Leicester's Adult Social Care Local Account 2012-13

Draft

Adult Social Care

Annual Report

2012-2013

This is Leicester City Council's Adult Social Care Annual Report for 2012-13.

It is for everyone in Leicester who is interested in adult social care, and it tells you what we have been doing in providing adult social care services, and how we have performed. It also tells you what our plans are for the future.

It is available online at [web link to be added in final version]

If you need help reading this publication or require it in a different format please contact [phone number and email address to be added in final version].

We hope you find it useful and interesting.

Please feed your views back us (see Section 12 *Tell us what you think* to find out how).

Thank you.

Leicester City Council

Inside front cover

Jargon Buster

Advocacy a service that helps people who are not able to speak up for themselves very easily.

Assistive technology equipment such as pill dispensers, fall detectors, bed sensors etc.

Commissioning the process by which an organisation, such as the council, buys services for people from another organisation, for example a voluntary organisation. This involves working out exactly what services are needed and describing the exact service that should be provided, then choosing the organisation that will provide the best service and give the best value for money.

Direct Payment a payment made to a person who needs care services to allow them to buy the services they need, thus giving them greater choice and control over how their needs are met.

Domiciliary Care care given to people in their own homes.

Enablement Service a service for people to enable them to be as independent as possible within their community.

Equality Impact Assessment an assessment of the impact that a decision or a service may have on people who are identified as belonging to one of the groups with 'protected characteristics' under the Equality Act 2010, for example people from ethnic minority groups, disabled people etc.

Personal Budget money that is allocated to someone by the council to pay for their social care needs.

Personalisation an all-encompassing terms for the Government's drive towards giving people more choice and control over their support.

Quality Assurance a process of systematically analysing a service to make sure it is working effectively and efficiently, often using outside scrutiny, assessments or inspections.

Reablement Service a service for people with short term needs after being in hospital following an accident or serious illness, to promote independence and reduce their reliance on care packages or residential care.

Respite care short-term, temporary relief to those who are caring for family members to give them a break from what can be an emotionally and physically demanding role.

Safeguarding the process of responding to concerns that a vulnerable person may be experiencing, or at risk of experiencing, abuse, neglect or exploitation.

Self directed support when people chose their own services, organise their care and arrange for payments to be made using a direct payment.

Sensory Impairment problems with seeing or hearing.

Contents

1. Welcome

Photo

Assistant Mayor Councillor Rita Patel

Welcome to our third Adult Social Care Annual Report, which covers 2012-13. This report looks back over the period 1st April 2012 to 31st March 2013 to look at how our services are performed during that time.

The city council is accountable to the people of Leicester for providing effective adult social care.

We have been through some very difficult times during 2012-13 and this year, and we know that the future will be very challenging as well.

The government has embarked on a substantial programme of spending cuts to tackle public sector estimated 35% real-terms cut between 2010/11 and 2014/15 in our main grant funding.

This means that Adult Social Care, along with the rest of the council, is having to make significant funding cuts over the next few years. At the same time we are implementing a programme of transformational change, which will help ensure that we can become more efficient in how we use the resources we do have, with the development of greater personalisation, choice and prevention.

In particular, we have had to make some very difficult decisions about our elderly people's homes and day care services.

However, I continue to have very high expectations of our adult social care services. I know very well how fundamental it is that as a caring city, we have to look after people in need, and support people to have as positive and happy a life as they can. I know what I would want for myself and my own family, and I expect nothing less for people in Leicester. I want people to be able to understand what we are trying to do, and to engage with us to make sure we understand what they need from us as well.

One of the most important issues for me is that we make sure that we ensure that our services are fully appropriate for the diverse communities that we have here in Leicester, and that we use our services to help address inequality as fully as possible. That is why you will see that there is a lot of information in the report about how services respond to diversity.

An important part of our approach to equality is ensuring that we have a diverse workforce – as one of the best ways of ensuring our services are tailored to different needs is to have staff who themselves are part of the communities we serve. This can bring many benefits: empathy and cultural knowledge as well as practical skills such as languages.

I would like to take this opportunity to thank all of the staff who work in adult social care for the council and in the private, voluntary and community sector in the city for all of the excellent work that they continue to do. I have had the opportunity during the year to see for myself the hard work, huge skill, and tremendous compassion with which so many people support the most vulnerable in our city.

So this report is here to help us open up what we do for everyone to see, and therefore equip them to tell us whether we are doing the right thing, or not.

We have tried to provide the information that we think you will find useful, and to set it out as clearly and as helpfully as we can.

To help us do this, we shared a draft version with [information will be placed here about the feedback we will be receiving on the draft]. We received some really helpful feedback, and we made some changes as a result.

We will be producing and annual report every year, so we would really welcome your feedback on the report to tell us whether we are getting it right. Please do take the opportunity at the end of the report in Section 12 to tell us what you think about it to help us improve it in future years.

Many thanks.

2. About Adult Social Care vision and priorities

Leicester City Council provides social care services for 'vulnerable' adults in Leicester. A ''vulnerable' adult is someone who needs services because of old age, illness or mental or physical disability and because they are unable to take care of themselves or protect themselves from harm. This includes:

- older people;
- people with physical and/or sensory disabilities;
- people with learning disabilities;
- people with mental health difficulties;
- people with HIV/AIDS;
- people with drug or alcohol problems;
- people with a long-term or terminal illness; and
- those caring for people who are in any of these groups.

To help vulnerable people, we arrange personal care services such as help with dressing, eating and washing; and we also help people to arrange their own support.

We work closely with other council services, NHS Leicester, and with many voluntary and private organisations in the city as well. Together, we aim to enable people to live independently in their own home for as long as they want or are able to, and to give them as much choice and control over their lives as possible.

We also support a wider range of people in the city by providing advice and information and by providing 'preventative' services that help people to avoid need for care services.

In 2012-13 we helped

8,172 people by making sure they receive the personal care services that they need.

You can find out more about adult social care services by getting in touch: see Section 11: How to Contact Adult Social Care.

The next section sets out our vision and our priorities for adult social care in Leicester.

Leicester's adult social care vision and priorities

Our vision for Adult Social Care is to enable individuals to be active citizens and to ensure people are safeguarded. We will do this by:

- supporting people to access mainstream and universal services to meet their needs;
- ensuring people are provided with opportunities to maintain or regain their independent living skills;
- ensuring that people who have on-going risks to independence are fairly assessed and are allocated resources (individual budgets) to meet their needs;
- enabling people to exercise choice and control over the way in which they use their individual budget to meet their desired outcomes; and
- supporting people who are at risk of harm and abuse to stay safe.

Adult Social Care has a number of shared priorities across service areas for the next year. These are:

People

- improve customer experience
- increase staff/ management confidence at all levels
- develop more effective communication – internal and external

Transformation

- deliver financial efficiencies
- coordinate changes taking place so they make sense to users, carers, elected members, staff and partner agencies

Process

- streamline key processes – direct payments, Quality Assurance
- make sure decision making takes place at the right level

Prevention and Investment in the future

- work with partners to further develop integrated services and commissioning.

Making it Real

Making it Real is an important national framework that sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of *Making it Real* is for people to have more choice and control so they can live full and independent lives. There is more information about Making it Real on their website:

http://www.thinklocalactpersonal.org.uk/Browse/mir/

The council uses the framework as a reference point for analysing and planning our services, and we are currently looking at to develop our use of it in the future.

Adult Social Care and Health

One of the main changes happening now is that adult social care is working much more closely with health services. Public health services, which used to be managed by the NHS, are now part of the council. The new arrangements started in April 2013.

To manage these services, we now have a Health and Wellbeing Board for Leicester, which is chaired by the Deputy City Mayor, Rory Palmer. Its job is to oversee adult social care and health work in the city http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/health-and-wellbeing-board/

We have identified the city's priorities for adult social care, and the priorities for health for the city as well. The priorities for health have been published in our health strategy which is called *Reducing the Gap – a Joint Health and Wellbeing Strategy for Leicester* http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/health-and-wellbeing-board/joint-health-and-wellbeing-strategy/

The health and wellbeing strategy has been developed by consulting with a wide range of people including the general public, people who use services, carers and service providers.

3. Spending

The government has embarked on a substantial programme of spending cuts to tackle public sector estimated 35% real-terms cut between 2010/11 and 2014/15 in our main grant funding.

This means that Adult Social Care, along with the rest of the council, is having to make significant funding cuts over the next few years. At the same time we are implementing a programme of transformational change, which will help ensure that we can become more efficient in how we use the resources we do have, with the development of greater personalisation, choice and prevention.

SERVICE AREA	2011/12 Net Outturn £	2012/13 Net Outturn £
Care Management	626,400	701,000
Learning Disabilities	4,790,400	0
Care Management - Substance Misuse, Transitions	741,700	0
Adult Mental Health	6,549,900	6,884,300
Localities	16,530,300	0
Contact & Prevention	3,691,600	0
Safeguarding	708,200	717,600
Locality East	6,853,500	15,895,500
Locality West	5,995,500	12,965,800
Locality South	9,182,800	19,490,200
Intermediate Care	5,694,600	3,895,600
Locality Generic	(2,275,600)	(4,794,900)
Care Services Management	398,600	(1,900)
Residential Care (In-House)	4,858,700	5,277,000
Day Opportunities	3,743,000	3,950,000
	68,089,600	64,980,200
Housing Related Support (Supporting People)	11,816,000	8,902,600
Drugs & Alcohol Action Team (DAAT)	359,200	347,300
Senior staff	307,436	226,400
Strategic Commissioning	10,517,951	9,247,900
	91,090,187	**83,704,400**

Note
In 2011/12 Care Management went through a restructure mid-way through the year hence 'no costs' are shown for some lines on the old structure in 2012/13

4. Adult Social Care and Health Needs in Leicester

One of the main ways that we find out what services people in Leicester need now, or are likely to need in the future, is by carrying out a *Joint Strategic Needs Assessment*

http://www.leicester.gov.uk/jsna/

In Leicester, the number of people who are over 65 will go up by a quarter by 2025

The current *Joint Strategic Needs Assessment* shows that the number of older people in the city is growing, and is going to continue to grow.

Over 60s It is predicted that the number of people who are aged over 60 in Leicester will go up from the current level of 47,700 to 59,300 by 2025. This is an increase of nearly a quarter.

Over 85s The number of people aged 85 or over in Leicester will increase from 5,100 to 9,000 by 2033. This is an increase of 79%.

Over 90s The number of people aged 90+ is estimated to increase from 1,700 to 3,900 by 2033. This is an increase of 129.5%.

Leicester's population has a very wide range of people from different ethnic and cultural backgrounds.

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

Older people often have particular needs in a number of areas, including mobility, sensory impairment or dementia. For example, there are currently an estimated 2,700 people with dementia in the city; and this is expected to rise to 3,700 by 2030.

The *Joint Strategic Needs Assessment* also shows that Leicester has a higher rate of people with learning disabilities than the national average.

Many people in Leicester have a low income and can't afford to pay for the care and support they need themselves.

1 in 5 carers in Leicester are themselves aged over 65.

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

5. Healthwatch Leicester

Healthwatch Leicester is the new consumer champion for both health and social care services within the city.

Their aim is to give the people and communities of Leicester a stronger voice to influence and challenge how health and social care services are provided locally.

They will work on behalf of local people to:

- tell service providers about people's experiences of care and hold them to account.
- represent people's your views to the Health and Wellbeing Board and ensure they are taken into account when local needs are assessed.
- report concerns about the quality of health and social care to Healthwatch England, the national body.

Healthwatch is in the process of being set up in Leicester. Next year, we aim to work together with them to produce the Annual Report for 2013-14.

6. Achievements

In our Adult Social Care Annual Report 2011-12 we said we would do a number of things to meet our priorities going in to 2012-13. This section tells you what we have actually done against each of the statements that we made last year. There is also some more detail about achievements in each of our services in Section 8.

What we said we would do		What we have done in 2012-13
1.	Move all service users onto a personal budget by March 2013.	The national target for personal budgets reduced from 100% to 70% by March 2013. In Leicester, 77% of people who could receive a personal budget, had one in place.
2.	Provide more help for people who are finding the change from one care package to another difficult.	We put additional resources in place to help people make a transition from one package of support to another.
3.	Improve the process of moving from one service to another (the 'care pathway').	We have further developed our processes, to ensure that people have fewer transitions between teams. We have created a new 'transfer' letter to clearly inform people of their new team, if tis changes.
4.	Improve 'accessibility' – making it easier for people to find out about our services and use them.	We have made changes to our information leaflets and our website page, in discussion with carer and customers. We have also changed our locality team duty arrangements, so that people can get hold of someone who can assist them, more easily.
5.	Use supervision as a tool to help staff develop their skills and improve the quality of the care they provide.	We have looked at ways to ensure that time is focussed on staff supervision. We are developing a new performance framework for all tiers of staff and management.
6.	Improve our safeguarding work to reduce poor practice and reduce the number of investigations that are called for.	We worked with many care providers to assist them to improve services following safeguarding concerns in ways that are sustainable, preventing future concerns arising.
7.	Gather evidence of successes and areas for improvement from people involved in adult social care.	We have collected information from people about their experiences of new services and used this to inform developments. We completed the annual carer and user survey.
8.	Do more to provide individually tailored care in day centres and residential homes ('personalisation').	We have undertaken a commissioning review of day opportunities and are procuring new services with a specification that ensures services are person centred and meet individual outcomes. We have also been working with residential care homes to develop a quality assurance framework, this identifies a number of qualitative person centred

What we said we would do		What we have done in 2012-13
		care measures. The care homes will use the assessment tool to review and plan service improvements and to assess the quality of services with the service users themselves and their carers.
9.	Improve services that are provided by voluntary organisations.	We continue to work with our voluntary sector partners across a range of commissioning reviews to ensure that the services we commission meet people's needs. We have undertaken a contract management review with every service this year. We continue to work closely with providers to ensure service improvements are implemented where necessary.
10.	Develop the work we do to prevent the need for care services.	See section 8.3 – Preventative Services – achievements.
11.	Make sure we are working well with other organisations to provide services together, including joining up the work of the council and the health service to help people after they come out of hospital following serious accidents or serious illness (this work is called 'reablement').	Our Integrated Crisis Response Service, part of reablement, has started and this is have a significantly positive impact on helping people following hospital discharge or in a crisis situation (to avoid a hospital admission).
12.	Do more to support people who have dementia.	We commissioned eight 'Memory Cafes' which offer advice, information and peer support to people with dementia and their carers.
13.	Make sure that any budget reductions and changes to contracts with providers are managed well, including making sure we manage any implications for people from groups who have 'protected characteristics' under the Equality Act 2010, by carrying out Equality Impact Assessments of any proposed changes.	We are responding to the difficult financial situation by carrying out Equality Impact Assessments and consulting people who may be affected, before making key budget decisions that will change service provision.

7. Performance

1. How we measure our performance

We use a number of performance measures to help us manage adult social care, and there are three main types of measures:

- **Adult Social Care Outcomes Framework** This is a set of 18 measures set by the government that have to be used by all councils that provide adult social care services.
- **East Midlands Benchmarking Indicators** These are measures used to compare performance across the region and identify areas of good practice.
- **Leicester indicators** These are used to measure things that are particularly important to us in Leicester, some of which are included in the City Mayor's Delivery Plan and our Health and Wellbeing Strategy. Because they are our measures we developed ourselves, we can't compare ourselves with others councils using them, but we can see how we are doing in one year compared to other years.

2. The User Survey and Carers Survey

We get information for some of the measures in the national Adult Social Care Outcomes Framework by doing two surveys: a **User Survey**, which is carried out every year, and a **Carers Survey**, which is carried out every two years. Both surveys have to be carried out by following strict procedures set down by the government, to make sure they are accurate and that the results are representative of all our service users and carers in the city.

The information we get from both these services is extremely important, because whatever services we provide, we can only say we are successful if we can show that users and carers themselves feel that we are meeting their needs.

3. Our performance in 2012-13

In 60% of our measures we showed improvement.

What are we doing well?

- We have increased the proportion of people using social care who receive self-directed support, direct payments or personal budgets;
- The proportion of adults with learning disabilities who are in paid employment has gone up;
- The number of adults who were admitted to residential or nursing care on a permanent basis compared to other councils is low;
- We have improved the proportion of older people aged 65 and over who were offered reablement services following hospital discharge;
- We have increased the number of assessments completed within four weeks; and

- The number of users who said they had overall satisfaction with their care and support has gone up.

What are we doing less well?

- The way people who use our services feel about their quality of life has got worse. (This covers issues such as control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation);
- More service users feel they have more control over their daily life;
- More service users and carers, say that they find it difficult to find information about our services;
- We have improved the percentage of carers who received an assessment, review, a specific carers service, or advice and guidance; and
- There are more delayed transfers of care (this work is carried out in partnership with health services).

4. How are we doing compared to other councils?

[Information on how we compare with other councils to be tabled at the Scrutiny meeting on 7th November]

[table to be inserted in final version]

[table to be inserted in final version]

8. Complaints

We know it is really important to make sure that it is easy for people using our services to pass on their experiences – good or bad.

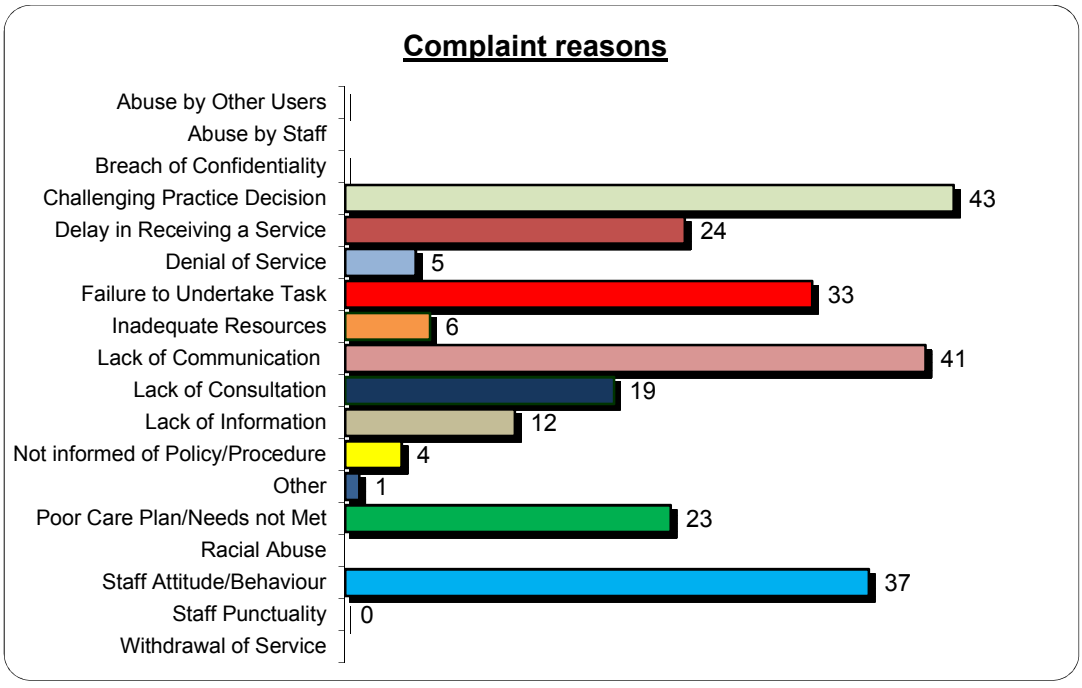
Many of the complaints that we receive are informal and are settled within the relevant services. However we have a formal Complaints Procedure as well. Complaints give us very valuable feedback about the adult social care services that we provide. Through this, we get a picture of which areas are performing well, and where we need to give more attention. We are also committed to putting things right when they have gone wrong, and we will use any lessons from complaints received to learn how to improve services.

80 of the 85 complaints progressed to a conclusion with the City Council during the year, and from these 18 were upheld and 20 were partially upheld.

In 2012-13 we received 85 formal complaints under the Complaints Procedure.

During 2012-13, the Local Government Ombudsman considered five complaints under its own complaints procedure about our Adult Social Care services. The outcome was that four complaints were discontinued without a further report because the Ombudsman was satisfied with the action taken or did not feel that further action was needed. One complaint was not investigated further after receipt.

For each complaint that we receive, we record the reason behind it (and some complaints fall into more than one category). The table below shows which aspects of the adult social care service were the subject of formal complaints in 2012/13.



Overall, the number of complaints received equals just over 1% of the number of people receiving a service from Adult Social Care.

What have we done in response to complaints?

These are some of the changes that we have made or are making after listening to complaints in the past year.

We have:

- held more open discussions within teams regarding customer feedback to encourage direct service improvements by team members;
- made improvements to our communication with customers; making sure that we use plain English in the letters that we send out;
- targeted staff training to make sure that there is a consistent approach in the way that we carry out community care assessments;
- reviewed our message-taking methods to make sure that the right people return calls in a timely way;
- revised our missed call procedure for our Social Care Assistants in the Reablement Team;
- reviewed our procedures for communication between social care staff and health colleagues for smoother hospital discharges;
- reviewed and revised our duty system across our care management teams making it easier for customers to contact their allocated worker or team;
- reviewed and will be revising our care pathway so that carers' assessments are progressed more quickly;
- looked at the letters we send out to our customers to make sure that they are advised of the outcome to their community care assessment, regardless of their eligibility; and
- written to customers awaiting an allocated worker to tell them who they can contact in the meantime, or what to do if their needs have changed.

How can people make a complaint?

Information about how to make a complaint about Adult Social Care services is available in council reception areas. In addition, when a person has a community care assessment they are given a leaflet about the Complaints Procedure.

Information about how to make a complaint is also available on our website, by phone and by email:

Website

http://www.leicester.gov.uk/your-council-services/social-care-health/adults/about-our-adult-social-care-services/complaints-procedure/

Phone

Complaints Team 0116 454 2470

Email

adultsocialcare-complaints@leicester.gov.uk.

9. Future Plans for 2013-14 and beyond

1. Improving access to information, advice and guidance

We are aware that we need to improve the Information Advice and Guidance (IAG) provision for Adult Social Care (ASC).

Every citizen is entitled to receive free IAG to help them obtain appropriate support that will enable them to achieve their personal outcomes. Support may be provided by local authority Adult Social Care services if eligibility criteria are met, but equally may be provided by private sector, voluntary sector or community organisations. IAG therefore needs to be made available about all these potential sources of services and support.

As well as using traditional paper-based methods of communication, Leicester City Council ASC has used a range of media in recent years and we will now explore new communication methods and opportunities. We have developed an IAG Strategy 2013-2015 to drive the required improvements during the next two years.

The main change that the strategy sets out is that we will co-produce all IAG materials with key stakeholders. This includes paper based leaflets as well as the Adult Social Care website. We will aim to provide the right information to the right people at the right time in the right format.

The specific milestones in the implementation plan are:

- All leaflets used in the Single Point of Contact (SPOC) to be co-produced by March 2014;
- New improved and co-produced ASC website by July 2014; and
- Advice offer for self-funders by September 2014.

2. Carers assessments and services

During 2013 and 2014 we will increase our support for carers. We have a target of 30% of carers receiving needs assessments or review. We will also develop the carer training programme, offering a variety of training to help carers continue in their role and understand issues such as welfare reform, which may affect them.

We aim to have 120 additional carers provided with the information they need and gaining increased confidence to help maintain their caring role. There will also be additional support for carers to take a break. During the next year we will increase the number of carer breaks by 200 to enable carers to get real time off from caring, to help to reduce the impact of caring on their health and wellbeing.

3. Customer experience

We will develop a performance framework, which includes customer experience measures, so that there is a clear standard set and a system for monitoring people's performance in delivering good customer services.

4. Reablement

We will roll out the new roster system for reablement, to maximise our use of staff time and improve the flow of information about our customers' needs, to the people who are working with them.

5. Transitions

We are working in partnership with special schools and families to improve transition planning to adult services that considers every aspect of planning in a young person's life.

We will continue to develop our own service based on the national 'Getting a Life' programme. This includes helping young disabled people to move into adulthood based on four important areas:

- Education, learning and work;
- Planning for good health;
- Friends, relationships and community; and
- Independent living.

When a young person has a Statement of Special Educational Needs, it is reviewed annually until they leave school. The statement will include a Transitions Plan which is produced at age 14 years. Alongside this style of review, a Family Leadership programme for Parents and Carers has also been developed.

Transition to adulthood is a time of change that has a significant impact on families, some of whom have known the same school since their young person was four or five years old. The purpose of the Family Leadership Programme is to raise aspirations amongst parents and carers and about what might be practical and possible for their young person as they become adults. It also helps them to think about how they can best support their young person to maximise opportunities and lead fulfilling lives.

6. Safeguarding

We will implement new guidance on 'thresholds' to ensure that proportionate action is taken when concerns are raised with us; this will enable us to make timely responses that keep people safe but are not over-bearing or bureaucratic.

10. Services

Introduction

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

When we commission services, we write a clear specification saying what services we want to be provided, how we want them to be provided and what standards we expect from the services. Then we invite organisations to bid to provide the services, and we choose the ones that can provide the best services for the best value.

Then when an organisation is providing a service, we make sure they are providing them properly, by monitoring them. This monitoring includes asking people who are receiving the services whether they are happy with the service they are getting. Some adult social care services are also monitored and inspected by a national organisation called the Care Quality Commission.

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

10.1 Single point of contact

What we do The Single Point of Contact receives all new referrals for Adult Social Care in Leicester for people aged 18 or over and their carers. We make a preliminary assessment of the risks to a person's independence, well-being and/or safety and discuss with them how such risks may be managed. We give information, advice and guidance about alternative types of support or care that might help them such as assistive technology or minor aids and adaptations.

If appropriate, we will arrange short term support either in a person's home or away from home to support their recovery, recuperation or reablement.

How many people have we helped? We recorded over 11,800 contacts in 2012-13 and completed 4,500 assessments.

Who we work with The Single Point of Contact works closely with health partners both in the community (such as community nurses and therapists) and in hospitals.

Equality and diversity Our staff reflect the city's diverse communities so are able to communicate with callers in their first language. We also employ interpreters to assist at periods of peak demand.

We have text facilities for people who do not use the spoken word, and we have staff who are trained in British Sign Language. We also have accessible interview facilities including hearing loop facilities, and we check assessments and records to make sure that cultural and religious needs are being taken into account.

Listening to service users We analyse any complaints that we receive and we act on them. Most of our complaints relate to delays in responding to telephone calls.

Achievements 2012-13 We have introduced an automated call distribution system as we were aware that there were problems accessing us (see 'Listening to service users' above).

We are now able to predict when we will have a surge in demand and we can respond by making more staff available to take calls.

We are now the access point for the Crisis Response Service which offers a two hour response time to someone with a social care crisis. An example of this would be if a carer is admitted to hospital and we need to help the person that they care for.

We have arranged improved induction and training plans to develop staff skills and confidence.

What we plan to improve We know that people have told us that they find it hard to get information and advice about the services we offer. We are looking at how to provide better information that is clear, and available in different formats (for example large print).

In response to concerns from carers about the timeliness of their assessments we have agreed that the Single Point of Contact will complete assessments on carers of all new service users so that they do not have to be transferred to another team.

We are working with the hospitals in Leicester to identify patients who are ready and safe to leave hospital, to make sure that they are able to leave as the early as possible, with appropriate support.

10.2 Assessments

What we do We carry out assessments to find out whether people have needs that the council should support. These are called 'eligible needs'. If people do have eligible needs, we provide them with a personal budget, and we put together a support plan with them. If their needs are not eligible for council support, we can also give them information about how they can find other services.

People with eligible needs can have their personal budget as a direct payment and arrange for their own services, and we will help them to do this if they want. Alternatively, we can arrange the services for them.

We also complete assessments of family or informal carers who are providing support to people with social care needs. This is so that we can help them to carry out their caring role. Carers can also receive a personal budget to help them as well.

How many people have we helped? In 2012-13 we:

- Completed 3,922 assessments of new clients; and
- Completed 5,738 re-assessments (reviews) of existing clients
- As a result of assessments and reassessments, 8,172 people received a service during the year.

In addition:

- 1,810 carers were assessed or reviewed during the year; and

- 1,188 carers received a service and 622 were helped with information and advice.

Who we work with We carry out assessments by working with the person needing services, their family carers, and any other professionals or agencies involved, including health professionals, such as district nurses or GPs.

Equality and diversity Our service is available to the whole population and the information we collect tells us that the people accessing our services are representative of the diversity of the city.

Listening to service users We carry out a survey every year to find out what people think of our services. For 2012-13, the survey told us that overall satisfaction with care and support was high, that we need to make some improvements to make sure that people feel that they have good quality of life, feel safe and find it easy to access information.

Our survey of carers told us that we need to improve how carers in Leicester are supported and involved.

Consultation In 2013-14 there is likely to be national consultation by the Government to help them develop a national minimum eligibility threshold (which will say who is eligible for services). The Government will use the information from the consultation to decide what the threshold will be and so this could affect who is eligible for services in Leicester.

Achievements in 2012-13 We assessed 26% more people during the year than in 2011-12 and also improved the timeliness of assessment, so more people had their assessment completed within four weeks. We also increased the number of people who had at least one review in the year, so we were checking that more people were receiving the right amount of care and support. We assessed nearly 50% more carers than in the previous year.

We also started work to introduce an independent support planning and brokerage service – this will enable people to get help from an organisation outside the council to develop their support plan and arrange services that suit them.

What we plan to improve:

- to start the independent support planning and brokerage service in June 2013;
- to increase the numbers of carers receiving an assessment / review; and
- to improve people's experiences of using our assessment services.

10.3.1 Preventative Services: Minor adaptations

What we do We provide minor adaptations such as stair rails, grab rails, making door thresholds level, improving lighting etc. to reduce the risk of falls in the home.

How many people have we helped? We made 3,469 recommendations for minor adaptations in 2012-13.

Who we work with We work with health professionals and voluntary organisations such as the Red Cross Community Assessment Team and VISTA. The adaptations are done by private contractors and housing providers.

Equality and diversity Minor adaptations are provided following an assessment based on the functional abilities of the person and their home environment, and therefore this includes meeting the needs of all groups.

Listening to service users We ask for feedback from service users at home visits and through telephone checks and user surveys.

The feedback generally is that people feel safer in their home, have more confidence and independence and their general well-being has improved.

Achievements 2012-13 There have been no known hospital discharge delays as a result of minor adaptations not being completed.

We have also introduced a new computer system for ordering minor adaptations and payment of invoices, which will improve service delivery.

Preventative services - Minor adaptations and LeicesterCare alarms

Helping Mrs Frith to be safe at home

Mrs Frith is 88 and has who has lived in her present house for the last 60 years. She needed assistance because she had had 10 recent falls in her home.

We fitted non slip flooring in her kitchen. This was important to Mrs Frith because she washes her clothes in the kitchen sink and hangs them up to dry in her kitchen. She had slipped on the wet floor on more than one occasion.

Access in and out of the back door was through a lobby area, and included three steps and two doorways. We fitted grab rails, replaced her door, and fitted the door handle at a higher level to help her get up and down the steps and stop her from stooping low to reach the handle (which risked falling over). We put a sensor motion light at the top of the stairs so that Mrs Frith could get to and from the toilet from her bedroom at night.

To reduce trip hazards, we stretched her lounge carpet to remove creases which had also caused her to fall as well.

We put in a pendant alarm system – which Mrs Frith wears around her neck - so that she can summon help if she does have a fall, and we moved her telephone closer to her chair to avoid her overstretching to reach it.

All these changes for Mrs Frith were made as part of our Practical Help at Home services – which includes minor adaptations, assistive technology, the Handypersons Service, Housing and LeicesterCare.

Happily, Mrs Frith has had no more falls since the changes were made.

10.3.2 Preventative Services LeicesterCare alarms and assistive technology

What we do LeicesterCare is a 24 hour monitoring service, and Assistive Technology is equipment such as pill dispensers, fall detectors and bed sensors. These services help people to live independently when they have problems such as frailty, poor mobility, physical impairment, high risk of falls, enuresis, epilepsy, dementia and other conditions.

By providing these services we can help people to come home from hospital when they are ready, and avoid a number of admissions and readmissions into both hospital and residential care.

Assistive Technology equipment is provided free of charge to eligible service users although there may be a small weekly charge for the LeicesterCare service.

How many people have we helped? During 2012-13 approximately 1,600 people requested support from Assistive Technology and/or LeicesterCare. Some of these service users would have already had Assistive Technology or LeicesterCare equipment installed, but their circumstances changed during 2012-13.

Who we work with We work in partnership with Housing Services to provide equipment, services and community alarm monitoring in sheltered and non sheltered accommodation. We also work with the NHS, through the Practical Help at Home scheme, to provide support to service users. This scheme is available to people aged 65 or over who are at risk of being admitted to hospital, have an unsafe home environment (for example, trip hazards), or limited access to essential facilities.

Listening to service users All service users using the LeicesterCare system are encouraged to test the alarm equipment installed in their homes on a monthly basis. This provides an opportunity to discuss with the service users any feedback or concerns they may have. Their call history is also checked every day, and LeicesterCare phone people to service users that have not been in recent contact to make sure everything is alright.

Achievements 2012-13 We have started working with the First Contact scheme to reach additional service users who may otherwise be unaware of support available to them.

We have linked up with the Integrated Crisis Response Service to provide a 24 response service in relation to care needs alerted via the activation of Assistive Technology.

In addition we have developed a secure and shared IT database to avoid duplication and coordinate equipment installations.

What we plan to improve Our current priorities for improvement are to further enhance the shared database and more work to integrate Assistive Technology, LeicesterCare, and the Integrated Crisis Response Service.

10.3.3 Preventative Services: Reablement Service

What we do **'**Reablement' means re-learning the skills necessary for daily living following illness, usually with guidance and support from health professionals, so that there is an improvement in the service user's ability to function and be independent.

The Reablement Service provides specialist care for people within their own homes. It differs from general support and care in that it is based on short-term assistance from care workers and health professionals working together, with a view to improving service users' longer-term independence.

The actual timescales for completing the adjustments under the Occupational Therapy Review Team and the Adaptations team varies according to need, but all work is normally completed between one to four weeks. Requests sent to the Practical Help at Home Scheme for the Integrated Response Service are completed on the same day or up to seven days, depending on the request from the commissioning worker. Requests received from the Health and Social Care Coordinators for minor adaptations are completed within seven days.

In addition equipment is loaned to people of all ages, including children, who may have come out of hospital. This is to help them during a period of rehabilitation, or who require support in carrying out daily activities

Equipment is available to help with, bathing, toileting, mobility, moving and handling, beds and pressure care. Equipment can be provided within five working days as standard, or three working days to facilitate intermediate care, reablement, hospital discharge, or avoid admission to residential/nursing care. In addition, for priority cases where there is a high risk of serious harm, significant health problems or accidents occurring, equipment can be provided by the next day. There is also four hour emergency provision for enabling people at the end of their lives to leave hospital and return home.

How many people have we helped? We helped 1,641 people who were new to our service during the year, 923 (56%) of whom were people coming out of hospital. We closed 1,662 cases in the year which means that those people were now able to manage without our support. Altogether we helped 1,590 individuals. As some people need help more than once this meant that we had 1,808 'episodes' of supporting people during the year.

Who we work with We work in partnership with the NHS to provide a complete package of short-term support that will give our service users the opportunity to redevelop lost skills and have a higher level of independence.

Our care workers work with occupational therapists and physiotherapists, make it easier for service users to regain the skills and confidence needed to live without the assistance of anyone else.

Our team includes a specialist in assistive technology and a handypersons' service, which responds very quickly to requests to make adjustments to service users' houses, adding aids and adaptations. We also have a team of specialised social workers who work on the same site, which makes it easier to for the different reablement team members to work together to support service users.

Equality and diversity We engage with service users and their carers during the first visit to make sure that the service users wishes are taken into consideration whilst their plan is developed. The service has staff from all groups in the community, and so can offer culturally appropriate services, and we can also offer female staff to support female services users and male staff for male service users.

Listening to service users Each service user is given a questionnaire at the start of the service and encouraged to fill it in when they have received our service. The feedback suggests that almost all service users are very happy with the care provided. One improvement that has been suggested is

that we could do more to make sure that people do not get too many different carers on different days. We have looked at this, and the new scheduling system will enable a better continuity of care in future

Achievements 2012-13 Since the service started in 2009, Leicester's Reablement Service has out performed neighbouring councils'. In 2012-13, 43% of service users who underwent Reablement finished using our support needing no further services from our team. Their independence has been restored sufficiently to allow them to continue living at home without the need of a care package. 40% of service users stop needing support from private-sector care agencies. However, around half of those have reduced needs compared to when they started on Reablement, so have regained some degree of independence anyway. Our target for readmission to hospital is 14%, but our actual performance in 2012-13 was better than that, at 10%.

Two thirds of service users tell us that they have better physical health after reablement.

What we plan to improve We are planning to have a new electronic staff roster and monitoring system for the service in future. This will make the service more efficient, and use staff time more effectively. The system will provide live updates to staff, and also allow them to feed back vital information about the progress of the service user, to help improve planning.

Preventative services - Reablement

Supporting Mrs Roberts to recover at home from her double hip operation

Mrs Roberts is aged 83 and she had been in hospital for two weeks following a fall, which meant she had to have both hips replaced. She also has vascular dementia and Alzheimer's Disease, which means she sometimes has problems remembering things.

Because of her dementia and Alzheimer's, Mrs Roberts is sometimes slow at getting around to everyday tasks such as washing and dressing. When we went to see her, we agreed with her that our goals were to improve her kitchen activities and to get her to be able to go outside. Her therapist arranged for a perching stool for the kitchen to be delivered, and for the Handypersons' Service to fit safety rails at the front door and raise her chair.

After four weeks, Mrs Roberts said she didn't think she would need any more support once her time with the Reablement Service had finished. She had been managing to get washed and dressed before her care workers arrived, and had long been able to make herself a hot drink and carry out her kitchen activities independently. Within three days she requested that her Reablement package be closed because she felt she could manage by herself and was capable of living in her home without needing any more support.

Despite her double hip replacement and her cognitive difficulties, Mrs Roberts was living independently in under five weeks since coming home from hospital.

10.4 Independent Living Support

What we do Independent Living Support services are housing based services that help vulnerable people from experiencing crisis and prevent them from losing their home. This support can be things like help with doing domestic chores or making friends.

There are three main types of Independent Living Support services:

- support provided to people as part of their housing scheme – for example in as sheltered housing;
- support provided to people regardless of where they live – this is called 'floating support'; and
- community alarms – access to an alarm linked to a call centre (not in warden assisted accommodation).

How many people have we helped? In 2012-13 we helped 1,777 people through these services.

Who we work with We work with a very wide variety of groups and organisations to help us provide these services, many of them voluntary and community sector organisations. These organisations come together to work with us to decide how best to provide services in a Provider Forum.

Equality and diversity Many of our services are tailored specially to meet the needs of specific groups of people, for example services for black and ethnic minority people, older people, people with learning disabilities, those with mental ill health, and people with a physical or sensory disability.

Listening to service users We ask people what they think about our services using postal surveys and by talking to groups. We pass the feedback we get from users to people who are providing the services. Overall, in 2012-13 people told us that they were happy and like the support we have been giving them.

Consultation At the time of writing this report, we are consulting people about our services. Like all councils, we have to reduce what we spend on our services, so our consultation is about how we make sure that our support goes to the people who need it most.

We will look carefully at what people have said in the consultation and when designing the new arrangements, which should start by September 2014.

Achievements 2012-13 We provided 57 independent living support services in 2012-13. We measure their performance by looking at whether the users of those services have established or are maintaining independent living. During the year, only two of those 57 services were below target.

10.5 Domiciliary support (home care)

What we do We commission (buy) personal care services for people to enable them to maintain or regain their independence and remain living in their own home with support for as long as possible. 'Personal care' covers things like washing, dressing, preparing meals or helping to manage money.

These services are provided by a range of organisations, who are able to tailor support to different communities and different needs

How many people have we helped? Around 2,000 people in Leicester receive this service – about 18,000 hours of support are given each week.

Who we work with The service is mainly delivered by private providers that we commission. In delivering services to vulnerable people, they are providing hands-on care, working with people to meet their needs, which might also involve helping them to use other services which are provided by voluntary and community sector organisations.

Equality and diversity All service providers are required under contract to meet the needs of all Leicester's communities, and we monitor them to make sure that they are doing this effectively as part of their contracts with us.

Listening to service users We gather feedback from service users as part of our process for monitoring our contracts with the organisations that we pay to provide support. We then use the feedback we get to help us put together new contracts so that we are always learning from people's experiences of services and using that learning to improve them.

Consultation We have carried out extensive consultation with service users, care managers, staff and providers to help us write the new contract for domiciliary care which started in October 2013.

Achievements 2012-13 We have a new contract for domiciliary care which took effect in October 2013. Under the new arrangements, there are a wider range of organisations providing services, plus a wider choice and more control for people receiving them.

What we plan to improve We will monitor and evaluate the new service very closely. Some of the issues that we will monitor very closely are making sure that the organisations comply with human rights laws, and that they abide by requirements to pay the 'minimum wage'. We started the new contracts in October 2013 and we will be phasing out 15 minute visits, which we know in many cases is not long enough for care workers to provide the support that people need. We will also be working with the new organisations to look at how zero hour contracts for their staff can be replaced with more suitable arrangements.

Susan explains how she enjoys helping Mrs Mistry to stay independent in her home

"I've known Mrs Mistry for many years now as I am a home care worker. I visit her to help her get washed and dressed in the morning and have some breakfast. She has a great sense of humour and we enjoy having a chat and a cup of tea. It's really satisfying to help her – she is so appreciative, and I know that I am helping to make a difference to her".

10.6 Right to Control

What we do Right to Control gives disabled people more choice and control over the support they receive. People who are eligible for the scheme will be able to choose and control how money is

spent from the following services: Access to Work; Work Choice; Adult Social Care Services; Disabled Facilities Grant; Housing Related Support; and the Independent Living Fund.

How many people have we helped? 3,562 people with disabilities were offered choice and control in their services in 2012-13, and 160 refrerrals for Right to Control Support Planning and Brokerage were received.

Who we work with Leicestershire Centre for Integrated Living (LCIL) is the contracted organisation that provides independent support and advice, and they also make referrals on behalf of customers. LCIL also provides a support planning and brokerage service to those customers who are eligible for Work Choice and choose to take their Work Choice money as a Direct Payment.

Equality and diversity The services are aimed at people with disabilities across the city from different communities for whom traditional services previously offered were often inaccessible. They benefit from receiving support that is tailored to their individual needs and helps them to have complete control over their lives.

Listening to service users From the feedback that we have received, we found that individuals wanted the services to continue but with a smoother assessment and implementation process, so we are taking that on board.

Achievements 2012-13

- 102 individuals received a Direct Payment for Work Choice. Four of these people are now in part time work and six are now working over 16 hours a week and are no longer required to sign on for Employment Support Allowance.
- 52 individuals received a Direct Payment for Housing Related Support.

These services had never before been offered as a cash Direct Payment before Right to Control was set up.

What we plan to improve Right to Control will end in December 2013, but learning will be carried forward into the different areas of support once we have evaluated it.

Right to Control

New skills and a new future for the Coulter brothers and Geoff

Keith Coulter has been living with depression for the past few years. He was referred to Stewart, who is an Employment Officer, in January 2013. Originally Keith had registered with the Multi Access Centre in his area for job search. He has done voluntary work at a local college, helping and supporting learning disabled people in various sports sessions. Stewart discussed the possibility of Right to Control (RTC) with Keith and his mother. After a couple of meetings, Keith decided he would like to try Right to Control, and at the next meeting he also arrived with his younger brother Simon, who has cerebral palsy. Stewart arranged and attended the appointment with the Disability Employment Advisor, and both brothers decided that they were both interested in getting trained in road repair work.

After meeting with the Coulter brothers, Stewart decided to look at New Road Street Works Training in Northamptonshire as none of the local training providers were able to offer this type of street work training.

In the meantime, Stewart knew about someone else who was interested in Right to Control. This was Geoff who has hearing impairment. Geoff also wanted training and employment in street works. Stewart met with Geoff and his father and arranged the meeting with the Disability Employment Advisor at the Job Centre.

Stewart then met with everyone involved, and discussed the possibility of booking the street work training together. As Keith has a car, the possibility of the three of them travelling together was also suggested by Stuart and agreed.

The three support plans were drawn up by Stewart, and agreed with the Coulter brothers and Geoff. Stewart then presented the support plans to the Disability Employment Advisor and the Job Centre Manager. The plans were agreed and signed off by the Job Centre manager.

Keith, Simon and Geoff successfully completed the street work training in early August and they are awaiting their certificates. During the training they have gained skills in laying road tarmac, and Keith is also booked to train for his A1 HGV licence, so that he will be able to drive a tarmac truck.

10.7 Carers

What we do Carers are people who provide unpaid support to family members or friends who could not manage without this help. We arrange for carers to receive support such as training, advice and advocacy, which includes drop-ins and support from other carers.

How many people have we helped? We carried out 1,810 assessments of carers to find out what support they need, and we also include carers in our service user assessments. We paid for over 2,000 carers to receive services from voluntary sector organisations, and we provided training for over 120 carers.

Who we work with We work with the voluntary sector, which provides services for carers, and we work with carers themselves to help develop services through groups such as the Carers Reference Group, the Carers Forum, the Carer Action Group and the Learning Disability Partnership Board.

Equality and diversity When we commission services for carers, we make sure that the needs of people from different groups will be catered for.

Listening to service users We support the Carer Reference Group and Carer Forum which enables carers and carer organisations to raise issues. In addition a carers' survey is undertaken every two years and this informs our service planning.

Consultation In 2012-13 Carers were consulted on the development of the Carer Charter which was launched on Carers Rights Day, 29th November 2013.

Achievements 2012-13 We have worked with Public Health to produce a special joint strategic needs assessment called *The Needs of Carers in Leicester.* This will help us to understand the needs of carers in the city so that we can make sure that we are arranging for them to have the right kinds of support.

We have also improved the information provided for carers, so there is now:

- A new information leaflet to help early identification of carers;
- Updated carers practice guidance for council social care staff;
- Promotion of the carers assessment checklist;
- A new Carers Personal Budget leaflet; and
- A Carers Charter.

What we plan to improve Our Carers Strategy sets out activities for the forthcoming years including developing additional carer breaks opportunities and trying to increase the number of carers that receive support and advice in order to support their health and wellbeing.

10.8 Shared Lives

What we do Shared Lives carers share their family and community life with someone who needs some support to live independently and help them maintain good health and wellbeing. Shared Lives arrangements are provided by ordinary individuals, couples or families in the local community. People using the service and their Shared Lives carers enjoy shared activities and life experiences.

The Shared Lives Scheme recruits, assesses, trains and supports carers. We take referrals, match and place people; and support and monitor all placements. The Shared Lives Scheme is regulated and inspected by the Care Quality Commission (CQC).

Shared Lives Carers can work with up to three individuals at any one time. We take care to make sure that service users are well matched with carers in terms of needs and interests.

How many people have we helped? The total number of service users we have supported is 52. Some of these people will have been supported in more than one area e.g. day services, respite and long term placements.

Who we work with We work closely with Leicestershire Partnership Trust, who are responsible for mental health services in the city, Mencap, and other voluntary agencies in order to support the placements.

Equality and diversity Shared Lives carers are recruited from the city's diverse community. When assessing new carers, an understanding of equality and diversity is a one of the skills and knowledge areas that are assessed. We have taken part in a number of community events to promote Shared Lives in different communities. When we match service users and carers we consider diversity issues, and we provide training to ensure that carers are aware of equality and diversity. We also consider equality and diversity when reviewing unmet needs within the service.

Listening to service users We visit and consult with service users regularly. At least once a year service users are consulted away from their placement to ensure that they can feel free to let us know whether they are happy and their needs are being met. Feedback is usually given on specific elements of their care, and not about the scheme; and feedback to carers about care is given as and when required.

Consultation Shared Lives carers have review every year. This review is often completed by someone outside the service, in order to give carers the opportunity to freely discuss the service provided and give feedback.

Carers are encouraged to attend carer meetings every two months where they are asked for their views about the ways in which we might develop the service.

We send regular newsletters to carers to gives them information, and we ask for their feedback on the information in the newsletter as well.

Achievements 2012-13 Our main achievement is that very few of our Shared Lives caring arrangements break down. In addition, we have expanded the specialist training that we give to carers, including training to provide services to people living with dementia.

What we plan to improve We are planning to expand the Shared Lives service over the next three years to 2016, with the aim of doubling it. The service will now be extended to older people. As part of this, we started recruitment for new carers in September 2013, and launched a new marketing campaign.

Shared Lives

"It's whole different world for Roy"

Trish tells the story of her brother Roy, who now shares his life with Carol and Rick

How did you hear about the service?

Roy knew Carol's husband Rick through a club that he attended each week. He'd met them both before and got on well with them. They had a spare room available under the Shared Lives scheme and Roy said he wanted to live with them.

At the time I viewed a number of residential homes and also visited Carol and Rick to find out more about the scheme. I knew instantly why Roy wanted to live there. They were so welcoming and I felt it would be the best place for him.

What changes have you seen in Roy?

Roy had lived in a residential home for many years before he came to Carol and Rick. In the home the carers and staff would decide when and what he ate, when he went to bed and planned activities for him and the other residents.

Under Shared Lives, Roy has become more independent and now makes his own decisions. He can choose his own bedtime, pick out his own clothes, choose what he wants to eat and also plan out his own days. He catches buses into town on his own and decides when he wants to come back. He's also planning holidays. It's a whole different world for him.

Roy also works at Age UK, and they have noticed a big difference in him since he moved in with Carol and Rick. They say his appearance is much better and he is far more outgoing now.

Shared Lives has enhanced his quality of life tremendously. He is made to feel like he's part of an extended family, and he has a real sense of belonging.

How often do you visit Roy?

I see him once every six weeks or so as I live a fair drive away from Leicester. Carol and Rick make me feel very welcome and comfortable so I see him far more than I did when he was in the residential home. I also speak to him almost every day on the phone which again is something that didn't used to happen.

Would you recommend Shared Lives?

Without a doubt! I have been telling people about the scheme in the area I live in. I have experience working with children with learning disabilities and I'm still in contact with some of the parents whose children have now grown up. Naturally they have concerns about where their children may receive care now that they have become adults, and I've been telling them about the benefits of Shared Lives.

The scheme is run exceptionally well. They are organised and their carers are well informed and well prepared. When Roy moved in with Carole and Rick everything was sorted out for him which was a great weight off my mind.

10.9 Sheltered Housing

What we do We provide 'housing related support' to people who are living in the council's Sheltered Accommodation which is provided by the Housing Service. This support can include such things as helping to manage money, finding other services that people need, helping people to stay safe, and helping people to make new friends and get out and about.

The service helps vulnerable people to be independent, get on in life, and avoid homelessness.

How many people have we helped? There are approximately 490 tenants in sheltered housing schemes, for whom we made approximately 69,500 daily checks.

Approximately 14,000 contacts were made with tenants by our staff during 2012-13, leading to approximately 2,700 referrals with 1,800 positive outcomes reported.

Who we work with The role of the Sheltered Housing support service is to iintroduce tenants to local and community services that will enable them to live as independently as possible. This includes referral to local and voluntary sector organisations as appropriate, for example community centres, libraries, welfare rights advice, luncheon clubs, and other specialist services such as other adult social care services through the ASC Single Point of Contact Service or drug and alcohol services as needed.

Equality and diversity All our staff are trained in managing equality and diversity issues. We also currently have three members of staff who speak Gujarati, which helps us to communicate with a number of service users for whom this is their main language.

Listening to service users We had meetings with tenants in all our 14 sheltered housing sites this year. This identified that tenants would like to have more contact with their Sheltered Housing Officer . However when we asked them for more detail, most were unable to specify exactly what they needed from the Sheltered Housing Officer. We realised that many tenants actually use the Sheltered Housing Officer to reporting housing repairs and maintenance, rather than phoning or visiting the Housing Office. We would like the Sheltered Housing Officers to spend more time helping the tenants who are the most vulnerable and have the greatest needs.

Achievements 2012-13

- We have maintained effective working despite reduced staffing this year.
- We have developed a database to accurately log all contacts and referrals made.

What we plan to improve We are currently carrying out a review of Housing Related Support. This review will make sure that staff are able to prioritise people with the most need, and helping them to become more independent and less isolated. It is planned that the review will be completed by April 2014.

10.10 Extra Care Housing and Supported Living

What we do Extra care accommodation is purpose built, enabling people to maintain their independence with access to either on-site support or the option to use a personal budget to buy the care that they need. Currently, there are two Extra Care schemes: Danbury Gardens in

Humberstone, which has 52 flats available to rent and five shared ownership flats, and the Wolsey building which is opposite Abbey Park. This scheme has 63 self-contained one and two bedroom flats.

Supported Living provides opportunities for people with a learning disability, or those with mental ill health, with an alternative to residential care. People are supported to have their own tenancies and choose how they would like to receive services. People choose between different types of accommodation. Some take individual tenancies with a lower level of support, while others opt for shared houses. Other options include clusters of self-contained flats within one building, often with staff on-site providing 24 hour support.

The *Interim Independent Living and Extra Care Commissioning Strategy* sets out how we intend to further develop our approach in order to ensure that we can meet the needs of vulnerable people. Over the next three years we will map out how we will deliver a range of independent living opportunities for vulnerable people.

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

How many people have we helped? During 2012 –13, the remaining flats at the Wolsey were let, providing accommodation to a further three older people, in addition to the flats that are already occupied.

A total of 21 people with learning disabilities and 18 people with mental ill health were helped to move into various supported living sites around the city.

The number of people who were placed in Extra Care placements during 2012-13 is 53.
The number of people who received Supported Living during 2012-13 is 333.

Who we work with We commission a wide range of agencies from the private and voluntary sector to provide the support services to people in extra care housing or as part of Supported Living.

Consultation In 2013, we started a consultation exercise to find out what people want and need from any future extra care developments. The consultation was with a range of older people, including people already living in our Extra Care sites. It was also an opportunity to find out what living in extra care schemes is like now. This exercise has been extremely useful in showing us what is important to people, particularly the importance of the location of the sites and the importance of being able to access to local facilities and transport. This feedback will be used to inform all our future extra care developments.

Achievements 2012-13 We have published the *Interim Independent Living and Extra Care Strategy*, which sets out the state of the current market and the level of demand and need for independent living and extra care. This provides a starting point to further identify needs in the future.

We have set up a clear and fair system for lettings in the Wolsey and completed the final lets there, so that it now provides a total of 63 self-contained flats.

We have also completed two Supported Living developments:

- Manor Farm – 11 self-contained flats for people with mental ill health, with a communal lounge and on-site support; and

- Bendbow Rise – six self-contained flats for people with learning disabilities.

What we plan to improve Developments planned include:

- Further Extra Care at the Abbey Mills site which will provide 50 self-contained flats for vulnerable people predominantly of working age. This will link into the existing Extra Care scheme (the Wolsey) during 2014.

- Supported Living for people with learning disabilities at the Saffron Lane Velodrome site, which will provide a total of eight units of self-contained accommodation during 2014.

- Two further sites to the east of the city;

- Developing of existing council housing, to provide a range of properties including former warden houses at sheltered housing sites and bungalows within Thurnby Lodge and Eyres Monsell for people mental ill health and learning disabilities.

Other improvements we are planning include:

- updating the *Independent Living and Extra Care Strategy* to include a more detailed analysis of the needs of older people, which will help to inform planning, particularly of Extra Care from 2014 onwards;

- producing a DVD about Supported Living to help people understand what it is and how they could be considered for it; and

- setting up a clear and fair system for lettings in Danbury Gardens

Extra Care

Getting out and about and enjoying life living in an Extra Care flat

Sheena had a fall in her own home, which resulted in a fractured hip. Following hospital treatment she had to move in with her daughter but she felt increasingly isolated as she wasn't able to live as independently as she had done before.

During 2012, Sheena moved into a flat within the Wolsey, which has changed completely the way that she lives. Having been very dependent on her daughter she is now able to get out and about with the help of a mobility scooter. She is now accessing the local facilities, taking part in the activities on offer within the Wolsey, and making her own mobile meals arrangements. Sheena particularly likes the location as she is able to easily get to and enjoy Abbey Park, which is very close by.

Supported Living

A positive move for Mehul

Mehul has Asperger's Syndrome and has been totally blind from birth. He used to live with his parents who were his full time carers until he moved to a residential care home in Coalville in June 2006, where he received 24 hour care and help with everyday activities. He expressed a wish to move back to Leicester to be near his parents and family, have a place of his own and be more independent.

In February 2012, Mehul moved from residential care into his own flat in a supported living scheme, with on-site support and sleep-in support overnight. He receives support and supervision with personal care, domestic tasks and accessing local community resources. Since moving to his own flat, where he had initial support of 63 hours of one-to-one support, Mehul has been able to build his independent living skills and gain confidence, resulting in his support package being reduced. He now feels a lot more independent and happier. He has made many friends in the same flats, and this has made him feel a lot less isolated.

10.11 Residential Care – Elderly Persons Homes

Since 2011, the council has been carrying out consultation on the future of our eight residential care homes. A decision was made in October 2013 to sell four of the homes and to close the other four.

The decision was made because of declining resident numbers, increased expectations of independence and rising demand for home-based care.

We will work carefully with the residents and their families to help them find another suitable care home where that applies, and to ensure the changeover to new providers is a smooth one. For the homes closing in 2014, we will be assigning individual social workers to work with each and every resident and their family to support them through the next stages. Our priority is to ensure this process is handled sensitively, and with great care.

10.12 Day services

What we do We run and manage a number of day centres across the city, which are open to people with a variety of support needs. They allow you to socialise and play an active part in the community. The day services also provide vital breaks for carers.

How many people have we helped? There were 476 people who received a service within a council run day service in 2012-13. We also supported 662 people in the voluntary sector, making a total of 1,138 people supported in this period.

Who we work with Day services are currently provided by the City Council, the Voluntary Sector and the Independent Sector. We work closely with the NHS and people who use services and their family carers in order to ensure services are continually developing in to meet their aspirations.

Equality and diversity The service supports disabled and older people from a range of backgrounds. The City Council also commissions services to meet the needs of specific groups, for example elderly Asian women.

Listening to service users Feedback has been very positive, which has resulted in the decision to extend the service to other people.

Consultation We consulted people over a proposal to consider the closure of Douglas Bader Day Centre because of falling numbers, as people are choosing to access opportunities in the community. The consultation closed on the 19th December and will be used to inform the council's decision making

Achievements 2012-13 We ran a pilot exercise to extend what is provided to people who are currently using council run day services, to help them have more say in what activities and support they receive.

What we plan to improve Extending what we offer to all people currently using council run day services will be the main improvement we make. The rollout will be supported by a team of dedicated staff who will help people to access to opportunities. The opportunities themselves will be identified by working with the service users, along with local communities and services to build capacity. The goal is to broaden the range of activities available and offer on-going support to individuals and their family carers.

Voluntary sector day services will be working within the framework of a new outcome based approach to enable people using their services, access to greater opportunities in their local communities and to develop skills that improve their independence and daily living skills, for example accessing social groups, travel training and opportunities to volunteer or do some paid work.

More people will be supported to buy their own activities or services using a direct payment.

10.13 Substance Misuse Services

What we do We provide treatment for people who are experiencing difficulties related to substance misuse. There are three types of service, which we contract with organistions to provide:

- community based treatment;
- services for people whose substance misuse has brought them in to contact with the Criminal Justice system, including treatment within Leicester Prison; and
- services for young people**.**

How many people have we helped? During 2012-13, 1,355 adults received structured treatment in relation to illicit drug use and 766 individuals received treatment in relation to problematic alcohol use.

454, young people were helped by our services, and 110 of these received structured treatment.

Who we work with We contract with a number of voluntary sector providers and work with a wide range of other voluntary sector services as well.

Equality and diversity Every year we carry out a substance misuse 'needs assessment'. This assessment gives us information about the likely extent of substance misuse in the city and who is most at risk of developing a substance misuse problem. It shows us where we may be failing to

provide services for different groups in the city and helps us to make sure that the services are accessible to all.

Listening to service users We carry out a survey every year to find out what people think about the support they have received, We use the results of the survey to plan future services, and to make sure that the services we have paid for are working effectively from the point of view of the people who are using them.

Consultation We carried out a detailed consultation exercise in 2012 and used the results of the consultation to help us re-design new contracts, which will took effect in June 2013.

We are also planning to carry out some engagement and informal consultation from October 2013 to help us design new contracts for services to young people.

Achievements 2012-13 During 2012-13, we redesigned our services so that people can access them more easily and with less bureaucracy, and to make sure the services are better tailored to people's particular needs.

What we plan to improve We are planning to learn from the improvements we made in 2012-13 to apply them to services for adults, in order to make similar improvements to the services that we provide for young people.

10.14 Transitions

What we do The Transitions Team works with young people who are leaving school and who have been identified as having a disability and are eligible for an assessment under the Disabled Person's Act 1986. The team works with young people, their families and carers, schools, health colleagues and Connexions to assess the young person's needs and provide support if required to enable the young person to live as independent a life as possible.

How many people have we helped? During 2012-13 we helped around 80 young people.

Who we work with The team works very closely with colleagues in children's social care, often jointly working with them as the young person 'transitions' or moves from children's social care to adult social care. The team also works closely with colleges, health care providers and independent and voluntary sector care providers to assess and provide support to young people and their families.

The team has a close working relationship with Connexions, who are responsible for supporting some of the young people with whom the team works**.**

Equality and diversity We undertake assessments that look at all aspects of the young person's needs, working with individuals and their families, using interpreters and advocates as necessary. We offer personal budgets to help people to choose the most appropriate support for them to help them be as independent as possible.

Listening to service users We ask people for feedback face-to-face as part of working with them. We carefully follow up all complaints and enquiries, and we also look at the results of the Annual Adult Social Care Users Survey.

Consultation We have consulted with young people and their families as part of the Right to Control trailblazer. We have also consulted service users on the information, advice and support that people feel would be useful. This is being fed into our planning for the future.

Achievements 2012-13 There have been a number of cases where the team has managed to support young people; often managing a number of risks, to live independently and develop their skills around independence. These have been situations where other agencies have not been able to do so. Therefore the team has enabled young people to identify their aspirations for life and to work towards them, supporting them to become full, valued members of their community. In order to do this they have had to challenge the assumptions that others have about what those young people can achieve, and the positive risks that can be taken in order to support them to do so.

What we plan to improve We are reviewing the service we provide and working with colleagues from other areas to consider the service that will be required for the future.

10.15 Safeguarding

What we do Safeguarding adults is about identifying when adults, who may not be able to protect themselves because of their care needs, may be experiencing abuse and/or neglect from others, for example in services and homes provided by the independent sector.

We provide advice and support to professionals across the sector about safeguarding adults, share good practice, and respond to any allegations of abuse or harm. We report to the Safeguarding Adults Board on how services and institutions are performing in safeguarding, and we identify areas for further development.

For more information please follow the link below:

http://www.leicester.gov.uk/your-council-services/social-care-health/adults/staying-safe/safeguarding-adults-unit/

How many people have we helped? During 2012-13 there were 1,185 adults at risk who were referred to the safeguarding process in Adult Social Care.

Who we work with We work alongside the Safeguarding Adults Board, which is independent to the council. The board consists of people from a variety of organisations, and it is responsible for overseeing the council's management of safeguarding.

The Safeguarding Adults Unit can decide if a 'Large Scale Investigation' or quality care work is needed to improve care services where concerns have been highlighted. This means working with a range of other agencies or professionals including adults at risk, their families, or carers groups, providers of care services, the police, GPs, nursing services and the Care Quality Commission. We will ask that all these groups contribute to the design of an improvement plan, and to help plan how the improvements will be achieved to ensure that protection exists at the highest possible level for the adults at risk.

Listening to service users When we have completed improvement planning with a provider of care services we ask them to complete a feedback form, and these comments are feed back to the Head of Safeguarding. This feedback has so far been positive because the providers of care services have

found their organisations are in a better position following investigation and improvement of their practices.

Achievements 2012-13 In 2012 the Safeguarding Adults Unit was recognised for the hard work that was being done by winning the *Team of the Year – Adult Services* in a nationally recognised award.

What we plan to improve We are looking at ways in which the improvement plan can assist all those working from it to have a clear understanding of what is required of them, and how it should be achieved.

Safeguarding

The nursing home that needed to change

The Adult Social Care Safeguarding Unit became aware of a nursing home in the independent sector was failing to provide adequate care to safeguard the people living there. While the home had an attractive appearance it was discovered that the management of the home was not working well and that the staff were resistant to changing the way they provided care. The poor staffing practices could be risking the safe care of the residents.

We worked with the managers and staff to bring in new ways of working that were much better focussed on understanding and responding to the people living there and their needs. For instance, one person had not left the home for 17 years, but after improvements were made he was encouraged to go out and enjoy visits to the local community again.

11. How to contact Adult Social Care

Internet

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

Phone

0116 252 7004

Monday to Thursday 8.30am – 5.00 pm. Friday 8.30 am to 4.30 pm

Minicom

0116 252 7011

Email

customer.services@leicester.gov.uk

By post or in person

Adult Social Care
Leicester City Council
1 Grey Friars
LEICESTER LE1 5PH

Monday to Friday 9.00 am – 4.00 pm.

12. Tell us what you think about this report

We would like to know what you think about this report, to help us plan the report for next year. You can either:

- Fill in a feedback form online at: http://www.leicester.gov.uk/localaccount/ **or**
- Complete the questionnaire below, put it in an envelope addressed to: **ASC Annual Report 2012-13 Feedback, FREEPOST LE985, Partnership Team, B7 New Walk Centre, Leicester LE1 7ZP**. You do not need a stamp.

About the Adult Social Care Annual Report 2011-12

1. Overall, how helpful was the Annual Report in providing information about Leicester City Council's performance in providing adult social care services in 2012-2013?

Very helpful ☐ **Fairly helpful** ☐ **Don't know** ☐ **Fairly unhelpful** ☐ **Very unhelpful** ☐

2. What do you think are the **most helpful** things about the report?

3. What do you think are the **least helpful** things about the report?

4. What could be done to improve the report in future?

About you

5. Please tick all the boxes that apply to you:

I use adult social care services ☐ I am a carer ☐ I live in Leicester ☐
I work for Leicester City Council ☐ I am a provider of adult social care services in Leicester ☐

I am completing this questionnaire on behalf of a group or organisation ☐
Please write in the name of the group or organisation

6. Please tell us your ethnic group

7. Please tell us your gender

8. Please tell us your age

9. Are you a disabled person? Yes ☐ No ☐

10. Please tell us your sexual orientation

11. Please tell us your religion or belief

Back page

This is Leicester City Council's Adult Social Care Annual Report for 2012-13.

It is for everyone in Leicester who is interested in adult social care, and it tells you what we have been doing in providing adult social care services and how we have performed. It also tells you what our plans are for the future.

It is available online at [web link to added in final version]

If you need help reading this publication or require it in a different format please contact [phone number and email address to be added in final version].