Chris West, Director of Nursing and Quality, Leicester City Clinical Commissioning Group will be present to update Members on continuing healthcare funding.

9. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT - 2016/ 17 QUARTER THREE **Appendix B**

The Strategic Director, Adult Social Care submits a report that provides the Commission with information on various dimensions of adult social care performance in the third quarter of 2016/17.

The Commission is requested to note the positive achievement for the quarter and areas for improvement.

10. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME **Appendix C**

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.

11. ANY OTHER URGENT BUSINESS

Appendix A

Adult Social Care Scrutiny Commission

Dementia Programme Update

Lead Director: Steven Forbes

Date: 4th April 2017

City Mayor

Useful information

- Ward(s) affected: All
- Report author: Bev White
- Author contact details: 4542374
- Report version number: 1.0

1. Purpose

1.1. To provide the Adult Social Care Scrutiny Commission with an update on the Dementia programme.

2. Recommendations

2.1 To note the work programme and provide feedback.

3. Report

3.1. There are five strands to the Dementia programme – and updates are provided on:

1. Progress on the City Dementia Action Plan 2016
2. Progress on the development of the Leicester, Leicestershire and Rutland (LLR) Dementia Strategy 2017 – 2020
3. Progress on creating a Dementia Friendly Leicester
4. Joint work with partners, including the County Council and the three Clinical Commissioning Groups (CCG's)
5. Creation of a Dementia Action Alliance (DAA)

3.2. Each theme of the five streams will form part of a presentation as detailed at Appendix 2.

3.3. The City Dementia Action Plan is detailed at Appendix 1 and highlights progress against the actions.

3.4. Work is currently in progress to develop a LLR Dementia Strategy and a draft should be available for consultation at the end of April 2017. Actions will be agreed to deliver on the following outcomes:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

3.5. The City Council is committed to creating a Dementia Friendly City, which includes actions in conjunction with a broad range of stakeholders coming together under the Dementia Action Alliance movement.

3.6. Ensuring people with dementia are enabled to live well is not just the responsibility of social care. Joint work is taking place with health colleagues to make the pathway of care and support for people living with dementia and their carers as seamless as possible. This starts from the point of diagnosis and treatment in primary and secondary care, through to on-going support in the community from universal providers, the VCS and social care when a person becomes eligible for support.

3.7. A Dementia Action Alliance for Leicester (DAA) is led by Deputy City Mayor – Cllr Rory Palmer, and is designed to spearhead the creation of a society where the public thinks and feels differently about dementia, where there is less fear, stigma and discrimination; and more understanding. It does this through sharing best practice and members committing to actions which improve the lives of people living with dementia.

4. Background information/Report

The following information provides an overview of each of the work strands and progress to date.

4.1 City Dementia Action Plan 2016-17

The City Council's Action Plan contains a number of priorities. It follows on from the LLR Joint Dementia Strategy that ended in 2014. East Leicestershire and Rutland CCG are currently leading the drafting process for a new strategy covering the period 2017 – 2020. As this is expected in the spring, a new City action plan will be written to implement this. This will detail how we will deliver the strategy in the City, and also include our commitment to the joint working and DAA priorities outlined in 4.3, 4.4 and 4.5.

The presentation shows that the actions in the 2016 – 17 Action Plan have all been achieved. Some of the actions are led by other stakeholders, for example the Leicestershire Social Care Development Group, which reflects the multi-agency approach that must be taken with dementia to ensure that a holistic approach is achieved.

Once the new LLR Dementia Strategy is in place and all parties to it have action plans, it is anticipated that progress will be reported to the Dementia Delivery Group (DDG) which sits under the Sustainability and Transformation programme board structure. The DDG is chaired by a GP from EL&RCCG and has a membership that includes all three CCGs, Provider Trust, UHL, VCS, City Council, Leicestershire and Rutland County Councils.

Delivery of the City Action Plan will require sign up from appropriate colleagues and a project group will be set up to coordinate it.

4.2 LLR Dementia Strategy

The LLR Strategy refresh process is being led by EL&RCCG. The strategy will reflect on the achievements of the last strategy which ended in 2014. It will present an update on the prevalence of people with dementia, map current services, include information on

the quality of services and the outcomes that people living with dementia and their carers have said they wish to have based on engagement with people who already receive services, those not yet in touch with formal services and the views of staff and other professionals working in the field. This information is being collected on an on-going basis.

The strategy will focus on priorities to achieve 5 outcomes which have been derived from national strategic priorities which also resonate well with local priorities. These are:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

A draft strategy for consultation is expected in April. The strategy will run from 2017 – 2020.

4.3 Creating a Dementia Friendly City

This is a priority for a number of partners working to the dementia agenda locally and will be delivered through the LLR Strategy and via the Dementia Action Alliance (see also 4.5). The City Council's contribution to this is to continue to recruit dementia friends from amongst its workforce and to rollout a programme to make its own buildings dementia friendly. £250,000 from the capital programme has been set aside to do this and a bidding process is underway from the Council's directorates for money to make their customer facing buildings dementia friendly. Currently, interest in the programme is being shown by the Customer Services Centre in Granby Street, New Walk Museum, Abbey Pumping Station and Newarke Houses Museum. In addition, corporate work on consistent signage is also taking account of dementia friendly design. Ideas for dementia friendly improvements include décor, furniture, wayfinding (particularly entrances/exits) and improvements to toilet facilities.

The Council's programme for Dementia Friendly buildings sits under the Using Buildings Better (UBB) programme and therefore takes advantage of this strategic approach. Dementia expertise is input by the Lead Commissioner Dementia and a Commissioning Manager.

A new target of 1000 dementia friends by the end of March 2017 has been set and a publicity campaign to achieve this is being put in place. A Dementia Friend is someone who has awareness of dementia, its causes and symptoms and the way the disease may affect people in their daily lives. It gives staff an understanding and enables them to reflect how they might ensure that their work practice is empathetic to the needs of customers or colleagues with dementia. As one of Leicester's largest employers, it is good that the City Council is leading the way. A Work Place Dementia Champion programme is being developed with Workforce Development.

4.4 Joint working arrangements with Health and Leicestershire County Council

There is a very robust partnership working arrangement locally. We are currently leading the work on developing a joint dementia support service with the County and three CCGs. This was reported to Scrutiny in October 2016.

The specification is being jointly drawn up by commissioners using intelligence from a number of stakeholders – people using services, people for whom there are no services at present, people from BAME and other hard to reach communities, informal and family carers. We have engaged with professionals from the County and City Councils, Primary and Secondary Care including GPs and Consultant Psychiatrists, Voluntary and Community Sector providers. We have looked at performance data from existing contracts.

Ultimately the service that will be commissioned across LLR will reach more people than it does at present – particularly in the City where current services only reach people with a recent diagnosis of dementia. This will be widened to people who have concerns about their memory through to people with a recent and long-standing diagnosis of dementia. The service will also support people who go into hospital on a planned or unplanned basis, providing continuity and a consistent point of contact to facilitate a successful return home for the patient.

A range of community options will be available for people living with dementia and their carers. These include activity groups, memory cafes, carer training, advice and information. In the City, we currently have a specific dementia advocacy service and this will be retained – other arrangements are in place in the county. The main feature of the Dementia Support Service is that it will provide a consistent point of contact for people with dementia and their carers. This is always the first thing that people bring up when we talk to them about the challenges they face.

Procurement for the service begins in April 2017 with the service due to 'go live' in October 2017.

We continue to support NHS partners who are working hard to improve dementia diagnosis rates. The local rate is 92% of the expected population which is one of the highest rates nationally. The success of this does however place pressure elsewhere on the memory pathway. For example, at the Memory Clinics in secondary care where extra resource has been put into enable waiting times to reduce to six weeks from time of referral from the GP. Pressure was also placed on our own in-house Dementia Care Advisor service which has since been reviewed and forms part of the new offer to be jointly commissioned and reported to Scrutiny in October 2016. Locally work is being piloted on developing dementia friendly GP practices. This includes awareness raising of dementia for key practice staff and attention to décor and appointment times. It also supports the need to develop carers' registers.

4.5 <u>The Dementia Action Alliance</u>

The Dementia Action Alliance (DAA) movement brings stakeholders together to deliver dementia friendly communities. Leicester, Leicestershire and Rutland (LLR) have been signed up to this since 2012 and we are regarded by the national DAA movement as a successful Alliance. The LLR DAA is the overarching Alliance with a number of local Alliances reporting into it. The LLR DAA reports into the Regional DAA and then to the national DAA.

Leicester City is establishing its own DAA with the main priority being making Leicester a dementia friendly city. It reports into the LLR DAA. A steering group is in place consisting of 6 members from the total membership of 34 organisations. Organisations

represented in the DAA range from the City Council (ASC, Housing, Public Health, Planning, Communications and Political Governance, Properties and Estates, Museums). Other members are from the Faith Communities, CCG's, LPT & UHL, DeMontfort University, VCS, First and Centrebus, Highcross shopping centre, Leicester Print Workshop and the Curve, Leicestershire Police. There are two people with Dementia and their carers on the group and they provide a direct link to a larger service user group.

All organisations involved in the DAA must have an action plan which sets out how they will deliver our overarching objective which is to make Leicester a Dementia Friendly City. This will be monitored by the DAA on a six-monthly basis.

The DAA is chaired by the Deputy City Mayor, and the steering group is chaired by the Lead Commissioner, Dementia.

a) Details of Scrutiny

Scrutiny to receive an update in April 2017.

b) Financial, legal and other implications

6.1 Financial implications

Information awaited

6.2 Legal implications

Information awaited

6.3 Climate Change and Carbon Reduction implications

Information awaited

6.4 Equalities Implications

Information awaited

c) Background information and other papers:

None

d) Summary of appendices:

Appendix 1 – City Action Plan
Appendix 2 - Slides

Appendix 1. Leicester City Council – Dementia Action Plan 2016 - 2017

Dementia is one of the biggest challenges facing our health and social care economy. Dementia affects people of all ages; however, the greatest prevalence is in older people. In Leicester, we face the future challenges of an aging population and in turn a greater number of people living with dementia. As dementia has an impact on more and more families across the city, our health and social care system will be under greater pressure, so it is important that we plan for increased demand and better support for people living with dementia and their carers.

Leicester's Joint Strategic Needs Assessment[1] reminds us that Leicester is a vibrant multi-cultural city. About 47% of Leicester residents aged 18 and over are from black and minority ethnic communities. The majority of the Leicester black and ethnic minority population is from South Asian ethnic backgrounds. In addition, the council estimates that the local Somali community comprises about 10,000 people. There are between 6,000 and 8,000 migrants of working age from Poland, Portugal, Slovakia, Latvia and Lithuania, including 1,000 - 2,000 people from the Slovak Roma community.

There are high levels of deprivation and health inequality in Leicester. Leicester is ranked 25th worse out of 326 local authority areas in England on the English Indices of Deprivation 2010. 41% of Leicester's population live in the most deprived 20% of areas in England and a further 34% live in the 20-40% most deprived areas. Only 1% of Leicester's population live in the 20% least deprived areas. This means that the numbers of people who are eligible for the council to fund their care and support will be higher than many other areas of the country. Areas of the city that have lower levels of deprivation are likely to have higher numbers of people who self fund. In addition, the number of people, particularly older people, who have multiple morbidities, including dementia, is set to rise steeply.

We estimate that about 3,000 people aged over 65 in Leicester live with dementia. This is forecast to increase to about 4,500 people by 2030. It is estimated that about 30% of local people aged over 65 are from black and minority communities. This means that about 850 people living with dementia are from black and minority ethnic backgrounds. We need to make sure that services meet the needs of these communities.

With a high performing diagnosis rate of 88.4% of the predicted population, as at January 2016 there were 2,345 people with a diagnosis of dementia on GP registers with under 100 of these being adults of working age. There are about 800 new cases of dementia a year being diagnosed. We know that the needs of people with early onset dementia (under 65 years old), and with learning disabilities who develop dementia, differ radically from those of older people with dementia. We need to ensure that services meet the needs of these people. The prevalence of dementia for people with a learning disability is significantly higher than that of the general population and, with extended life expectancy, the number of people with learning disabilities who develop dementia is increasing. Again, this has important implications for how services are developed to ensure that they meet need.[2]

Our vision is for people in Leicester is to live well with dementia. This supports the national and sub regional agenda for dementia services. The LLR Joint Dementia Strategy 2011 – 2014 identified a number of areas for improvement that have delivered more community services and increased diagnosis rates amongst other achievements. This action plan

[1] https://www.leicester.gov.uk/media/178814/overview-and-summary-report-jsna.pdf

[2] http://www.poppi.org.uk/index.php

aims to build on this and together with the Better Care Together programme with Health, aims to continue to plan and implement a range of improvements. This action plan will be updated to reflect progress on Better Care Together actions as they develop.

We will promote a better public and professional knowledge about dementia to remove the stigma that is currently associated with it, offer early diagnosis and intervention, and ensure quality accessible services that effectively meet the needs of people with dementia and their carers. People with dementia benefit from specialist care which acknowledges their need for dementia friendly design and support. Leicester would like to see the development of additional community services that can offer support to people with dementia and their carers in local areas.

We are particularly interested in seeing the development of a range of local services that can support people from black and ethnic minority communities who develop a dementia, as our experience shows that these groups are much less likely to seek support from statutory services. We also recognise that support delivered by the black and ethnic minority communities themselves is the most effective intervention. We would also like to see communities become dementia friendly too, recognising that the majority of people with dementia live in the community and access universal services which need to be made dementia friendly.

We know from work locally and nationally that if we have the right services in place in the community we could prevent some of the very distressing and expensive episodes of care that people with dementia and their carers experience. People with dementia, their carers and their families, agree with us. Even without the demographic growth predicted, we are facing reduced public funding, which makes the current levels of costs unsustainable. Large-scale transformation of the current dementia care system is therefore required so that we can live within our means. To achieve the good quality services that people with dementia and their carers need and deserve we must continue to work together with a wide range of partners –across the health, social care, voluntary and private sectors. Despite the challenges of financial pressures in today's health and social care economy, we remain committed to developing a strategy and delivering this action plan and giving people with dementia the care and support they need to enable them to live life to the full.

As a multi-agency strategy is developed across the wider partnership, Leicester City Council has drawn up this action plan to describe its strategic direction for the next 12 months. Our action plan is based on a series of nine outcomes or Quality Statements that have been identified nationally through the work done on the Prime Minister's Challenge on Dementia. Our action plan also reflects the local CCG's commissioning intentions 2016/17.

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
I was diagnosed early	Good quality early diagnosis	Continue to support the LPT Memory Assessment service and identify opportunities to work with partner agencies to identify people with dementia through screening for example. To include an emphasis on ensuring that these interventions meet the needs of local diverse and BAME communities and under-represented groups – including early onset dementia and people with a learning disability Monitor the current pathway and modify where appropriate with a view to achieving the most appropriate model and capacity	Throughout 2016 Throughout 2016	CCG LPT LCC - CMT & Commissioning Voluntary sector	LCC Dementia Care Advisors (DCA's) are already well connected to the memory service. Some Primary Care professionals are also aware and referring. Commissioning staff are linked to DMU to explore under representation in BAME communities and will assist with the planned research project.
I understand so I make good decisions and provide for future decision making	Easy access to care, support and advice following diagnosis	Conclude the review the Dementia Care Advisor service so that there is sufficient staff resource to offer all people with a diagnosis of dementia a named contact Ensure robust links to Memory café's, peer support groups and	Second quarter of 2016 Throughout 2016	LCC - CMT & Commissioning Voluntary Sector LCC - CMT &	Review concluded and service operating model being reviewed to improve the pathway. DCA's well connected to all community services; signposting of people with dementia and their

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		other dementia services Continue to operate the Shared Care Agreement for the managements of patients with dementia.	Throughout 2016	Commissioning Voluntary Sector Primary & Secondary Care LPT	carers is effective. A Shared Care Agreement has been established between primary and secondary care which enables a patient once titrated to receive on-going care with their own GP rather than secondary care.
I get the treatment and support which are best for my dementia and my life	An informed and effective workforce	On-going workforce learning and development for staff in all settings including care homes to support service delivery and environmental improvements Support to general medical practice with upskilling staff and provision of information regarding the management of dementia to support the Shared Care Agreement.	Throughout 2016 Throughout 2016	LSCDG Voluntary/Private Sector Primary Care	Provider forums continue to promote training and this is monitored through the QAF process. Training and dementia awareness sessions have been routinely rolled out across primary care since 2014
Those around me and looking after me are well supported	A range of support services for people with dementia and carers	Work with training and provider organisations to identify carers' training and support needs by working with VCS and making use of feedback from the Carers' Survey 2014/15 Continue to promote Assistive Technology as one method of support Provide carers with a break	Throughout 2016	LCC Commissioning CMT Voluntary Sector	Current Dementia Service contract includes a training element for carers of people with dementia. The Carers Survey has been analysed and messages from it are being fed into the local carers' action plan. AT opportunities are frequently presented at dementia cafes and information days; AT is an offer made by DCA's when assessing a service user.

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		whilst the person with dementia benefits from contact and meaningful activity in their home or elsewhere Ensure that carers receive a carers assessment as a matter of course Ensure that all services meet the needs of local diverse and BAME communities and under-represented groups – including early onset dementia and people with a learning disability.			Analysis of Care Act requirements regarding carers' assessments shows that performance can improve here and an action plan is being put together.
I can enjoy life	Improving awareness and understanding	Work towards Leicester becoming a Dementia Friendly City including recruiting 500 Dementia Friends from City Council staff. Raising Dementia Awareness amongst the public and businesses – various events and promotion. Raising awareness of dementia amongst Leicester's diverse communities – various events and promotion.	First quarter 2016 Throughout 2016 but especially during Dementia Awareness Week (May 2016) Third quarter 2016	Dementia Action Alliance partners Workforce Development Higher Education providers Schools Other LCC Depts. CCG & Health Providers Business community	Over 200 Dementia Friends already recruited and a series of awareness sessions are in place to meet the 500 target by March. Sessions will continue thereafter on a regular basis although staff resource to deliver these is an issue post OR. The LLR Dementia Action Alliance (DAA) raises awareness of dementia across numerous organisations across the city although engaging business remains problematic. Representation of organisations on the LLR DAA is growing but needs

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		Exploring joint working with higher education providers to develop skills within the wider health and social care workforce. Explore how Schools can become involved in raising dementia awareness Support the LLR Dementia Action Alliance to help engage with a range of partners and sectors across the sub region Develop a Leicester Dementia Action Alliance to engage with a range of partners and sectors across the City, which will be the vehicle for promoting dementia awareness locally. Explore the development of a local Dementia Action Forum – a group of customers and carers who will provide a voice to support local planning and development Identify key contacts in higher education to explore how to raise dementia awareness amongst students.	Fourth quarter 2016 Throughout 2016 Second quarter 2016 Second quarter 2016 Fourth quarter 2016		to be broadened.

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
I am treated with dignity and respect	Quality care in hospital, residential, nursing, domiciliary and day settings	Review specific workforce learning and development for staff in care homes and other settings to support the delivery of care Consider the commissioning of a residential and nursing care home to University of Stirling standards Complete the evaluation of the Hospital Liaison Service operated by the Alzheimer's Society and commissioned by UHL at LRI and Glenfield Hospitals to inform future recommissioning Continue to implement the QAF (Quality Assurance Framework) for care homes	Third quarter 2016 First quarter 2016 First quarter 2016	Workforce Development Contracts and Assurance, ASC Transformation Property Services UHL Contracts and Assurance	Provider forums continue to promote training and this is monitored through the QAF process. A Dementia specific specification for residential care has been developed to support the core contract for residential care. A Hospital Liaison Service was funded by the Alzheimer's Society and rolled out by UHL in 2013/14. This supports the planned and unplanned admissions of people with dementia and supports their timely discharge with on-going support and signposting where necessary. QAF being rolled out across all homes.
I know what I can do to help myself and who else can help me	Promote local information about dementia services	Review the Dementia Page on the City Council's website to offer a user friendly information portal Audit LCC information about dementia and address and gaps	First quarter 2016	Commissioning Corporate Communications & Marketing Voluntary Sector	Work is underway to update dementia pages on the LCC website. An audit of information has taken place and work will begin in 2016 to link this with the ASC advice,

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
					information and guidance offer.
I feel part of the community and I'm inspired to give something back	Provide peer support	Continue to support the development of additional memory café's or peer support groups Refer customers to the Dementia Support Service and other services	Throughout 2016	Commissioning VCS LAT CMT LPT CCG	Memory cafes, activity groups, peer support groups, training for carers are delivered through the Dementia Support Services contract (Alzheimer's Society). Befriending is also available locally via the Alzheimer's Society. Age UK offer several day services and activity groups. A growing number of independent memory cafes are setting up with advice for the Alzheimer's Society. The Leicester Ageing Together (LAT) programme also offers a range of services for people with dementia. Referrals are made into these services by DCA's and other staff.
I am confident my end of life wishes will be respected, I can expect a good death	Good quality end of life care for people with dementia	Continuation of Advanced Care Planning for patients at end of life. Ensure that conversations about advanced care planning happen in a timely way and are captured in appropriate care plans.	Throughout 2016	CMT Primary & Secondary Care LOROS Carers Organisations VCS	Policy & Practice around EOL care is embedded in services. A regional EOL group meets and has attendance from local statutory agencies. EOL policy and practice is

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		Making sure that people at the end of life have access to palliative care Exploring how carers can access training around Power of Attorney, advanced care planning and end of life care	Third quarter		promoted through provider forums.

Timescale	Action	Lead
First Quarter	Review dementia pages on LCC website - ACHIEVED Audit customer facing information - ACHIEVED Form a conclusion about the need for a specific residential care home for dementia – COMPLETED – DECISION NOT TO PROCEED Recruit 500 Dementia Friends within the LCC workforce - ACHIEVED	Commissioning – Bev White Commissioning – Bev White Lead Member – Cllr Rory Palmer Workforce Development – Baljit Baines
Second Quarter	Conclude DCA review - ACHIEVED Develop a report which sets out the case for a LCC DAA and supporting forum - ACHIEVED	CMT – Bindu Parmar Commissioning – Bev White
Third Quarter	Explore training for carers around end of life care - ACHIEVED Review training offer for care homes and community providers - ACHIEVED Explore joint working with higher education providers to	Commissioning – Bev White Workforce development – Baljit Baines Commissioning & Workforce Development – Bev White

Timescale	Action	Lead
	develop skills within the wider health and social care workforce - ACHIEVED	& Baljit Baines
Fourth Quarter	Explore how Schools can become involved in raising dementia awareness - ACHIEVED Identify contacts in higher education to explore raising dementia awareness amongst students - ACHIEVED	Commissioning & Children's Services – Bev White & Frances Craven Commissioning & Workforce Development – Bev White & Baljit Baines
On-going work (business as usual)	Continue to support the memory assessment service - Ensure that services are responsive to the needs of people from BAME communities, people with early onset dementia and people with learning disabilities and dementia Ensure that workforce development opportunities remain available for staff in care homes and other settings Identify carers training and support needs Continue to promote Assistive Technology Continue to provide carers with a break which consists of meaningful contact or activity for the person with dementia Continue to raise dementia awareness amongst the public and businesses Support the LLR Dementia Action Alliance Continue to support the development of memory café's or	LPT & CCG lead LCC commissioned services – Commissioning – Bev White LSCDG – Workforce Development – Baljit Baines LCC, Commissioning – Bev White, CMT – Heads of Service, CCG, Voluntary Sector LCC, Commissioning – Caroline Ryan, CMT – Heads of Service , CCG, Voluntary Sector LCC, Commissioning – Bev White, CMT – Heads of Service, CCG, Voluntary Sector DAA partners, Workforce Development, LCC, Providers, Business community

Timescale	Action	Lead
	peer support groups Continue to refer people with dementia and carers to community services Ensure that advanced care planning conversations take place and that palliative care is available for people with dementia at the end of life	All Commissioning – Bev White, VCS, LAT CMT – Heads of Service, LPT, CCG CMT – Heads of Service, Primary & Secondary care, LOROS, Carers organisations, voluntary sector

Appendix B

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2016/17 - Quarter 3

Date: 4th April 2017

Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Gwen Doswell / Adam Archer
- Author contact details: 454 2302 / 454 4133
- Report version: 2

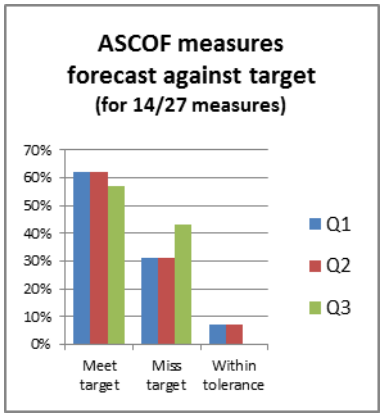
1. Summary

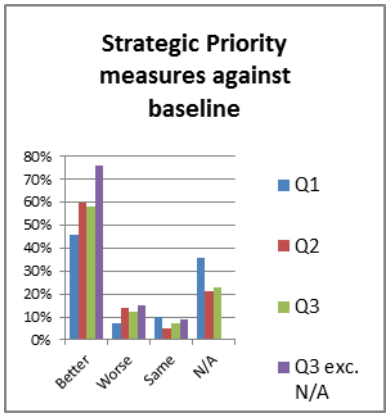
1.1 This report provides Scrutiny with information on various dimensions of adult social care (ASC) performance in the third quarter of 2016/17. This is the third time such a report has been produced and for the second time we have included Head of Service commentary for our activity and business process measures. It is anticipated that subsequent reports will see the concept of an integrated performance report further developed and refined.

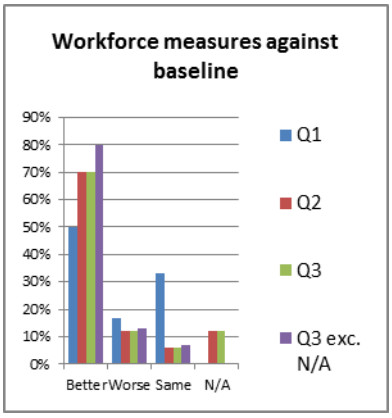
1.2 The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business. The report contains information on:

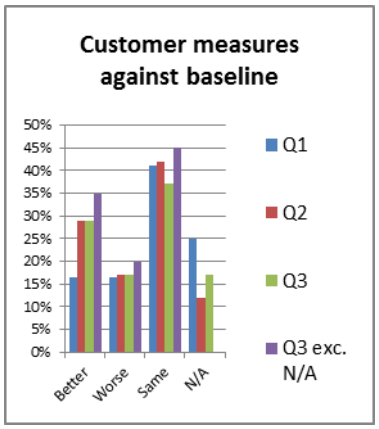
- our inputs (e.g. Finance and Workforce)
- the efficiency and effectiveness of our business processes
- the volume and quality of our outputs
- the outcomes we deliver for our service users and the wider community of Leicester

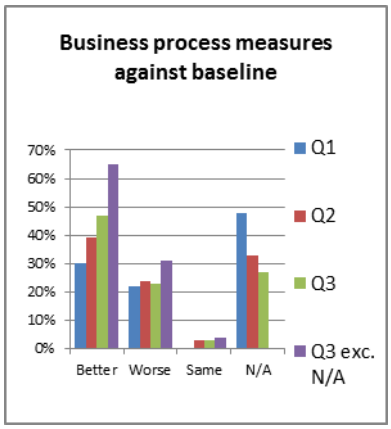
1.3 A summary of data based performance for Quarters 1, 2 and 3 of 2016/17 is presented below:

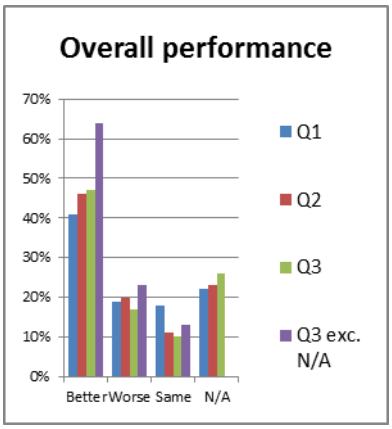












2. Recommendations

2.1 The Scrutiny Commission is requested to note the areas of positive achievement for the quarter and areas for improvement.

3. Report

3.1 **Delivering ASC Strategic Priorities for 2016/17**

3.1.1 Our six strategic Priorities for 2016/17 have been agreed and were reported to Scrutiny on 3rd May 2016. We have also set out what we need to do to deliver on these priorities and developed Key Performance Indicators to measure whether we have been effective in doing so. Our priorities for the year are:

SP1. Improve the experience for our customers of both our own interventions and the services we commission to support them
SP2. Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'
SP3. 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
SP4. 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
SP5. Improve the work with children's social care, education (SEN) and health partner to continue to improve our support for young people with care and support needs and their families in transition into adulthood
SP6. Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate

3.1.2 We have identified 42 indicators to help us understand how effective we are in delivering against our six strategic priorities in 2016/17. A number of these indicators are new so we have limited information on which to make a judgement as to whether our performance is improving. Overall, 25 of our measures have shown improvement from our 2015/16 baseline, with just 5 showing deterioration. Performance is consistently strong across all priorities except priority 5 (see below). The improvement in performance against the priority to implement a preventative and enablement model of support (priority 2) noted in quarter 2 has continued into quarter 3. A condensed overview of progress is shown at **appendix 1**.

3.1.3 Areas to note are:

- Performance continues to be strong in respect of Priority 1, with all 13 indicators showing improvement or no change.
- Priority 2 shows more of a mixed picture with issues including:
  - SP2a – For two consecutive quarters there had been a small decrease in the number of 'contacts' signposted to other services or receiving one-off support from ASC, meaning more 'contacts' have gone on for a further assessment.

However, the position improved significantly in Q3 and we are forecasting that the number of 'contacts' assessed as being eligible for support will be less than last year.

- SP2b - the percentage of customers who following reablement are fully independent or have reduced needs has improved throughout the year and is now better than the 2015/16 baseline.
- SP2g - the number of reviews overdue by 12 months has increased further from Q2 (but is now a lower percentage of all open cases) and the number overdue by 24 months has decreased at a faster rate than in Q2. This reflects the targeted approach now in place to clear the backlog.

- Performance for both Priority 3 and 4 is generally strong and mirrors that of Priority 1 in terms of no significant causes for concern.
- The indicators for Priority 5 are all new and as such we cannot make a judgement on comparator or previous performance.
- The picture for Priority 6, which is assessed by considering our overall performance, reflects the wider information provided in this report, with several areas of strong performance alongside a smaller number of areas where improvement is needed.

3.2 Keeping People Safe

3.2.1 The Care Act 2014 put adult safeguarding on a statutory footing for the first time. The act set out our statutory duties and responsibilities including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2 107 individuals were involved in a safeguarding enquiry received during Q3. Of these 42 were aged 18 to 64, with 65 aged 65 years or over. 56 of those involved were female and 51 male. 78 were 'White', 16 'Asian' and 4 'Black.' The practice of separating out Section 42 and Non Section 42 enquiries has been discontinued since the last scrutiny update of Q2 data, making it difficult to draw comparisons on this measure.

3.2.3 60 individuals who were involved in an enquiry have a recorded Primary Support Reason. 48% of these individuals have 'physical support' as their Primary Support Reason, with 'mental health' and 'learning disabilities' the next most common reasons.

3.2.4 Using figures for all completed enquiries, the most commonly recorded category of abuse for concluded enquiries was 'neglect' (37), followed by 'physical abuse' (25) and financial abuse (19) The most common location of risk was the individuals own home (27), followed by care homes (20).

3.2.5 Quarter 2 Performance:

Measure	Q3 2016/17
The proportion of enquiries begun with 24 hrs following a decision being made than an enquiry is necessary (it meets the threshold).	53% of enquiries begun within 24 hours of threshold decision being made (i.e. strategy 'meeting' held) (49.3% - Q2).
Number of alerts progressing to a Safeguarding enquiry	Alerts received – 632 (685 - Q2) Threshold met/ enquiries commenced -135 (112 - Q2)
Completion of safeguarding enquiries – within 28 days target	44.7% of safeguarding enquiries were completed within 28 days. (59% - Q2)
Percentage of people who had their safeguarding outcomes partially or fully met.	91.9% of individual who were asked for and gave desired safeguarding outcomes had these outcome fully or partially met in Q3 (83.1% - Q2).

3.3 Managing our Resources: Budget

3.3.1 In summary the department is forecasting to spend as per the current annual budget of £102.5m

3.3.2 Of the £102.5m budget the most significant item is the £94.9m expenditure on independent sector service user care package costs. The level of net growth in long term service users in the first nine months of the year was 1% (52 service users from a base at the start of the year of 5,314). This translates to an annualised rate of 1.3%, lower than the 2.6% net growth seen in 2015/16 and included in the budget.

3.3.3 The most significant area of cost increase is from net increases in package costs of our existing service users. This occurs when the condition of the user deteriorates, for example through increasing frailty and additional support is required on a short- or longer-term basis. The level of increase this year is higher than last. Increases by individual service user are being tracked by social work teams to be clear of the reasons why and the appropriateness of the new package being provided.

3.3.4 The overall impact of the growth in service users and changes in package costs results in a forecast growth of 3.3% or £3m for the year, compared with 2.9% in 15/16.

3.3.5 Reviews of service users are ongoing to ensure that the most appropriate care packages are in place. These reviews have yielded cost savings of £1.1m to date.

3.3.6 Price increases for 2016/17 have been agreed with residential care providers to reflect the impact of the national living wage in line with the budget.

3.3.7 Extra Care Housing provides self-contained flats with onsite support to enable vulnerable adults to live independently in the community rather than using traditional residential care. Not only is this better for the service user but it is also more cost effective for the Council (saving up to £3,000 per user per annum). The government has announced it has have deferred its plans to cap housing benefit payments for residents in Extra Care flats until 2019/20. From 2019/20 the cap will apply, but a new ring-fenced grant will be given to local authorities out of which they will in theory be able to fund the difference between the local housing allowance rate and tenants' actual rent and service charges. The government released a consultation in November although the details of the grant allocations will not be known until the Autumn of 2017. There is clearly still a significant risk that the fixed grant will be insufficient, and therefore continue to jeopardise the financial viability of both existing and new schemes. From a financial viewpoint this could frustrate one of our means of reducing care package costs and delivering a key policy agenda in providing independent living opportunities.

3.3.8 There is significant demand for this kind of accommodation across the city and two new schemes which could provide 157 flats have been put on hold by the development consortium and the Council. We are currently reviewing the scheme in the light of the recent announcements.

3.3.9 Staffing costs will be lower than the budget this year where reviews have been completed but not all vacant posts have been filled for the full year. This is a one-off, in-year saving.

3.4 Managing Our Resources: Our Workforce

3.4.1 Adult Social Care consists of two divisions: Social Care and Safeguarding and Social Care and Commissioning. The department has undergone significant change over the last 2 years including an organisational review and restructuring of the department leading to the creation of a new Learning Disability service and a new Enablement service, clear focus on hospital discharge and a re-focused Contact and Response function (our "front door"), as well as delivering the final phase of closure of in-house residential care homes (EPHs). See **appendix 2** for a snapshot of workforce performance.

3.4.2 ASC is seeking to have a workforce that is representative of the community we serve. As at 30/12/16, our staffing establishment is 838.17 FTEs compared to 888.43 FTEs at 31/03/16. 76.1% of employees are female and 23.9% are male; whereas approximately 60% of our service users are female and 40% male. 40.1% of staff are categorized as BME, compared to 37% of our service users.

3.4.3 Our vacancy level has increased over the year but is lower at 98.55 FTEs compared to the baseline of 114.05 FTEs at 31/03/16. Figures include staff who are on maternity leave or secondment; this equates to approximately 13 FTEs at 31/03/16 and 11 FTEs at 31/12/16.

3.4.4 As at the end of Q3, the sickness absence rate has improved slightly in Social Care and Safeguarding Division when compared to Q3 in 2015-16 with 12.29 sick days per FTE compared to 12.87 days last year. However, Social Care and Commissioning Division saw a slight decrease in performance for the same timeframe with 12.84 sick days per FTE this year against 12.67 days last year.

3.4.5 As at 30/12/16, the number of staff with 30+ days sickness on a rolling 12 month period had reduced when compared to the position at 31/05/2016 from 122 to 101 cases. Average working days lost per case, though, have increased from approximately 75 days at 31/05/2016 to 84 days at 31/12/2016.

3.4.6 Our unplanned staffing cost (i.e. agency, casual and overtime) has decreased by 59% when comparing 2016-17 spend at 31/12/16 (£737,778) to the equivalent position in 2015-16 (£1,795,756).

3.4.7 Overall, our total staff cost bill has decreased by 11.5% from £24,309,222 (2015-16 Q3) to £21,521,861 (2016-17 Q3).

3.4.8 As at Q3, our number of disciplinaries had reduced from 50 (Q3 2015/16) to 35 this year. Grievances have increased by 1 from 5 (Q3 2015/16) to 6 this year.

3.4.9 Our workforce profile:

- The % of female employees in the ASC workforce has remained stable at 76%. However, it is significantly higher than the corporate position of 58.9%. In addition, the % of females in the ASC top 5% earners is 63.6% compared to the corporate positon of 53%.
- BME representation has increased from 36.7% (as at Q3 15/16) to 40.1% (as at Q3 16/17). The corporate position is 31%. The % of BMEs in the ASC top 5% earners is 36.4% compared to the corporate position of 19.2%.

- The proportion of disabled employees in the ASC workforce has increased from 8.1% (as at Q3 15/16) to 8.8% (as at Q3 16/17). The corporate position is 6.6%.

3.4.10 We have taken on a small number of apprentices (1) and graduates (6) in 2016/17.

3.5 How effective are we?

3.5.1 National Comparators - ASCOF

3.5.1.1 The Adult Social Care Outcomes Framework (ASCOF) is a set of national common indicators against which each local authority can measure its performance against both the national and regional comparison. See **appendix 3** for ASCOF performance.

3.5.1.2 Data is not published for all indicators on a quarterly basis. For quarter 2 there is data for 15 out of 27 indicators and of these 53% showed an improved position compared to 2015/16 outturn and we are forecasting that up to 60% will meet the target we have established.

3.5.1.3 We now have full national benchmarking data for 2015/16. 14 (64%) of the measures have shown an improvement in our national ranking with three (14%) unchanged and five (23%) dropping.

3.5.1.4 Q3 results show a strong performance in a number of areas including:

- Performance against two of the ASCOF measures relating to the national indicator set for the Better Care Fund (BCF) continues to be positive. Admissions of older people to residential or nursing care (2Aii), and the number of older people still at home 91 days after completing reablement following a hospital discharge (2Bi) are forecast to meet their targets.
- The third BCF measure is a two part measure for Delayed Transfers of Care. Our performance against this measure has been extremely positive and has gained national recognition (e.g. nominated along with the CCG for the Local Government Chronicle's 2017 Health and Social care award). However, significant data quality issues have emerged recently that have impacted negatively on our ASCOF score (see below).
- Performance against measures in the first ASCOF domain; "Enhancing quality of life for people with care and support needs" remains strong.

3.5.1.5 However, there are areas where we are forecasting that targets will not be met including:

- For the first time this year performance on the delayed discharges of care (2Ci and ii) measures has dropped below target. However, for 2Cii this is at least in part due to delays being incorrectly attributed to ASC. To date, 50% of delays from acute hospitals in the period have been re-coded as NHS delays. Further checks are being undertaken across both acute and non-acute settings and it is expected that more revisions will be agreed. The incorrect data will continue to be published until the time when changes can be made in the Unify system (there are two 'windows' each year to make such changes).
- We are still forecasting that the measures for both mental health and learning disability service users in employment (1E and 1F) will fail to meet their target.

This can be partially attributed to changes in the criteria for those service users we can include in the cohort for these measures. The percentage of mental health service users living independently (1H) has improved in Q2 (latest available data), but remains off-target and below the 2015/16 baseline.

- The outcomes following reablement (2D) have also improved, with performance in Q3 better than the 2015/16 baseline, but still off-target.

3.5.2 Local Key Performance Indicators

3.5.2.1 We have developed a range of local key performance indicators to give us an insight on the things that are essential to continue delivering services within our financial resources.

3.5.2.2 Activity and Business Processes:

- We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. For many of these indicators we don't have historic data so we can't make a judgement as to whether performance has improved. In other cases the indicators are still under development. See **appendix 4** for a snapshot of business process performance, with commentary provided by Heads of Service.

- For those indicators where data is available, approximately 65% showed improvement from the baseline position with 4% unchanged and the remaining 31% showing some deterioration.

- There is some evidence emerging that we getting better at managing demand. Although we are receiving more contacts than last year, more of these are being referred to universal services or being provided with information, advice and guidance. Equally, we are forecasting that fewer people entering ASC will be in provided with long-term support than last year (as defined for the purposes of our statutory returns).

- The number of reviews overdue by over 24 months has reduced from 1,012 at the end of March 2016 to 589 at the end of December 2016, with over 100 of those outstanding reviews commenced but not completed. The number of reviews overdue by 15 months or more at the end of Q3 is 1,432. This backlog is being reduced at a rate of approximately 50 each month.

- We continue our work to develop and provide assurance about data quality is required if we are to gain a better understanding of our performance (particularly in service areas where there has historically been less emphasis on reporting).

3.5.2.3 Customer Service

- We have identified 25 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services. See **appendix 5** for a snapshot of customer performance.

- For those indicators where data is available, approximately 35% showed improvement from our baseline position, with 45% showing no or little change and

20% deterioration.

- The new assessment form, introduced in November 2016, includes two questions to be asked during all reviews / re-assessments. These enable us to measure whether services have met the needs identified in the initial assessment and whether the service user's quality of life has improved as a result of their care package. Early results are extremely positive with 98.3% of service users saying that there needs were at least partially met and 97% said that their quality of life had improved as a consequence.

- The number of complaints relating to practice decisions, delays to services and staff attitudes/behaviour is currently forecast to be higher than last year. This has been discussed by Leadership, and it has been agreed that lessons learnt will be shared with Heads of Service, with the Complaints Manager providing support on best practice, particularly when we are reducing a service user's care package.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered specifically in section 3.3 of the report.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

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

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

4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Mark Jeffcote, Environment Team (x372251)

4.4 Equalities Implications

From an equalities perspective, the most important information is that related to the outcomes delivered for service users and the wider community. This is in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and also socio-economic inequalities that many adults in the city experience. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into inequalities (as set out in the adults JSNA).

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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

5. Background information and other papers: None

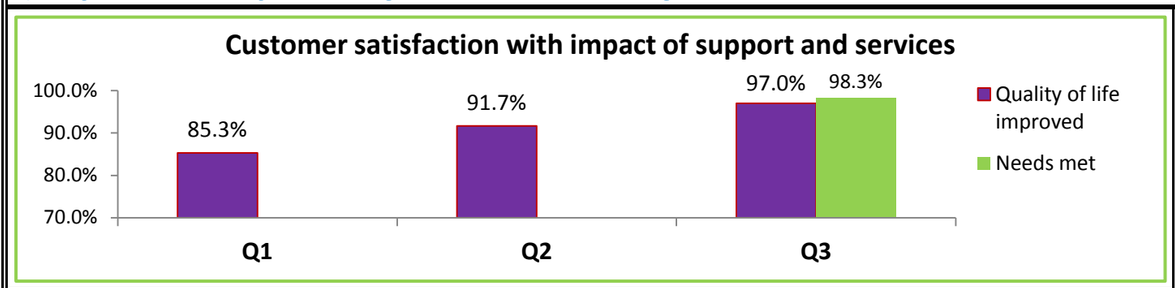
6. Summary of appendices:

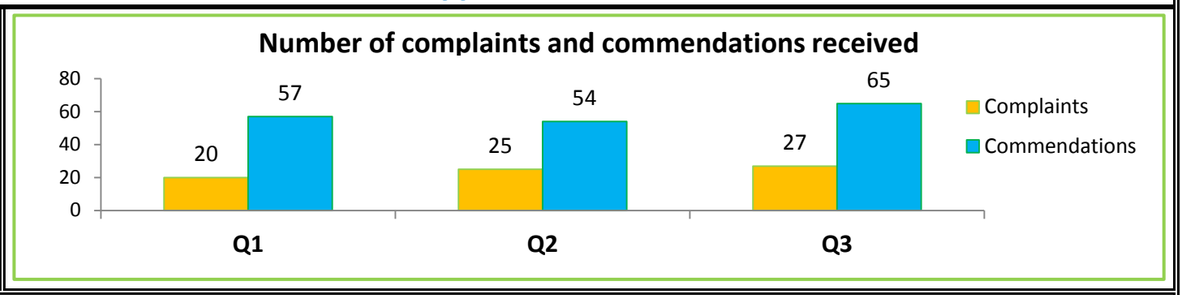
Appendix 1: Strategic Priorities
Appendix 2: Workforce
Appendix 3: ASCOF
Appendix 4: Business Processes
Appendix 5: Customer Service

ASC Strategic Priorities - Highlight Dashboard 2016/17 Quarter 3

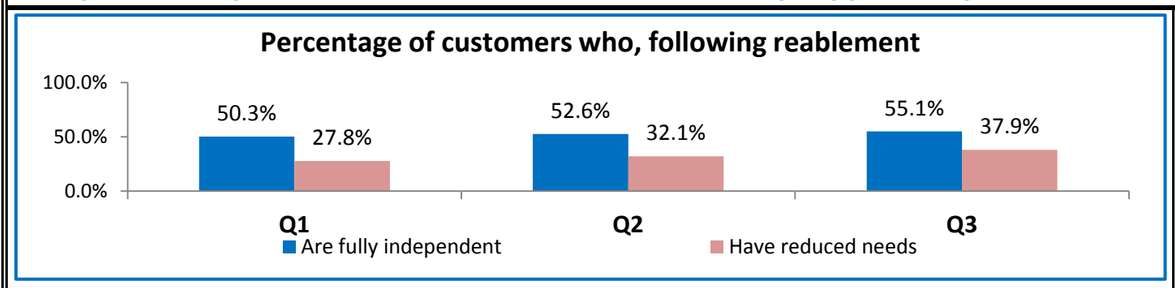
Appendix 1

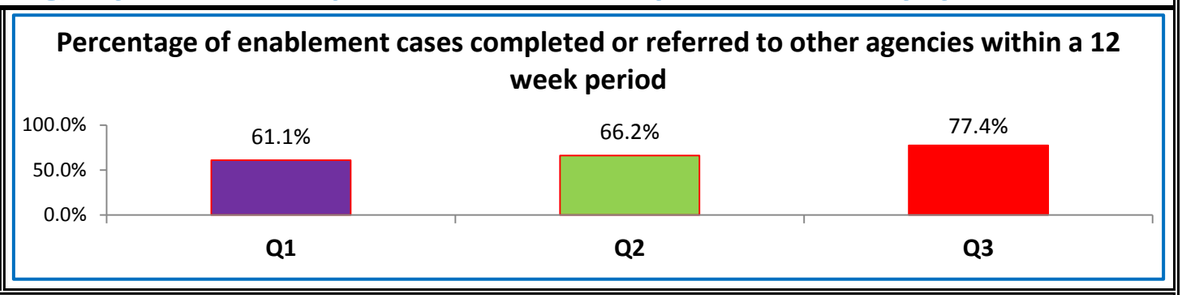
1) Improve the experience for our customers of both our own interventions and the services we commission to support them



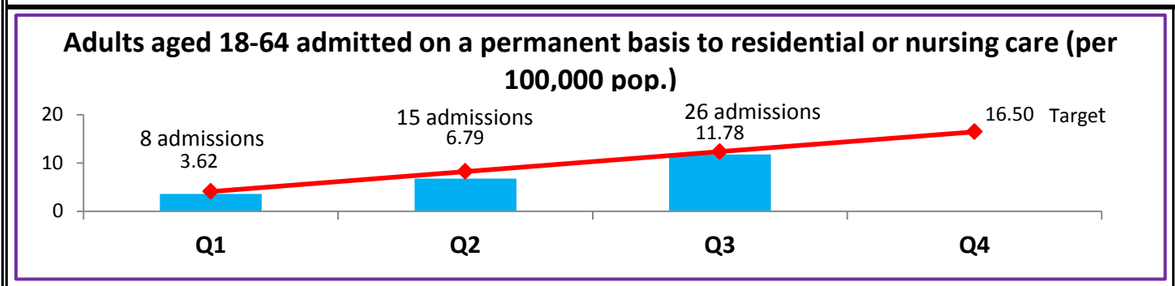


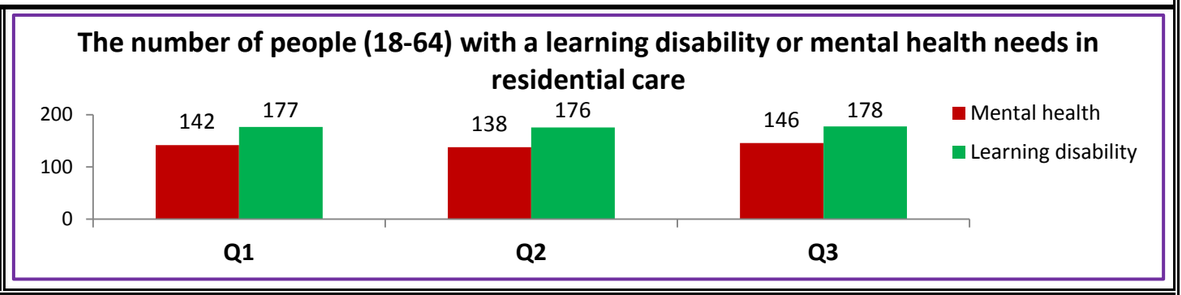
2) Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'



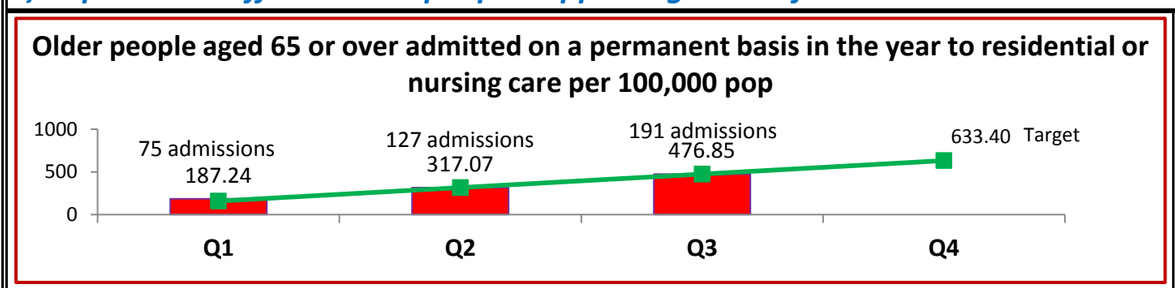


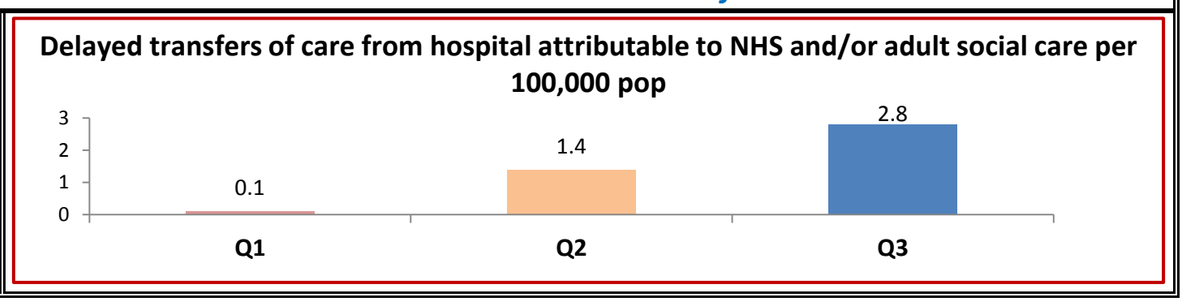
3) Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs





4) Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care

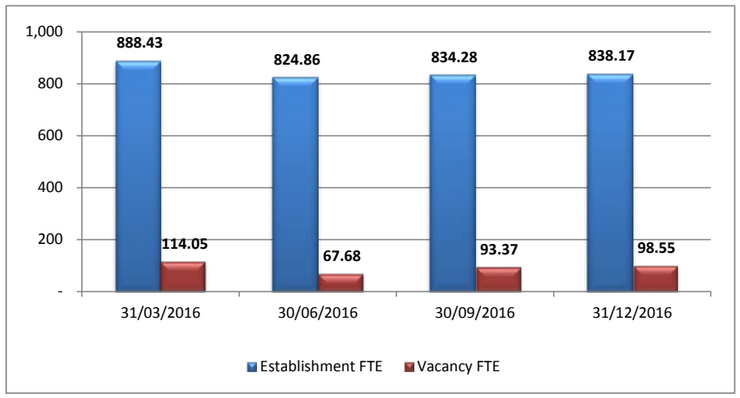




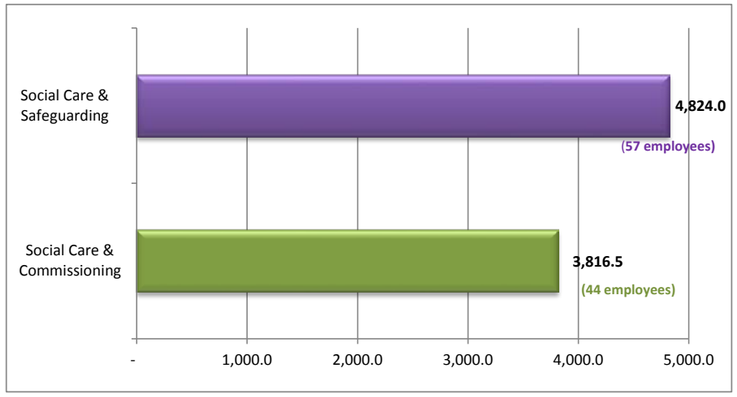
ASC Workforce Measures 2016/17 Quarter 3

Appendix 2

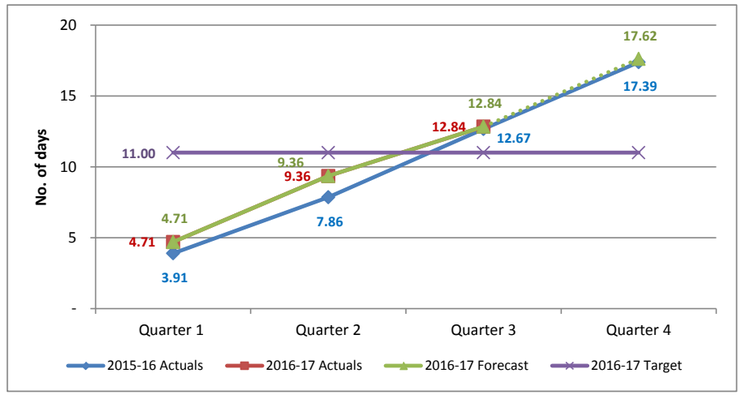
WM1 & WM2 - ASC Establishment & Vacancy Numbers (FTE)



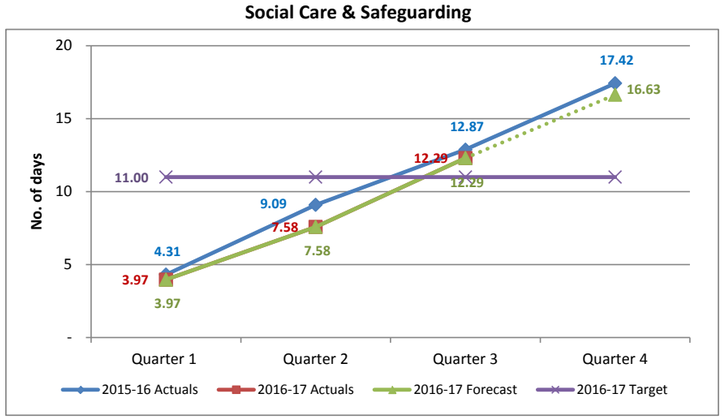
WM3 - 30+ Days Sickness Caseload (Total working days lost and no. of employees with 30+ days sick (January 2016 - December 2016))



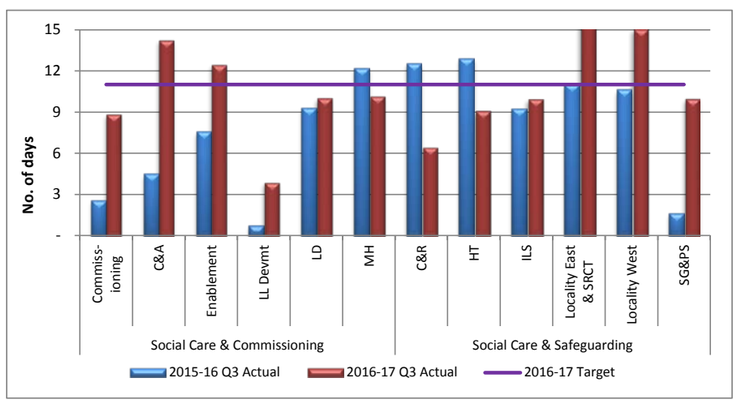
WM4 - Quarterly Sickness Reporting (Actuals vs Forecast vs Target) Social Care & Commissioning



WM4 - Quarterly Sickness Reporting (Actuals vs Forecast vs Target) Social Care & Safeguarding

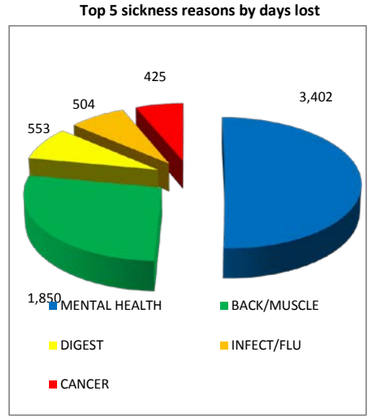


WM4 - Quarterly Sickness Reporting by Service (Actuals vs Target)

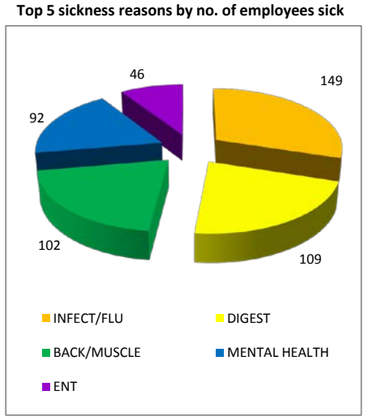


WM4 - Quarterly Sickness Reporting

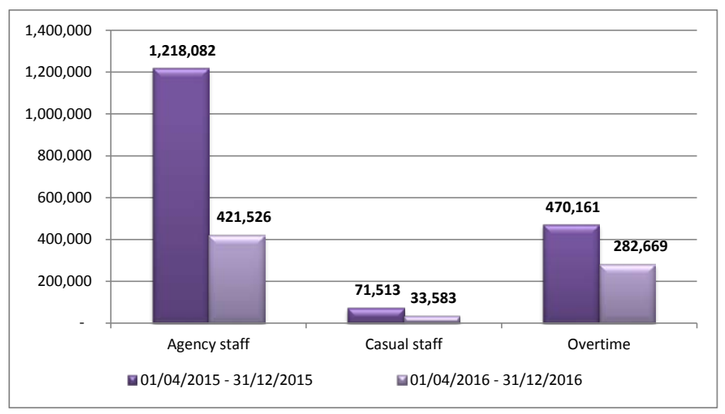
Top 5 sickness reasons by days lost



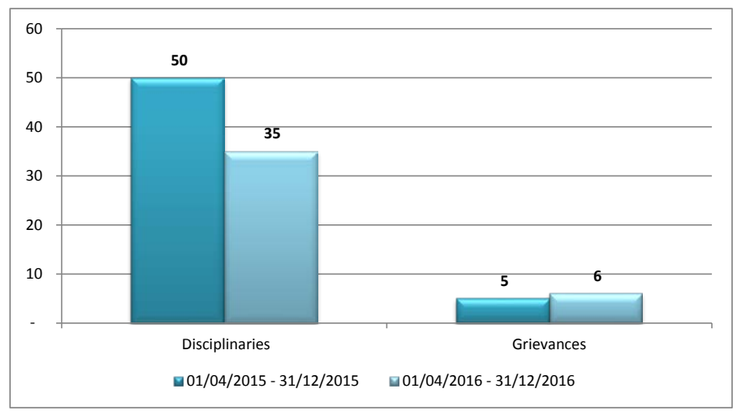
Top 5 sickness reasons by no. of employees sick



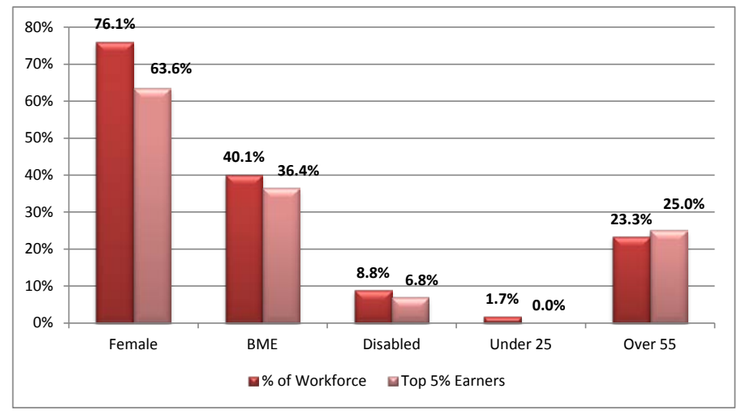
WM6, WM7, WM8 - Agency Staff, Casual Staff and Overtime Costs (£)



WM10 - Case Management (No. of Disciplinaries & Grievances)



WM11, WM12 - Total Workforce & Top 5% Earners (@ 31/12/2016)



Appendix 3

Adult Social Care Performance: 2016/17 – Quarter 3

Adult Social Care Outcome Framework

Indicator	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	Target	Rating	Comments
			England Average	England Ranking	England Rank DoT						
1A: Social care-related quality of life.	17.9	18.1	19.1	147/150	↑	N/A	N/A	N/A	18.4	N/A	16/17 user survey results available May '17
1B: Proportion of people who use services who have control over their daily life.	67.1%	70.5%	76.5%	138/150	↑	N/A	N/A	N/A	72.5%	N/A	16/17 user survey results available May '17
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	96.2%	98.7% (3763/3812)	86.9%	31/152	↑	99.1% (3,862/3,859)	99.6% (3,828/3,844)	**99.6% (3,789/3,805)**	98.9%		New definition in 2014/15
1Cib: Carers receiving self-directed support in the year.	100%	100% (147/147)	77.7%	=1/152	↔	100% (114/114)	100% (131/131)	**100% (153/153)**	100%		New definition in 2014/15.
1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date.	41.3%	44.4% (1693/3812)	28.1%	8/152	↑	44.2% (1,707/3,859)	45.1% (1,735/3,844)	**45.3% (1,724/3,805)**	45.3%		New definition in 2014/15
1Ciib: Carers receiving direct payments for support direct to carer.	100%	100% (147/147)	67.4%	=1/152	↔	100% (114/114)	100% (131/131)	**100% (153/153)**	100%		New definition in 2014/15.

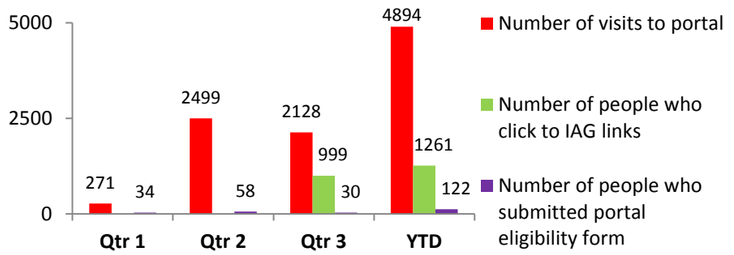
Indicator		2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT						
1D: Carer reported quality of life.		7.2	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	7.7	N/A	16/17 carer's survey results available May '17
1E: Proportion of adults with a learning disability in paid employment.		6.9%	5.2% (41/793)	5.8%	85/152	↓	5.6% (41/736)	4.8% (37/764)	**4.8%** (37/769)	6.0%		**New definition in 2014/15**
1F: Proportion of adults in contact with secondary mental health services in paid employment.		1.8%	2.9%	6.7%	141/148	↑	2.1%	Latest data **2.8%**	N/A	4.0%		**April – September data published in December – entered in Q2**
1G: Proportion of adults with a learning disability who live in their own home or with their family.		69.8%	71.8% (569/793)	75.4%	98/152	↓	72.4% (533/736)	72.6% (555/764)	**73.6%** (566/769)	72.8%		**New definition in 2014/15**
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.		35.8%	62.3%	58.6%	90/152	↑	36.3%	Latest data **40.9%**	N/A	65%		**April – September data published in December – entered in Q2**
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	Users	35.6%	37.2%	45.4%	142/150	↑	N/A	N/A	N/A	39.8%	N/A	16/17 user survey results available May '17
	Carers	31.9%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	35.5%	N/A	16/17 carer's survey results available May '17
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)		13.5 29 admissions	16.3 36 admissions	13.3	111/152	↓	23.62 8 admissions	6.79 15 admissions	**11.78** 26 admissions	16.5		**Cumulative measure: Forecast based on Q3 = 34 admissions (15.4/100,000)** **Previous qtrs. figures refreshed due to late entries on LL**

Indicator		2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT						
2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good).		734.1 287 admissions	644.1 258 admissions	628.2	82/152	↑	187.24 75 admissions	317.07 127 admissions	**476.85** **191 admissions**	633.4		**Cumulative measure: Forecast based on Q3 = 248 admissions (619.16/100,000) Previous qtrs. figures refreshed due to update on LL**
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	Statutory	84.3	91.5%	82.7%	19/152	↑	N/A	**N/A**	**N/A**	90.0%		Statutory measure counts Oct – Dec discharges
	Local	*89.7%*	*88.2%*	*N/A*	*N/A*	*N/A*	*94.5%*	*93.0%*	***93.0%***	*90.0%*		**Local measure counts full year**
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	Statutory	3.7% (235 in reablement)	3.1% (200 in reablement)	2.9%	72/152	↓	N/A	**N/A**	**N/A**	3.3%		Statutory counts Oct – Dec discharges
	Local	*4.2%*	*3.9%* *(939 in reablement)*	*N/A*	*N/A*	*N/A*	*2.8%*	*2.7%*	***2.8%***	*3.6%*		**Local measure counts full year. Cumulative: forecast = 876 (2.8%).**
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)		13.0	6.0	12.3	34/152	↑	4.5 (35 delays)	5.9 (92 delays)	8.0 (167 delays)	16/17 target in BCF plan	Based on previous year	**Only April to Nov data available (NHS definition). Previous qtrs. figures refreshed**
2Cii: Delayed transfers of care from hospital attributable to NHS and/or ASC per 100,000 pop. (Low is good)		4.3	1.7	4.8	37/152	↑	0.1 (1 delay)	1.4 (22 delays)	**Published data:** **3.0 (70 delays)** **Local data:** **2.55 (60 delays)**	1.5	Data quality issues	**Checks have revealed that a number of delays have wrongly been attributed to ASC. To date 10/70 delays have been re-coded, more are expected to follow.**
2D: The outcomes of short-term services (reablement) – sequel to service		63.0%	60.5%	75.8%	129/152	↓	51.3%	56.9%	60.9%	63.5%		**New measure for 2014/15.**

Indicator		2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	2016/17 Q3	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT						
3A: Overall satisfaction of people who use services with their care and support.		56.9%	61.7%	64.4%	104/150	↑	N/A	N/A	N/A	62.5%	N/A	16/17 user survey results available May '17
3B: Overall satisfaction of carers with social services.		37.7%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	39.2%	N/A	16/17 carer's survey results available May '17
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.		68.5%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	70.5%	N/A	16/17 carer's survey results available May '17
3D: The proportion of service users and carers who find it easy to find information about services.	Users	62.0%	61.7%	73.5%	150/150	↔	N/A	N/A	N/A	65.0%	N/A	16/17 user survey results available May '17
	Carers	55.5%	No carers survey	N/A	N/A	N/A	N/A	N/A	N/A	61.0%	N/A	16/17 carer's survey results available May '17
4A: The proportion of service users who feel safe.		58.3%	60.8%	69.0%	144/150	↑	N/A	N/A	N/A	63.0%	N/A	16/17 user survey results available May '17
4B: The proportion of people who use services who say that those services have made them feel safe and secure.		75.4%	80.7%	85.5%	117/150	↑	N/A	N/A	N/A	82.5%	N/A	16/17 user survey results available May '17

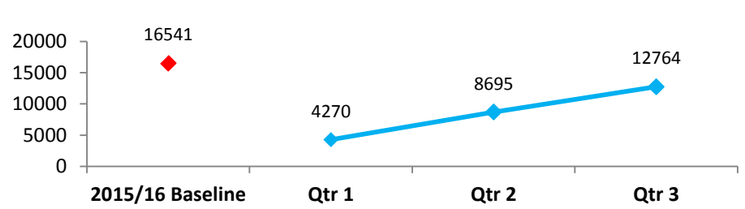
Forecast to meet or exceed target - 8	Performance within 0.5% of target - 0	Forecast to miss target - 6	N/A - No data on which to make a judgement - 13

APB1a - ASC Portal (JM)



REVIEW - although it is known that some hits on the portal are due to testing and professional curiosity, it is not possible to ascertain which are from "true" users . Work is ongoing to enhance performance information and statistical data with suppliers.
DATA - Still comes with the caution that not all portal users are likely to be "true" ASC customers - some activity is due to ongoing testing and other LA's / organisations looking at the functionality. This is however, expected to reduce as time goes on, with the majority of hits in future coming from the public.
ACTION - Work is in progress to simplify the functionality of the portal based on customer and staff feedback. The portal is also in the early stages of being developed for use by current ASC customers [current purpose is primarily for new ones], with enhanced functionality that will enable documents [e.g. SP's] to be transferred from ASC to customers [and back if needed] .

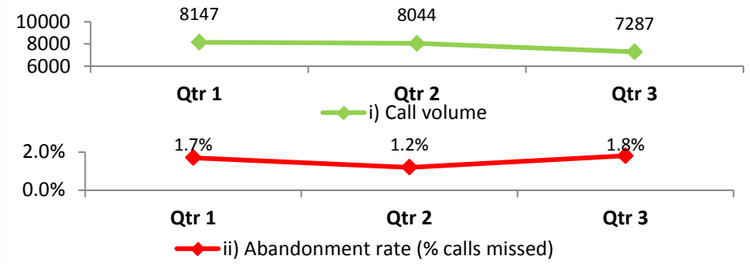
APB1b - Total number of ASC contacts received (HM)



DATA - Data indicates similar volume of contacts to 2015/16 although the profile of rasons for contact is changing. Most significant change in this quarter is that a backlog of 4/5 months of contacts by the Blue Badge Team has been input

ACTION - Action point to look at Blue Badge process and propose different data capture route. Data still included Response pathway activity which uses contacts to capture activity. Work to use contacts to record initial coverstaions and outcomes will impact on this data in next reporting year as outcomes options are revisited.

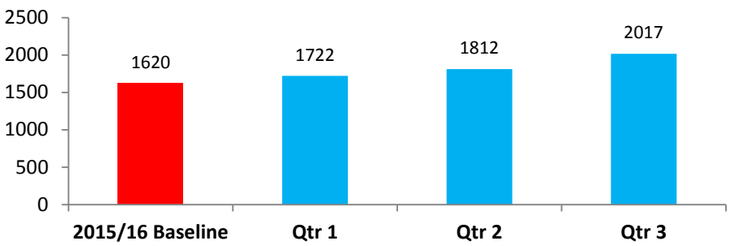
ABP1c - Effectiveness of call handling: (HM)



DATA - Call volumes have decreased in Q3 due possibly to automated message to divert to the Portal. During Q3 the number of call handlers was reduced by one FTE which has lead to higher wait times at some times in the day and a slightly higher call abandonment rate.

ACTION - Continue to monitor impact of IVR message and reduction in call handler numbers

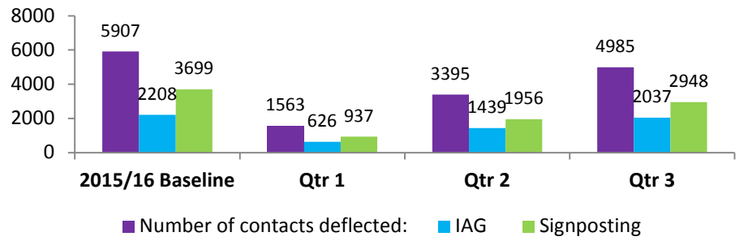
ABP1d - Number of repeat contacts within 12 months with same contact reason for the repeat contact (HM)



DATA - Currently analysing data to establish why some individuals re-present within 12 months. Action to consider excluding irrelevant data e.g. Blue Badges. Also analyse multiple contacts where reason is information and advice/signposting or request for assessment. The development of the Response pathway is also impacting on this data.

ACTION - To develop response to data analysis re sustainability of information and advice provision and solutions to urgent care crises.

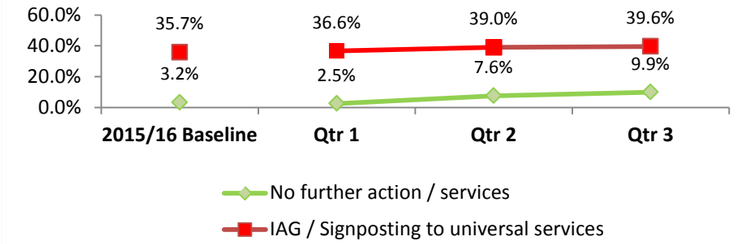
ABP1e - Action taken as a result of contact: (HM)



DATA - Generally moving in positive direction.

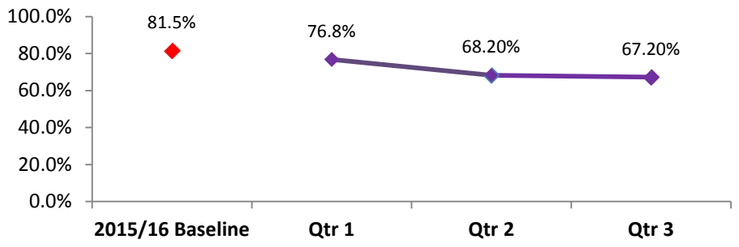
ACTION -To continue. Noted that submissions via the portal are often still able to be deflected with telephone conversation. Manual internal exercise to establish why callers not using portal in first instance underway. Will inform Portal development work.

ABP1f - Percentage of contacts leading to: (HM)



DATA - General trend in positive direction with more contacts resolved at first point

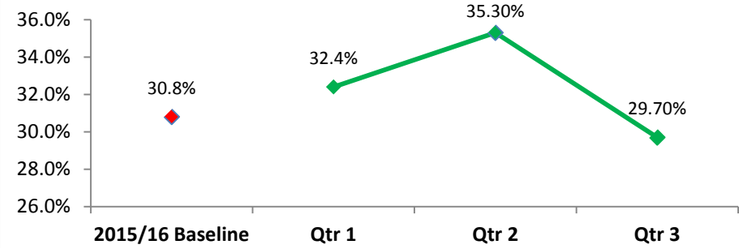
ABP1g - Percentage of contacts acted upon with 24 hours (HM)



DATA - Data is captured by counting start and completion date of contacts - cannot be assumed that contacts which are still open after 24 hours are not being responded to.

ACTION - To analyse post contact activity that leads to contacts remaining open 24 or more hours. The withdrawal from use of contact assessments will significantly impact on this indicator as this activity typically takes longer than completion of a contact to develop meaningful indicator for use in next reporting year

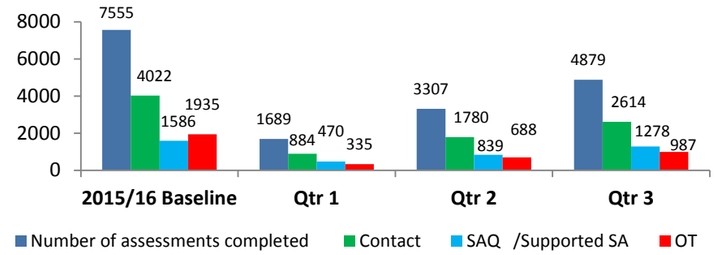
APB2a - Percentage of new contacts who go on for a further assessment (HM)



DATA - Q3 performance significant improvement in deflection rates rather than drawing people into system.

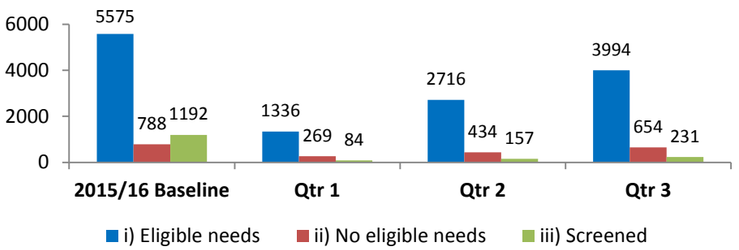
ACTION - To continue

APB2b - Number of assessments completed by type (HM)



DATA -No significant movement . Will be impacted next year on withdrawal of contact assessment

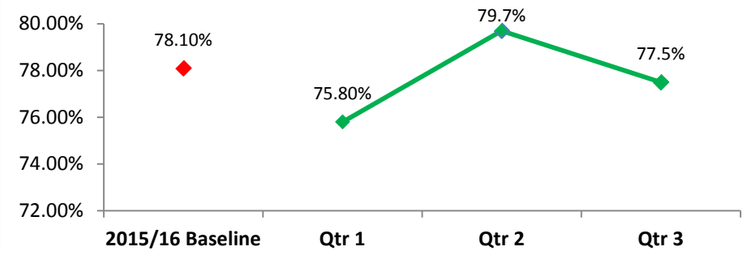
ABP2c - Outcomes following assessment - numbers found to be: (HM)



REVIEW - Some increase in people determined to have no eligible needs . Development of asset/strength based approach will support further increase in this indicator and in in relation to screening out.

DATA - NB: Some assessments have outcomes of "needs changed" or "needs unchanged" which should usually be seen only against reassessments. Eligible/Ineligible/Screened totals therefore do not equal all assessments.

ABP2d - Percentage of assessments completed with 28 days / agreed timescales. (AO)



REVIEW - The discussions with specialists and localities did not happen.

DATA - No change in the data from Q2 to Q3

ACTION - Assessments completed within timescales at the front door. Meetings scheduled with HOS od specialities and localities to find out what specific blockages there are and how they would be overcome. Meeting scheduled for 20th March 2017.

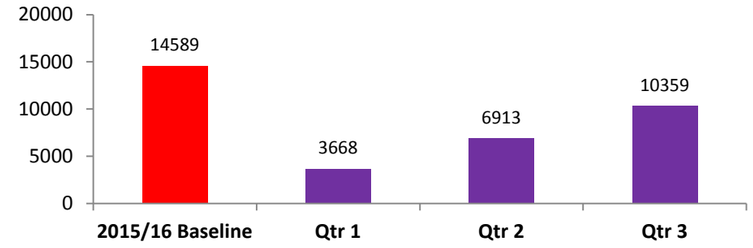
ABP2e - Characteristics of the customer population: for those deemed eligible to receive support following a completed assessments (AO)

Please see data table

DATA - Data does not give us any cause of concern.

ACTION - Need to continue to monitor demographic profile of our customer base

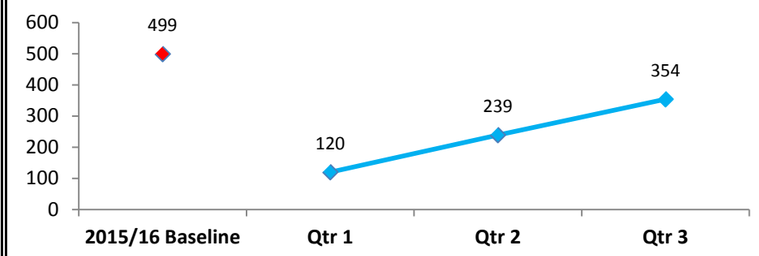
ABP2f - Number of requests for new clients broken by route of access (RoA) and Outcome to that request for support (AO)



DATA - There was a slight increase in the last quarter (201) however, the trajectory is encouraging with a forecast of a reduction in customers approaching the ASC

ACTION - Maintain performance levels

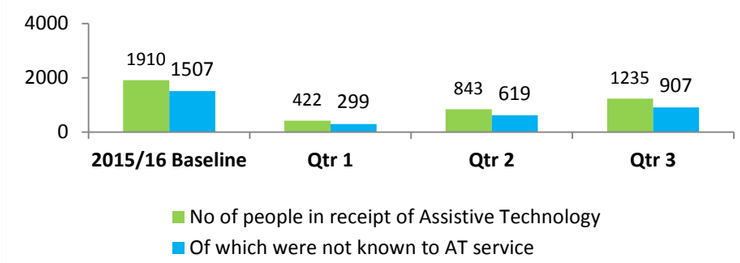
ABP2g - Number of people entering ASC to receive a long term-support (LTS) package of care – new starters (AO)



DATA - On the first 9 month performance the forecast is that there will be fewer customers needing long term support

ACTION - Maintain current performance although no immediate action required. If trend continues we are looking at a 6% reduction work is needed to analyse the package costs associated with the new customers to ensure that the reduction in numbers translates to overall cost to the department.

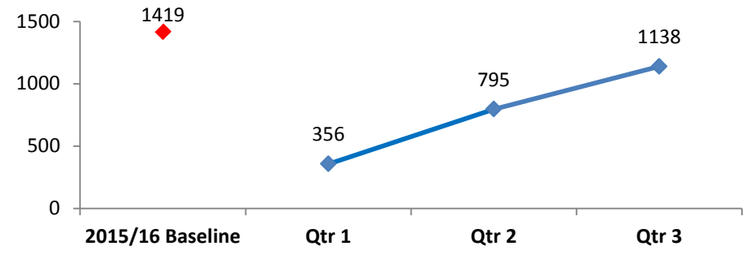
ABP2h - Number of people in receipt of Assistive Technology (JS-B)



DATA - During this year there has been a greater emphasis of service users acquiring low level and inexpensive AT items for themselves compared to previous years.

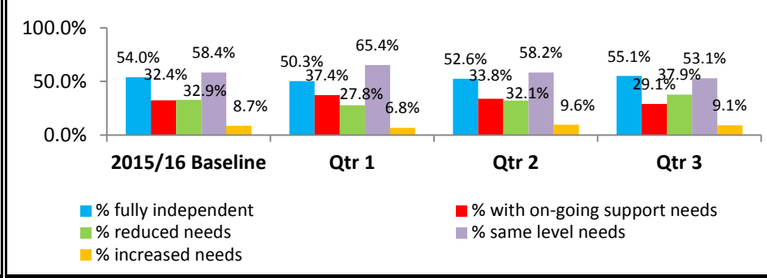
ACTION - An OR for the AT Service and work already commenced with Commissioning about the branding and awareness of AT will assist in focussing the AT Service moving forward. This work will also result in enhanced support and guidance for ASC staff requesting AT and for service user seeking to acquire AT directly themselves.

APB3a Number of contacts that go on to receive reablement (short term support to maximise independence) - SALT (JS-B)



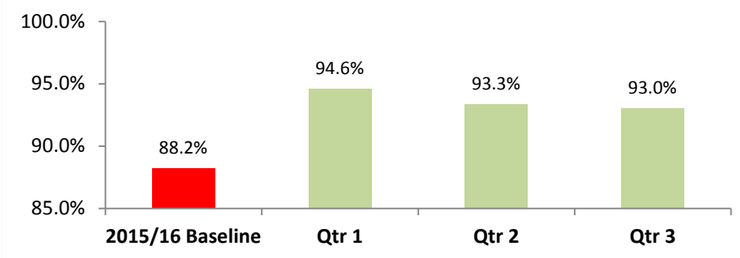
REVIEW - Data shows a slight reduction in the number of cases as compared to Q2.However the growth projection at this current rate is still expected to be above the baseline figure of the previous year by 7%.

APB3b - Reablement - Outcomes post reablement: (JS-B)



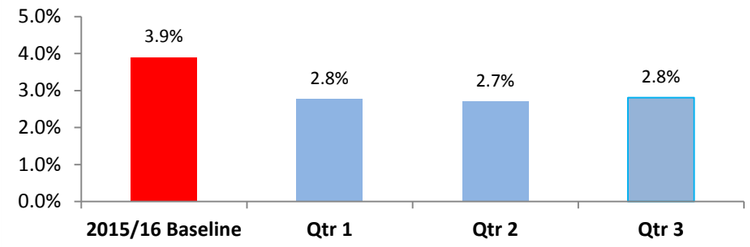
DATA - Fully independent 2.5% higher than Q2- moving in right direction. Ongoing support needs 4.7% less than Q2 but seen a positive move. Increased needs are also lower by 05% and reduced needs increased by 5.8%. All results are very positive and all targets are well above baseline targets.

ABP3c - Proportion of people (65+) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services (JS-B)



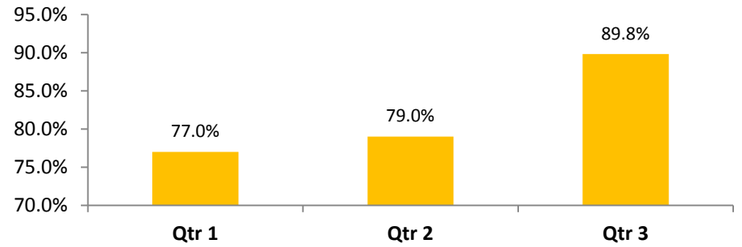
DATA - Q2 9 3% slightly decreased from Q2 at 93.3 % . Generally very positive outcome as well above the baseline rate of 88.2%.

ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)



REVIEW - Overall data shows a similar pattern to QI and Q2 with only a slight movement in the right direction. Although the percentage does not meet set targets the numbers coming into the service have increased. As we have an ageing population the numbers entering hospitals have increased and so to maintain these targets may not be feasible.

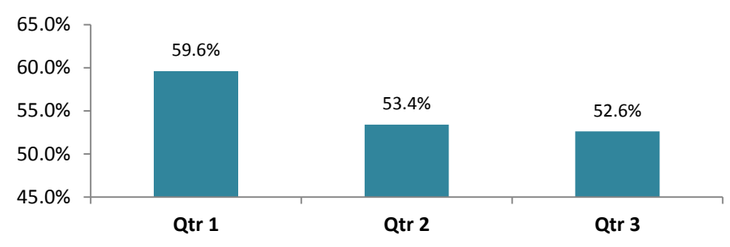
ABP3e - Percentage of new enablement cases allocated with 48 hrs (MM)



DATA- Shows a 10.8% rise in the allocation of cases from the Enablement Referral Team (ERT) decision process in accepting cases onto enablement.
The ERT process has been reviewed and a new approach commenced w/c 03.02

ACTION - The new process will be evaluated end of March 17, together with the performance of this measure.

ABP3f - The percentage of those service users effectively enabled (QoL factors improved) (MM)

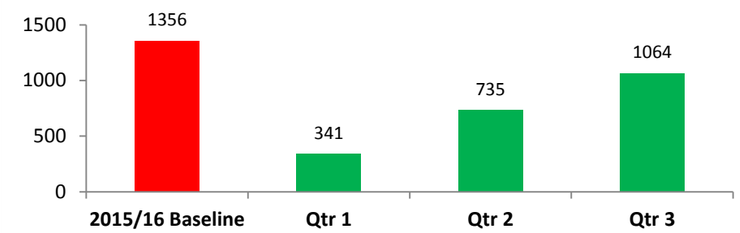


REVIEW - Scrutiny of how we measure the 'success' of enablement continues to be underway with the performance measure potentially changing. A report to leadership will be presented in March 17.

DATA- Shows a 0.8% decrease in the quality of life/satisfaction outcomes from the user post enablement.

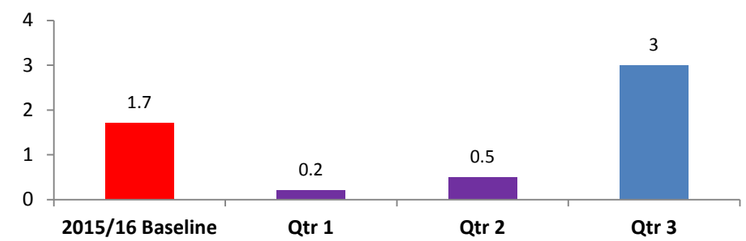
ACTION - There are actions relating to Liquid Logic/processes for enablement which will be carried out during April according to the LLUG priority list. These include departmental priorities i.e. Enablement closing cases, embedding a cost avoidance model and removal of the contact assessment.

ABP3g - Reablement / intermediate care outcomes; result from intervention: Sequel to ST Max as per SALT (JS-B / MM)



DATA - Year-end forecast 1,420. More people completing reablement as compared to last year

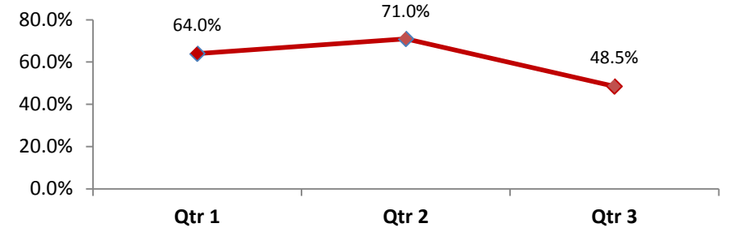
ABP4a - Delayed transfers of care (attributable to ASC) per 100,000 pop. (AO)



DATA - An increase in the last quarter is due to incorrect coding by UHL and LPT. There are specific issues that we are picking up with LPT and UHL with an identification of specific cases where patients were wrongly attributed to the LA. This has been agreed at an operational level and we are in the process of getting this reversed in UNIFY

ACTION - Meetings have been held with LPT and UHL to reverse the recording on UNIFY. We have now put a mechanism in place to ensure accuracy of coding.

ABP4b - Percentage of discharges completed without a discharge notice. (AO)

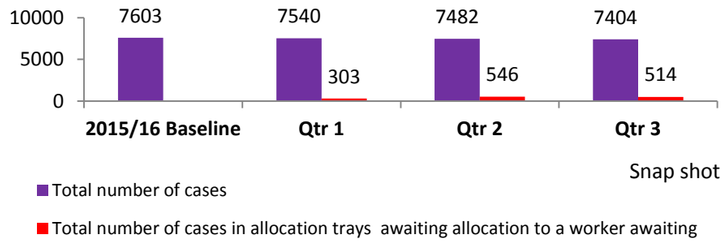


REVIEW - Data indicated a significant drop of discharges completed without a discharge notice. This is due to the trust being under severe pressure in the last quarter as a result of winter pressures. Our staff continue working on wards to effect safe and timely discharges.

DATA - There are data issues that we are picking up with UHL and LPT.

ACTION - Monitor situation including joint action plans with LPT, UHL and the CCG to find ways in which to bring the performance back to around 60%.

APB5a - Allocations by team: (I) Number of cases allocated to each team (SD)

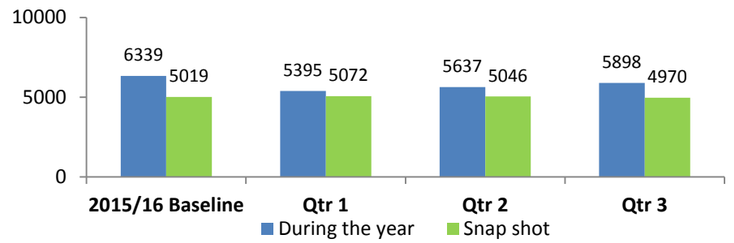


DATA - The number of cases waiting to be allocated has slightly decreased from Q2 in East, WEST, LD and AMH

ACTION - Q1 - Cases are prioritised in terms of

- safeguarding concerns
- need to establish capacity/Court of Protection work required
- level of risk, including health and safety risks, i.e. moving and handling
- Service user's situation with informal support network balanced with risk of carer strain
- Outstanding debt/contribution or mismanagement of DP/inappropriate use of services
- whether adequate services are in place or not,
- Whether preventative services will delay the need for statutory involvement, i.e., enablement – establishing baseline/levels of independence/strengths etc. before assessing

ABP5d - Number of people in receipt in receipt of a long-term support (LTS) package of care by support setting and delivery mechanism (RR)

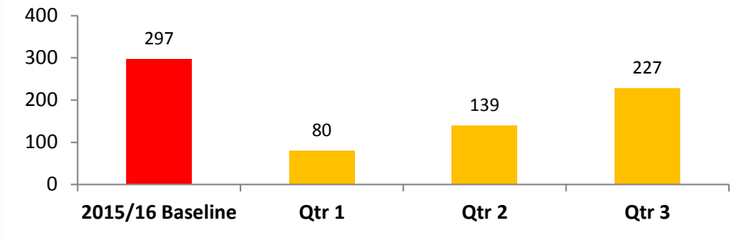


REVIEW - The snapshot data shows a decrease in the numbers of people receiving formal LTS from Adult Social Care, which is in line with the Department's vision to enable people to live independently. The numbers in res/nursing care have been added to by a move from CHC to joint funded packages. There has been a very slight rise (5) in the numbers of people in res care within the snap shot data.

DATA - There was a slight increase in numbers of people receiving support from the baseline data which can be partly attributed to the fact that non planned services are being put into the support plan and so counted.

ACTION - Targeted reviews continue and there is a push from Programme Board, through HoS to increase the pace. Workers have been informed that all allocated cases must have a review completed by the end of the financial year. Regular meetings have been established in January to plan and monitor moves from residential care.

ABP5e - Number of permanent admissions into Residential / Nursing Care by narrow age-band and Primary Support Reason (BP)

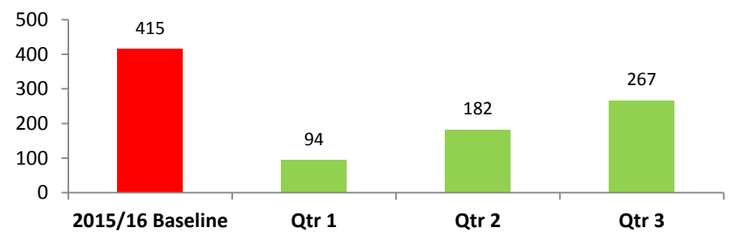


REVIEW - There is no significant increase in comparison to 2015/16 figures, the winter pressure and discharge to assess beds might push the numbers in Feb and March 17. CHC funded cases in D2A beds are extended until the ASC's assessments take place, the most placements are made in the winter and the placement were made permanent around April and May. There is an exception in October 2016 that there were 39 admissions

DATA - 217 permanent admission in total o f which 26 of them aged 18-64 (10 Learning Disability, 8 Mental Health, 8 Physical disability)

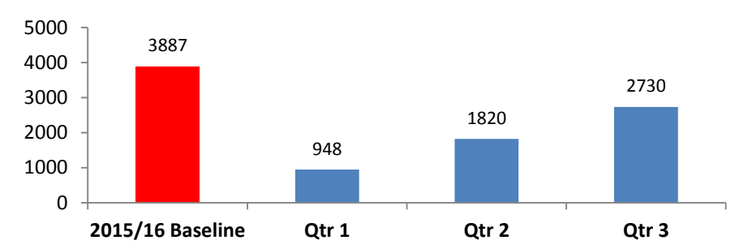
ACTION - HoSs are monitoring and authorising any permanent placement request to ensure that all other community based options have been explored

ABP5f - Number of Leavers from residential / nursing care by narrow age-band and Primary Support Reason (BP)



REVIEW - Less than the previous year. Less leavers predicted. People live longer but having an impact on the figures

ABP5g - Number of people who have had a review in a period by age-band and PSR (SM)

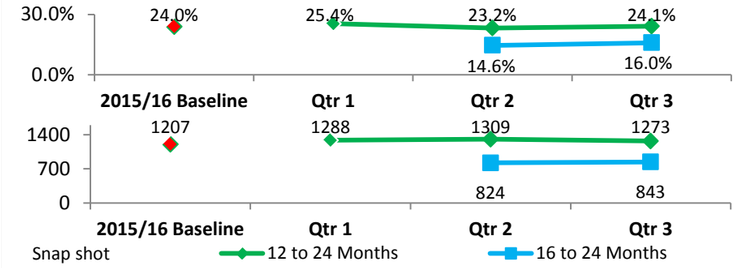


REVIEW - The numbers of people reviewed increased during the third quarter. However, the pace will need to increase in order to meet the 2015/16 performance.

DATA - Team Leaders check monthly review data to make sure that information has been correctly entered and that reviews completed have been accurately counted.

ACTION - Workers have been informed that all allocated cases must be reviewed and the reviews documented by the end of the financial year. Monthly data is sent to Team Leaders, which breaks down the information by individual workers so that action plans can be put in place to ensure reviews are completed.

ABP5h - Number and Percentage of people in receipt of a service who has not been reviewed for: (SM)

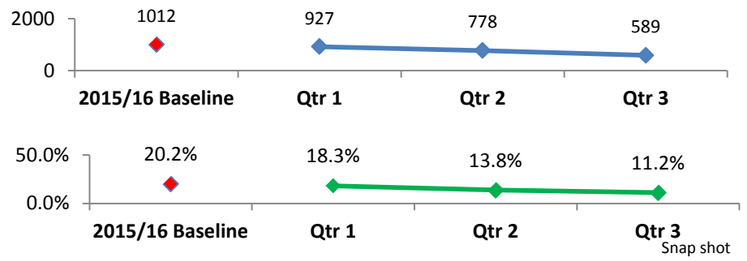


REVIEW - Whilst the percentage of people who haven't been reviewed in the last 12 -24 months and 16 - 24 months has increased, the numbers this relates to have actually decreased. This is due to the fact that the numbers of people receiving services are also decreasing. The pace of reviews needs to increase as there is a risk that prioritising those that have been waiting for the longest time will lead to others not receiving a review and so becoming more out of date.

DATA - Good quality data is now available to Team Leaders on a monthly basis, run by a central admin team. This gives details of those cases awaiting a review and by how long that review is overdue.

ACTION - This continues to be reviewed monthly at the Programme Board. Workers have been told that all allocated cases need to have been reviewed by the end of the financial year. Capacity work has been undertaken by Business Analysts and this, together with productivity work being undertaken within teams is setting expectations for staff as to how many pieces of work are expected on a monthly basis. Performance is being monitored and will be addressed.

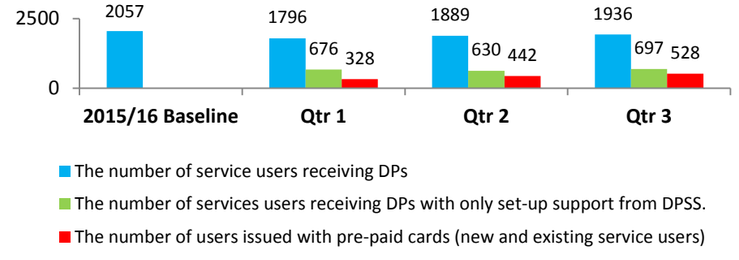
ABP5i - Number and percentage of people in receipt of a service who has not been reviewed for 24 months or more (SM)



REVIEW - The numbers of people who have not received a review in the last 24 months continues to fall, and to fall at an increasing pace. However, pace needs to increase or there will be more out of date reviews that fall into the 24 months or more category.

ACTION - Team Leaders receive data each month, detailing those reviews that are most out of date so that these can be targeted. Performance is reviewed monthly at the Programme Board and action plans are agreed.

ABP5j - Direct Payments: (SD)



REVIEW - Ongoing monitoring and discussions with PPC Team and continuously promote DP hence the number of PPCs are increasing

DATA - I) The number of service users receiving DPs -------1936

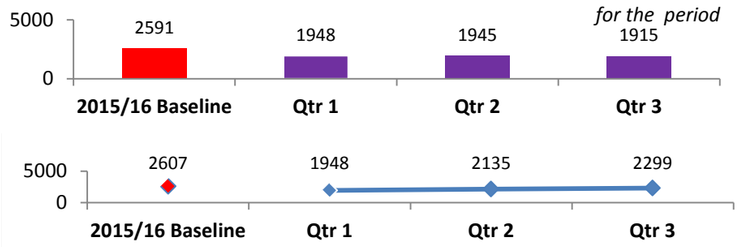
ii) The number of services users receiving DPs with only set-up support from DPSS - 677

iii) PPC cases 494 Existing cases. This number is going to be 531 by end of January 2017. Difficulty with encouraging service users and their suitable person to go over to the PPC service especially when they are loyal to third parties. Issues with DPSS providers discouraging the PPC to service users, (NOC to follow for Mosaic and Enham).

We have 21 Direct Payment order forms waiting to be returned from s/users or suitable person

ACTION - PPC CMOs are assisting Locality Teams to raise the number of direct payments

ABP5k - Number of people receiving domiciliary care (TS)



REVIEW - There has been a decrease across 2016-17 YTD in terms of the number of individuals in receipt of directly commissioned Dom Care, compared to previous years. Whilst this may be representative of actual activity, there are many other factors that could potentially account for this. For example, it may be that a greater number of individuals are receiving Dom Care through a Direct Payment, which would therefore mask net activity as a seeming reduction . This needs to, and will be investigated in the next period (to be reviewed for Q4 2016-17)

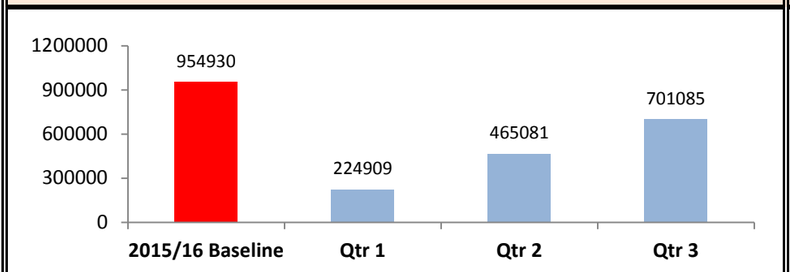
ACTION - CaAS Data and Performance team to undertake some more in-depth analysis of this in the near future. Added to forward work plan. The team will also investigate how Dom Care commissioned through Direct Payments can be tracked also.

Benchmarking data:

2014-15 = 2745 individuals - 2015-16 = 2591 individuals 2015-16 quarterly breakdown: Q1 15-16 = 1984 , Q2 15-16 = 1997,

Q3 15-16 = 1959, Q4 15-16 = 1955

ABP5l - Number of domiciliary care hours delivered (TS)

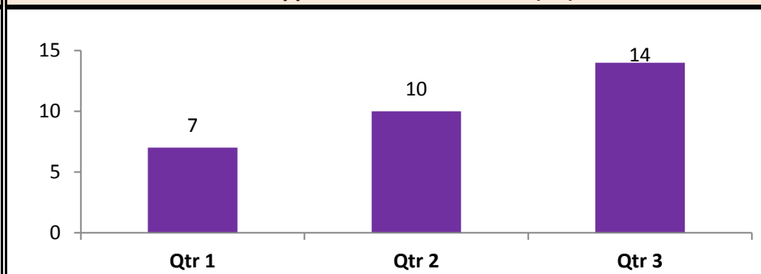


REVIEW - Total number of hours provided has dipped slightly in Q3 2016-17, albeit at a slower pace than the decrease seen in terms of overall numbers in receipt of services. Again, potential issues relating to Dom Care commissioned through a Direct Payment may be (but is not necessarily) a factor, and will be investigated as above.

ACTION - CaAS Data and Performance team to undertake some more in-depth analysis of this in the near future. Added to forward work plan. The team will also investigate how Dom Care commissioned through Direct Payments can be tracked also.

Benchmarking data: 2014-15 = 931,777 hours, 2015-16 = 954,930 hours

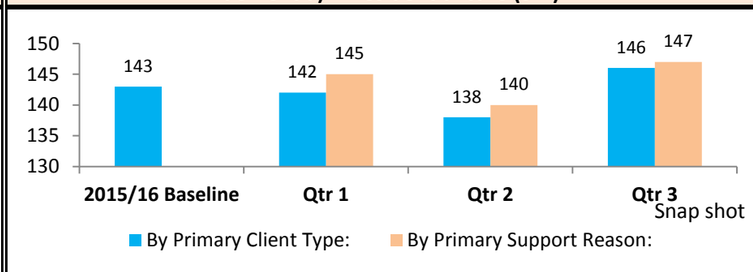
ABP5m - Number of working age customers moved out of residential care into supported accommodation (RR)



REVIEW - The numbers in the second and third quarter have been lower than those in the first as there was a home closure early in the year which had a positive impact upon this measure. The numbers reflected here are 'business as usual'

ACTION - A regular meeting between Care Management, Supported living, Commissioning, Enablement and Transformation has been established in January. Priorities for reviewing those people in res care have been agreed, guidance has been provided through the Programme Board and responsibilities of the various teams agreed. Action plans will be agreed, recorded and reviewed for each individual and barriers identified and support sought to remove these.

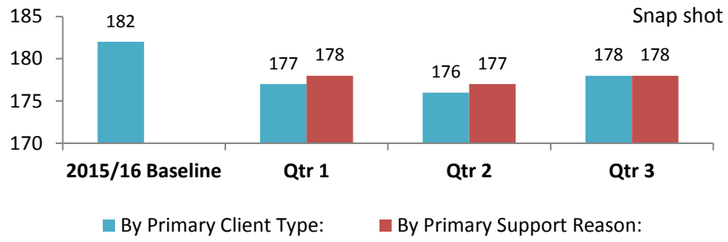
ABP5n - The number of people with mental health needs (including dementia) in residential care (SM)



REVIEW - The number of people with mental health problems (including dementia) has increased very slightly. Looking at the monthly snapshots this number does vary up and down but it's important to keep a check that there isn't an upward trend.

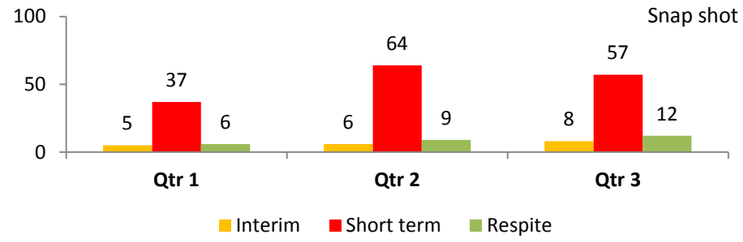
ACTION - All placements in residential care have to be authorised by a Head of Service. For those under 65 - regular meetings between Care Management, Supported living, Commissioning, Enablement and Transformation has been established in January. Priorities for reviewing those people in res care have been agreed, guidance has been provided through the Programme Board and responsibilities of the various teams agreed. Action plans will be agreed, recorded and reviewed for each individual and barriers identified and support sought to remove these.

ABP5o - The number of people with a learning disability in residential care (RR)



REVIEW - The numbers have increased very slightly in the last month. No specific reason for this has been identified.
DATA - It is vital that appropriate accommodation is available for people as they are deemed ready to leave residential care so that opportunities are not lost.
ACTION - All admissions to residential care have to be authorised by the Head of Service. A regular meeting between Care Management, Supported living, Commissioning, Enablement and Transformation has been established in January. Priorities for reviewing those people in res care have been agreed, guidance has been provided through the Programme Board and responsibilities of the various teams agreed. Action plans will be agreed, recorded and reviewed for each individual and barriers identified and support sought to remove these.

ABP5p - The number of people in interim residential care placements (BP)

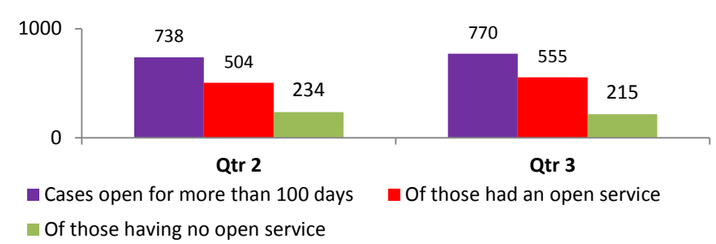


REVIEW - The interim places were discussed with HoS, majority of the cases are either waiting care packages or appropriate accommodation following the hospital discharges.

DATA - Short Term Placements: AMH --5, ASC Discharge Team --11, ASC East include (SRCT) --20, LD --11, ASC West --10, SUBSTANCE MISUSE TEAM --8, TRANSITIONS TEAM --2
Grand Total -57
Interim Placements: ASC East 3, ASC West 2, Reablement 3
Grand Total-- 8

ACTION - DP options explored for those who are on the awaiting care list and raised the issues in management meetings

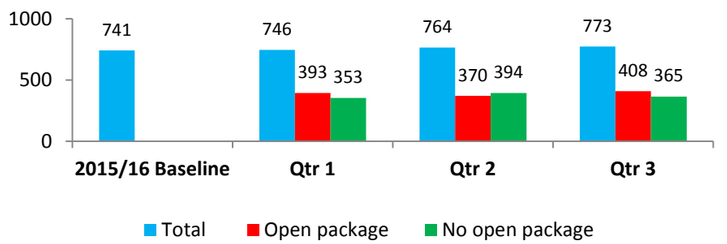
ABP5q - Case management – Cases allocated to worker for more than 100 days (BP)



DATA - AMH 285
ASC Discharge Team and Reablement 10
LD 179
West 147
East 77
SRCT 74

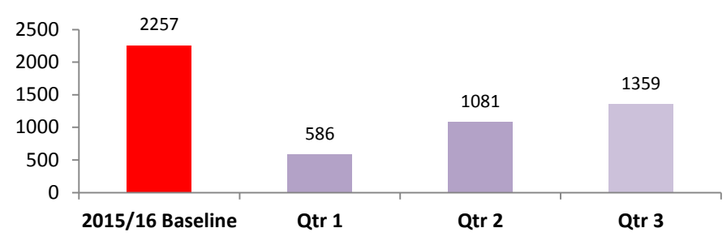
ACTION - Each HoS was informed by SD about the above data to discuss with TLs.

ABP5r - Number of Section 117 cases – with and without an open care package (SM)



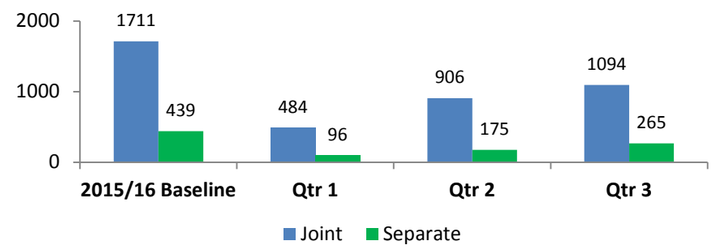
REVIEW - Numbers have increased slightly. This is deemed to be positive as it shows improved recording of this information.
DATA - As awareness of S117 increases there is a risk that these numbers (and therefore the cost to the Department will increase). GEM has recently lost the contract to manage S117s with needs above and beyond mainstream funding. A number of these cases were simply given 100% Health funding due to lack of resources to assess fully. However the CCGs are beginning work to review these and they will become joint funded. This is a financial risk to LCC.
ACTION - Draft guidance has been provided to all Team Leaders. This includes information on the limit of the Council's responsibilities and the importance of discharging people from S117 where appropriate. The guidance highlights the importance of seeking early legal advice to ensure the Council doesn't take on responsibilities incorrectly. The County and LPT have been chased to complete the updated policy that will then be distributed across ASC.

ABP6a - Number of Carers receiving needs assessment (HM)



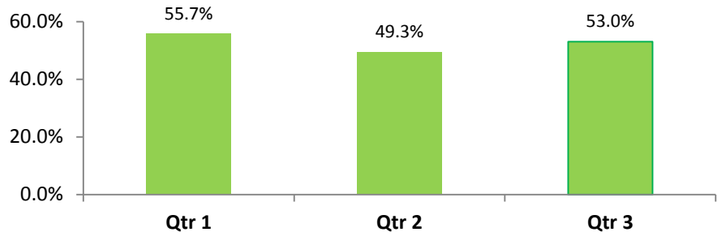
REVIEW - Current carers report is being investigated to ensure assessments completed using new SAQ form (from Nov) are being captured.

ABP6b - Number of separate assessments /Joint assessments (HM)



DATA - Data shows slight improvement in Q3 performance in joint assessment (80.5% compared to 79.6% baseline

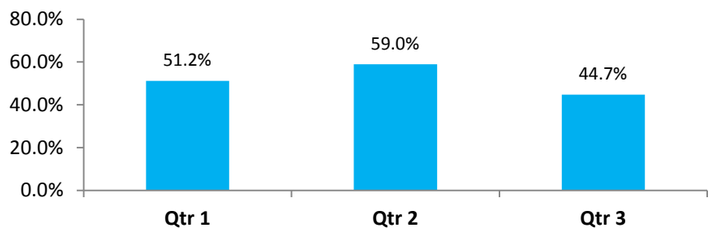
ABP7a - Percentage of enquiries begun within 24 hrs following a decision that the threshold has been met. (JB)



DATA - Issues with definition interpretation identified with this measure appear not to have been fully resolved, as there has only been a modest improvement

ACTION - Email out to all staff to ensure workforce is clear about he definition of a strategy meeting and take to TL forum if required. Further work required to consider the benefits of aligning the dashboard and LL (working days /calendar days) to provide additional assurance on the accuracy and robustness of data.

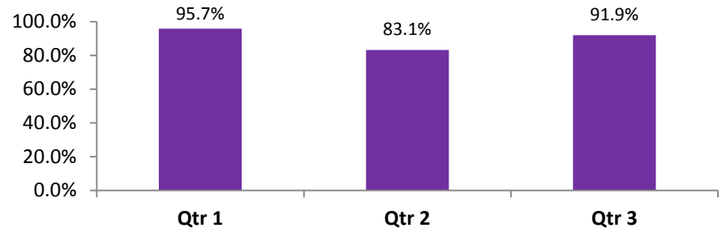
ABP7b - Percentage of enquiries completed within 28 days (JB)



DATA - Performance against this measure continues to present challenges. Whilst there have been a number of complex and large scale investigations, the overall numbers are similar for each quarter. MSP and the delegation of S42 enquiries within NHS settings may contribute, alongside the potential impact of the Christmas period in signing cases off, but the performance level requires further scrutiny

ACTION - Further enquiry and analysis needs to be undertake in view of the deterioration in performance. The need for timely progression will be reiterated to the workforce, pending further investigation.

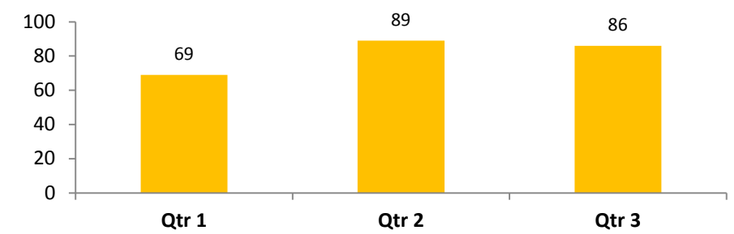
ABP7c - Percentage of people who have had their desired safeguarding outcomes met (JB)



DATA - Q 1 and Q2 data was obtained retrospectively and due to the data rescue issue, a degree of caution needs to be applied in analysis. Q3 improvement is a positive reflection of the additional briefings and LL changes made.

ACTION - Continued monitoring. A programme of audit is in progress which will further inform performance in this area.

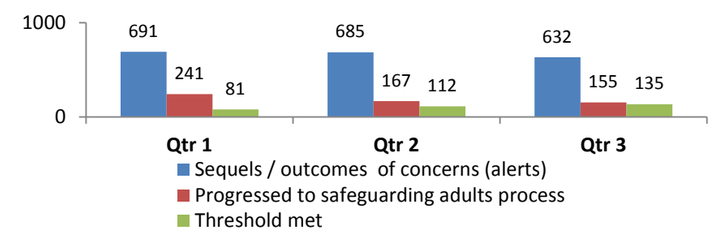
ABP7e - MSP – Number of people where the principles of MSP were adhered to (JB)



DATA - Data rescue as per ABP7c. Performance is steadily improving.

ACTION - Continue to monitor through MSP sub-group and planned audit

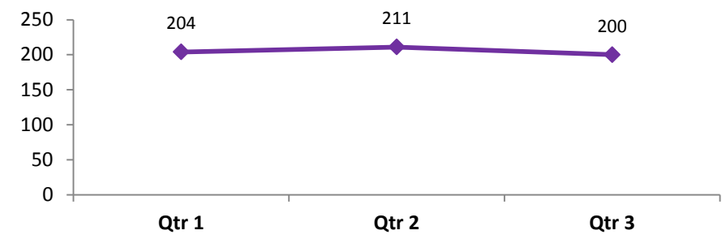
ABP7f - Sequels / outcomes of concerns (alerts) (JB)



DATA - The numbers of alerts remained broadly the same in Q1 and Q2, but reduced in Q3.The numbers progressing to a SA process have decreased each quarter, although out of those that do, an increased number have met the threshold. There might be a data lag issue due to the Christmas period, but equally there is a level of confusion as to the definition of "progressed to process"

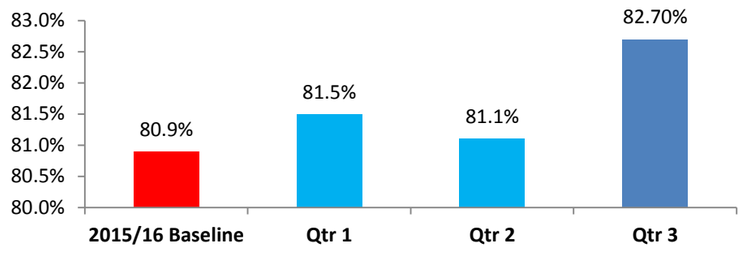
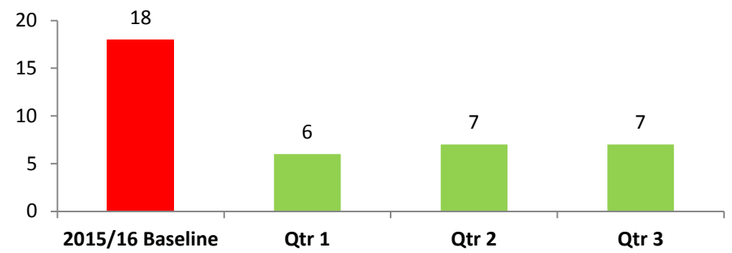
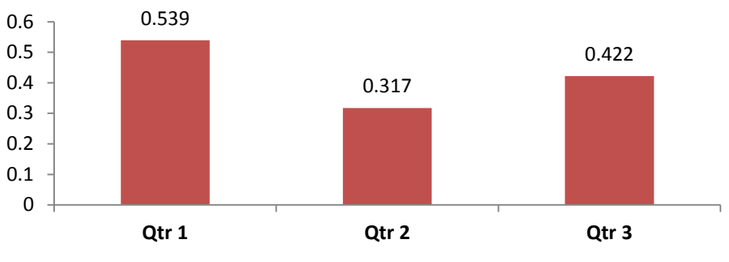
ACTION - clarify definition and ensure the workforce is clear. Consider deeper dive and regional comparison.

ABP7g - Number of repeat enquiries within the year (JB)



DATA - This measure looks at data over a 12 month rolling period. The number of repeat referrals has remained at broadly the same over Q1,Q2 and Q3 . It is important to note that as the reporting is over a 12 month rolling period, any changes will only become apparent relatively slowly. There is some evidence that Leicester City has a higher than average number of repeat referrals and this requires further exploration and regional analysis

ACTION - Undertake a deeper level analysis of data - including setting (residential vs Community), PSR, audit of cases where risks remain and outcomes of second enquiries. Benchmarking and recording analysis would also provide useful data for further consideration. Multi- agency audit in progress, which is due to completed by 31.03.17

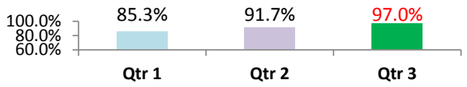
ABP8a - Proportion of contracted providers to be compliant at the point of assessment, of those eligible to receive a QAF assessment (TS)	ABP8c - Total number of contract breaches within the period (Notice to Remedy Breach issued) (TS)	ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within 28 days (TS)
		
DATA - In Q3 2016-17, we have seen a slight increase in terms of the total rate of QAF eligible QAF providers to be compliant with the QAF process (82.7% compliance). This is a positive indication of the overall performance of the contracted portfolio. **ACTION -** All providers deemed to be non-compliant with the Quality Assurance Framework (QAF) will be subject to a follow up process by CaAS, which will include action planning and subsequent QAF reviews. It is expected that following this intervention by CaAS, all providers should be compliant within 12 months of their initial QAF assessment.	**DATA -** The overall number of contract breaches imposed has remained relatively consistent across 2016-17 so far. In Q3 2016-17, a total of seven contracts were found to be in breach, subject to the criteria demonstrated in the 'Guidance Notes' column. Four of these contracts related to Domiciliary Care, and three related to Residential and Nursing Care.	**DATA -**The overall rate of NOCs to have been completed this period within the 28 day target has increased (42.2.0% in Q3 2016-17). **ACTION -** CaAS have recently set up a new NOC dashboard to monitor and track NOC closure activity within the team. This will be used operationally by staff and management to monitor performance. If, upon entry, staff are recording the closure of an NOC that is greater than 28 days after the NOC start date, they will be required to provide reasoning for the extended time period. AH will amend the NOC form to record this

ASC Customer Measures Dashboard 2016/17 Quarter 3

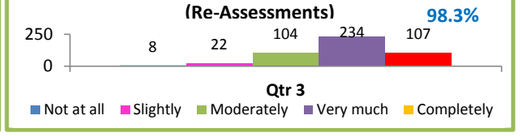
Appendix 5

Quality of Life Outcomes

The % of service users whose quality of life has improved as a result of their care package (Re-Assessments)

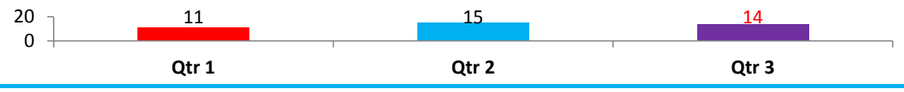


The % of service users who felt their needs had been met in their previous assessment (Re-Assessments)

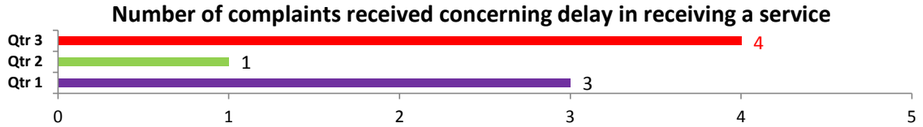


Help and support from ASC Services

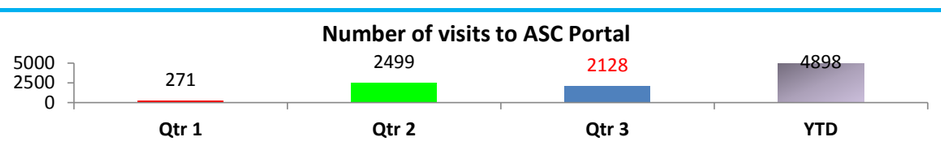
Number of complaints received by the department concerning challenging practice decisions



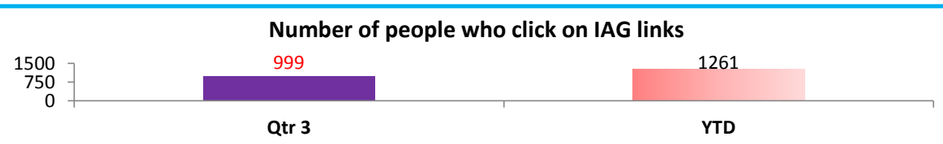
Number of complaints received concerning delay in receiving a service



Number of visits to ASC Portal



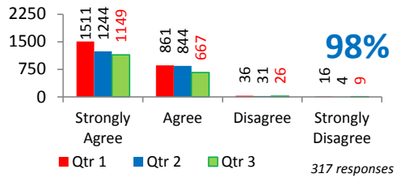
Number of people who click on IAG links



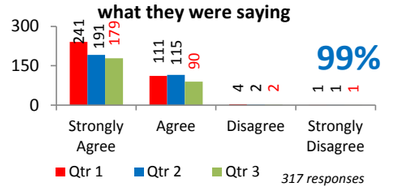
Number of people who submitted a portal eligibility form

Quality of interaction with ASC Services and staff

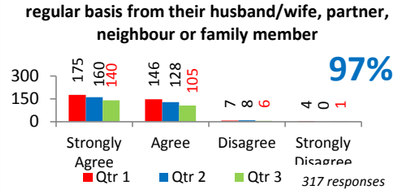
% of service users satisfied/ highly satisfied with quality of interaction with ASC staff



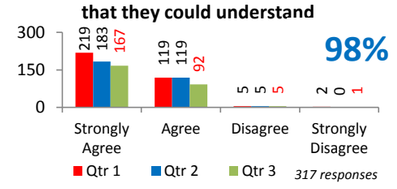
% of service users who felt that their social worker who spoke with them understood what they were saying



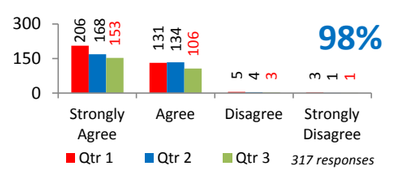
% of service users who felt that their social worker discussed any practical help they receive on a regular basis from their husband/wife, partner, neighbour or family member



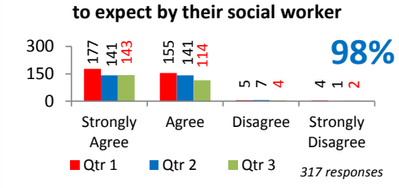
% of service users who felt that their social worker provided them with clear information that they could understand



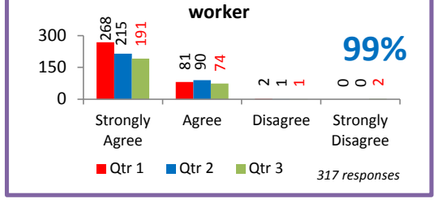
% of service users who felt their social worker explained what would happen next



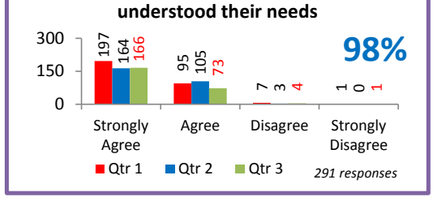
% of service users who felt their experience of the process matched what they were told to expect by their social worker



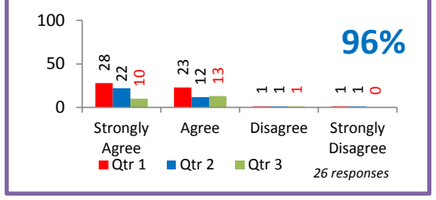
% of service users who felt they were treated with respect and dignity by their social worker



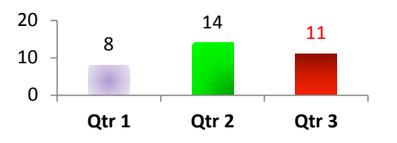
***(A) % of service users who felt that their social worker was knowledgeable and understood their needs**



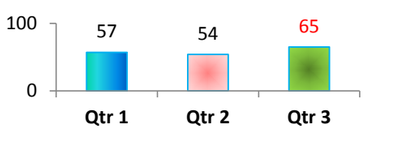
***(B) % of service users who would not have changed anything in the process**



Number of complaints received regarding staff attitudes/behaviour



Number of commendations received



*(A) User experience of ASC services

(B) User experience of ASC via contact & response team

Adult Social Care Scrutiny Commission

Draft Work Programme 2016 – 2017

Meeting Date	Topic	Actions Arising	Progress
12th Jul 16	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	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.	
8th Sep 16	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.	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.	Info has been circulated.
25th Oct 16	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 6) Kingfisher Unit	3) The commission requested that the situation regarding funding for prevention and intervention initiatives be clarified in the report. 4) A further written report to update on progress on actions taken in response to the review's recommendations is brought back to the commission.	

Appendix C

Meeting Date	Topic	Actions Arising	Progress
12th Dec 16	*Theme: Autism 1) BCF Update 2) Kingfisher Unit Update 3) Adult Social Care Portal – Six Month Implementation Update 4) Autism Delivery Action Plan – An Update on Progress and Self-Assessment Outcomes 5) Communication in Relation to Autism	1) A letter to be sent to the Government asking them for a quick response with regards to the funding of BCF. 3) Report to come back in 6 months' time 4) Commission to write to the city's MPs to push for greater awareness of Autism and provide adequate funding for it. 5) Series of recommendations made by the commission to raise awareness of autism and improve communication with autistic people.	
24th Jan 17	1) Adult Social Care Budget 2) Adult Social Care Outcome Framework (ASCOF) 2015/16 3) Quarterly Performance Report – Quarter 2 4) Outcome of the Mental Health Recovery Hub Consultation	1) Labour Members of Parliament for Leicester, with a request for them to raise the concerns in the House of Commons 4) A progress report on the Joint Commissioning of the Mental Health Recovery Hubs is brought back to the Commission in a few months' time.	
4th Apr 17	*Theme: Dementia 1) Alzheimer's Society 2) Update on Dementia Strategy 3) Continued Healthcare Funding 4) Quarterly Performance Report – Quarter 3		

Forward Plan Items

Topic	Detail	Proposed Date
ASC Portal – Demo	A demonstration to Members of how the portal works and how to navigate the system.	April/May 2017
Adult Social Care Portal	One year Implementation Update	May/June 2017
Transition into Adulthood: Young People with Disabilities		June 2017
Danbury Gardens	Consultation Findings and Proposals	June 2017
Domiciliary Care	Update Following Procurement	June 2017
Update on implementation of actions following the peer review		June 2017
Update on the Enablement Strategy		June 2017
Quarterly Performance Report	Quarter 4	July 2017
Executive's response to the Commission's Review on Community Screening	Written report to update on progress on actions taken in response to the review's recommendations	TBC
Autism Strategy	Refresh of the Strategy	Aug/Sep 2017