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4<sup>th</sup> April 2014

Ms D Watson  
Leicester City Council  
B87 New Walk Centre  
Welford Place  
Leicester  
LE1 6ZG

Dear Deb,

**Re. Leicester City Council Adult Social Care Peer Challenge – 12<sup>th</sup> – 14<sup>th</sup> March 2014**

I am writing to outline our findings and conclusions from the peer review. As you know the review team comprised of myself as the lead Director, Cllr Muriel Weisz (Chair of the Adult Social Care Committee in Nottinghamshire), Helen Jones (Director for Adult Assessment, Nottingham City Council) and Cathi Sacco (Programme Director - Care & Support Bill, Northamptonshire County Council).

You asked us to review the following issues:

1. Personalisation - To explore the extent to which approaches to personalisation in Leicester are achieving improved outcomes and a genuine move towards increasing independence. How can Leicester City Council accelerate this shift to improve customer experience and quality of life? How can Leicester City Council ensure that a personalised approach to carers genuinely results in carers receiving support and feeling supported in their caring role?
2. Provider Quality - To explore the effectiveness of Leicester's approach to driving up the quality of commissioned services. What improvements could be made in our approach to quality assurance?
3. Supporting timely hospital discharge and avoiding unnecessary admission to hospital. - To what extent is our work with partners effective in helping to alleviate pressure on the acute care system? Is there anything further that should / could be done to support the acute care agenda (resources permitting)?

In addition to this from our review we have identified some general themes which arise from the examination of the above.

We would like to thank you, your team, Cllrs Patel and Palmer and Andy Keeling for the openness with which you all approached the review. In particular, we would like to thank Adam Archer for the organisation and the arrangements, which were exemplary.

We had the benefit of access to the key documents and evidence prior to the review including your self assessment and this helped our focus in the range of meetings with yourself, managers, staff, partners, users, carers and providers.

As you know we allocated lead roles with the review team. Helen Jones led on the work with the acute Trust and other partners to manage the pressures on the hospital; Cathi Sacco led on personalisation and I took responsibility for provider quality. Cllr Weisz took an overview

of the issues emerging from our work across the three domains and focussed on the political aspiration and oversight of Leicester City's approach and performance in relation to adult social care.

As the general themes emerge from the detailed work, I will cover these at the end of this letter. However, in undertaking our review we were conscious of the context in which you, like most authorities, are operating with very significant reductions in the Council's budget at the same time as having to respond to increasing need and demand.

At the feedback meeting we were asked if we could advise on any area where greater value for money or savings could be achieved. We were conscious that as a Council you have commissioned some work from April to review aspects of value for money, application of eligibility thresholds and package sizes as part of a process to identify further significant savings. This will review issues such as thresholds for intervention as well as opportunities for efficiencies in internal processes. We have reflected on this request and we do not have any specific evidence other than the issues raised in the Council's own self assessment. However, we think the work the Council has commissioned is relevant and appropriate and should give the Council a picture of opportunities and cost pressures in the future. Our work did touch on areas that highlighted possible pressures as well as some approaches that might in the longer term help to mitigate escalating costs.

There are a few initiatives which set the context in which a savings plans can be developed.

A significant development is the planning you have undertaken with health colleagues on the Better Care Fund, which signals joint investment in services that are designed to keep more people with long term conditions in the community and out of hospital, mainly, the increasing number of older people over the age of 85. Of course, we know that the Better Care Fund will help with pressures but does not address all of them, particularly the rising number of adults under 65 with learning and physical disabilities where nationally there has been a greater level of increase in need and cost than has been the case for older people. We were struck by the strength of relationships with health colleagues, no doubt assisted by your role as Director of Public Health. This seemed genuine and purposeful and augers well for the significant challenges you all face over the next few years. The point in relation to financial sustainability is, whilst integrated commissioning and provision is not likely to deliver the level of savings required in the necessary timescales, it is clearly one mechanism by which health and local government can make best use of local resources.

We also make some comments about discussions with users, carers and the public about the social care offer taking account of the Care Bill and the Council's financial situation. On the one hand the Care Bill will expand the scope of Council's social care responsibilities whilst core funding is reducing. In this context we make some recommendations about reviewing the Council's vision for adult social care. Again, it is difficult to quantify any potential savings in this as, in the first instance, this would serve to help all parties to have common understanding of what the Council can and cannot fund in future

The third strand is to ensure that all the resources available in Leicester's formal statutory provision are sensitive to the needs of people who require or who may require social care and informal care and support is encouraged and, where appropriate, supported. The Deputy Mayor cited an extremely good example, in the suggestion that all leisure centre staff should receive some dementia awareness training. There are, of course, already examples of this in a vibrant City. The approach of building "community capacity" is to ensure that informal care from carers, neighbours, communities and the voluntary sector is encouraged alongside, where appropriate, mutual support. This is not an alternative to vital and essential statutory provision and funding but is a way of ensuring a balance of responsibility in the provision of support.

## **Personalisation**

### ***Strengths***

Leicester City Council had a strong and early drive to personalisation. An early adopter, the Council participated in national pilots and took a positive and progressive approach to personalisation. Mechanisms were established and resources identified to support people in having choice and control. Targets to drive up personalisation have been successful and the proportion of people receiving a personal budget and direct payments are high.

Today there is evidence of a continuation of that strong initial drive towards personalisation, and this has helped progress discussions and decisions related to changes in the Council's in-house services. The initial mechanisms to support personalisation have been redesigned based on lessons learnt and improvements are either planned or implemented. Opportunities are taken to further personalisation in service redesigns and re- procurement of services.

There is a strong and vibrant voluntary and private sector in the city. Leaders of the sector are keen to engage, are progressive in their thinking and take initiative to engage in order to support the people of Leicester. There is a particularly strong sense of commitment and progression from the city's carers' organisations.

There are a wide range of participation forums including those for carers, people in transitions and staff.

### ***Areas of Development***

The City Council could usefully clarify its approach and its policy on Personalisation in the current context of choice, quality and budget constraints. Data indicates the proportion of people who use services who feel they have control over their daily life is below average, as is the proportion of carers who feel satisfied with social services. This appears to counter the above average performance of the Council on quantitative measures of personalisation. It may be the difference can in part be explained in better understanding and managing expectations through appropriate dialogue with members, staff, service users and the public.

There are many 'good news' stories of personalisation told by staff. It may help accelerate the pace of change if these stories were better and more widely promoted with the support of the Councils communications service, demonstrating how the Council has helped improve the lives of individuals through choice, opportunity and empowerment. The examples of good news stories and the focus of personalisation seem to be primarily on younger adults. The Council might benefit from a further drive towards personalisation with older people, accompanied by renewed training and development to boost confidence.

Survey data indicates that the proportion of people who use services and carers who find it easy to access information about services was below the national and family average when last measured in 2012-13. The Council has a draft Information, Advice and Guidance Strategy but we believe that this work needs to be strengthened and that it needs to be delivered at pace. Strong and focused implementation of a robust information and advice strategy could be used to most effectively develop social capital, make best use of limited Council resources and manage demand whilst supporting people to support themselves.

Help for carers in both identifying carers and providing them with support can continue and be strengthened through maintained investment in carers' workers, and embedding and extending support through integrated initiatives with health.

## **Provider Quality**

### ***Strengths***

The Council introduced a Quality Assurance Framework in the autumn of 2013 which requires providers to undergo an annual assessment. Whilst the implementation is in its early stages it represents a positive step forward in ensuring the Council and providers engage in a process to understand the quality of what is being purchased by the Council. Since many of the organisations also provide to self-funders this extends to services which are also used by self-funders, it is to the benefit of a wide range of users of social care services. The intention is that the outcomes of the Quality Assurance Framework are made public so that service users and carers can use this information in making choices about provision.

The process of understanding and managing poor quality and risk is sound. Whilst it was not within the remit of the review to examine how this was managed in individual cases, there are appropriate processes in place across agencies including health and CQC. This includes a process for investigation, monitoring and review through the Safeguarding Adults Unit, involving collaboration and joint working with all the relevant partners.

Providers reported appreciating the guidance on falls and dementia and training that has been facilitated on tissue viability providing a good model of strategic support to quality. Whilst it is clearly providers' responsibility to fund and provide training for their staff, where there are particular areas of concern or likely risk, it does provide a way of ensuring consistent support and advice.

Leicester is a city which was described to us as one of "super diversity". We saw and heard strong evidence that approaches which promote equality and diversity in policies and service provision are embedded.

There was evidence of a strong and diverse voluntary sector who provide a range of service provision. They also referred to examples of innovative practice.

### ***Areas for Development***

It is commendable that Leicester City Council has implemented a Quality Assurance Framework. In future there are opportunities to join this up with the health service. We heard from providers that they would value more services being jointly commissioned. Clearly, the work arising from the Better Care Fund will increase the impetus for more joint commissioning and a joint approach to quality assurance will help to ensure consistency, help providers and lead to the possibility of sharing the costs of such a system. We were also impressed to hear and read about the telephone survey of over 600 service users, and clearly this is a key part of any quality assurance framework.

One of the ways of ensuring that services meet the outcomes of service users and carers and affords the appropriate safety, dignity and choice is for regular reviews with service users and carers. This is also an opportunity to assess whether needs have changed. The pressure on most assessment and care managers in local authorities is increasing given the demographic profile, pressures arising from activity in the health service and the increase in complex assessments in relation to safeguarding. There was some evidence that reviews are not always carried out in the expected timescales. The senior team are aware of this and concerned about it. This was also referred to in our meeting with service users. Our advice is to revisit the policy on annual reviews of existing service users needs to ensure it is one which is proportionate and according to need and is clearly communicated to service users so that expectations are aligned.

We heard evidence of greater attention to outcomes for service users and carers in the commissioning of services. We recommend that the authority continues to explore ways of developing commissioning for outcomes, recognising that the authority has to be aware of the cost implications of any change of approach in the current economic climate and these approaches take time to develop. There are approaches being developed by a range of local authorities and it may help the authority to explore these examples and their applicability to Leicester.

We explored the issue of fee levels in the climate of current national concern about wage levels, payment of travel time and zero hour contracts, and the impact of this on quality. We note that the Council no longer commissions 15 minute calls and this change is currently in transition. There is also further work taking place to ensure that provider's actual practice reflects commitments given in the tendering process. A review is being undertaken by the Scrutiny Committee on quality, covering these issues. We support the Authority's continued work in this area and with the residential sector in continuing to understand the actual costs of care in the Leicester adult social care market and the impact on quality. We suggest that it may help the authority to review its practice against the 'Top Tips for Directors Commissioning and Arranging Home Care services' guidance issued by ADASS at the end of 2013 and report on this formally to the Council.

Finally, in all these developments we found our discussion with provider representatives that they were keen to be involved and engaged in the co-production of strategies in order to "work with the Council to ensure that there is first class care and that we have services of which we are all proud of". This included further development of the Quality Assurance Framework as well as other measures. We appreciate that this may not be the view of all providers but our view is that the Council may benefit from further work with providers on these issues. We suggest this should include clear feedback on the suggestions that can and cannot be adopted.

## **Hospital Discharges**

### ***Strengths***

Leicester City Council is well regarded by partners in terms of their contribution to the acute hospital agenda. We found evidence of good working relationships between the CCG and the Local Authority that were reflected in the joined up planning relating to the Better Care Fund.

High level political engagement was also evident. Scrutiny has considered the Better Care and winter preparedness from a "whole council" point of view e.g. gritting. The Chair of the Health and Wellbeing Board had held health providers to account through a recent Health and Wellbeing Board, filmed and placed on the web.

We also found innovative and effective responses in place, including an effective reablement service, the hospital holding team and Brookside Court which all contribute to reducing delays in the pathway coming out of acute care. In addition there is a clear, shared perspective with health service partners about community integration in relation to primary care and how a risk stratification process will assist the identification of those citizens whose needs are most likely to contribute to acute pressures if not effectively managed in the community.

The next steps needed are well understood and articulated in the Better Care Fund work. The need to pay additional attention to preventing admissions as well as speeding up discharge is also understood strategically.

## ***Areas for Development***

Success in relation to timeliness of discharge seems to be measured primarily in relation to delayed transfers of care although partners have agreed a target focused on discharge timeliness from the point at which a patient becomes medically fit to discharge. It is sensible that this becomes the focus for measuring success, providing for further local ambition over and above the formal statutory framework.

Given the level of the pressures, the question must be asked as to whether the delivery timescale for the changes are ambitious enough and whether the Council has sufficient senior

leadership and other capacity for delivery of this agenda at the pace required for next winter and to deal with ongoing demand. The high level of commitment given by senior leaders to this is evident, but whether this is sustainable given other priorities is questionable.

It seemed there were achievable ambitions that hadn't yet been pursued for resource reasons. Examples included co-location with health partners and the management of public expectations (involving choice about remaining in acute care whilst waiting for a preferred residential home or to go home) which would need to be managed in order to protect acute care for those that needed it. As well as process change, integration involves significant cultural change and this requires resources to deliver and embed effectively

It would be useful to focus on how investment and disinvestment decisions are made. Brookside Court is an impressive intermediate care unit with very passionate staff and many stories about successful rehabilitation. However, three areas were identified during our discussions where additional funding could have made a difference to the speed of discharge.

Firstly, when the NHS moved healthcare intermediate care beds from the ground floor of Brookside Court to another facility, the GP cover commissioned for these NHS beds also transferred. This had the unintended consequence of removing convenient access to a GP for the social care unit at Brookside Court. Examples of how this had previously enabled rehabilitation and positive discharge home were given and it may be helpful to re-visit the arrangements for medical cover at Brookside Court. Secondly, we heard about delays caused by care managers being unable to respond quickly enough due to other operational priorities. Finally we heard that more therapists (occupational therapists and physiotherapists) in reablement, would mean therapy could start from day one and quicker progress be made through that pathway.

## **Overview**

### ***Strengths***

Like other authorities, Leicester City Council is grappling with significant budget reductions and major changes to its services. There are other national policy changes and the need to plan for the Better Care Fund and the implementation of the Care Bill. We saw many examples of good practice and focus on important issues, despite these pressures.

It was reported to us that over a number of years there had been rapid changes in political and senior leadership but we heard expressions of confidence in the current leadership. The investment in initiatives such as staff conferences was appreciated.

In all our dealings with Members, senior officers and staff we were struck by the passion and commitment to the City, its citizens and getting the best out of publicly funded services for and with the citizens of Leicester.

Whilst there were significant financial pressures there are plans in place, recognising that some decisions had been very challenging, and that there is more work to do in finalising what are currently outline plans for future years.

The planning arrangements with the health service and the depth of understanding and mutual respect we observed highlights the potential for implementing innovative approaches and transformation across health and local government.

### ***Areas for Development***

We suggest that it would be appropriate to review the vision for adult social care to balance choice quality and cost effectiveness, and to take account of the forthcoming Care Act.

As part of the development of the new vision we would encourage a dialogue between Members, staff, service users, carers and providers about building community capacity. This would be with the aim of improving quality of life but also balancing the responsibilities of the Council with those of citizens and other organisations.

The Council is undertaking a significant number of major change programmes. We suggest increasing the pace of change and identifying further capacity in relation to some key initiatives. In particular we would highlight the need to review capacity for the Information, Advice and Guidance Strategy, aspects of the plan for integration with health and clarification of the Council's particular approach to personalisation.

We also think there is a case for enhancing the Communications Strategy of the authority and increasing the corporate communications support to promote good practice in adult social care and helping to set expectations once a new vision has been developed.

Finally, I would like to say how much we appreciated our visit to Leicester. We would like to extend our thanks to all who gave their time to assist us in understanding the progress you have made and to suggest areas for development.

Yours sincerely,

*David Pearson*

### **David Pearson**

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