

Adult Social Care Scrutiny Commission

Adult Social Care Local Account 2014/15

Date: 4th August 2015

Lead Director: Ruth Lake



Leicester
City Council

Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

1. Summary

- 1.1 This report presents Leicester's Adult Social Care Local Account for 2014/15. This will be Leicester's fifth Local Account, which is a retrospective backward looking review of the key developments, achievements and performance over the course of the year. It also sets out future plans in response to the challenges faced in the forthcoming year.

2. Recommendations

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

3. Report

- 3.1 The previous coalition government replaced considerable layers of inspection and indicators for ASC with a new regime, set out in '*Transparency in outcomes: a framework for quality in adult social care*'. As part of this framework, the publication of 'local accounts' was put forward as one way of supporting meaningful dialogue between councils and communities and replacing previous annual publications by the Care Quality Commission.
- 3.2 It is not mandatory to publish a local account; however the vast majority of councils with adult social care responsibility do so, and it is considered good practice. Local Accounts are a key part of the Local Government Association's 'Towards Excellence in Adult Social Care' programme and are supported by the Association of Directors of Adult Social Services (ADASS).
- 3.3 Guidance on producing local accounts was published in June 2011 by ADASS. Local Accounts are not seen as sitting on their own. They are viewed as part of the wider principle of making local areas responsible for their own performance, and therefore complementary to self-assessment and sector-led improvement.
- 3.4 Previously we have published four Local Accounts. The first three reports evolved in terms of content and style. Based on feedback from these reports It was agreed that the Local Account for 2013/14 would be published as a shorter summary document, It was subsequently agreed that the 2014/15 report would follow a similar format but would be published significantly earlier than previous reports.

3.5 The Local Account has sections covering the following subjects:

- Vision – Setting out the department’s vision over 2014/15 and highlighting the work undertaken during the year to develop a new high level strategy for ASC in Leicester.
- ASC and Health Needs in Leicester – Looking at current and future levels of need in the city.
- The Care Act and the Better Care Fund – Describing major national developments impacting on the delivery of ASC during the year.
- Services – Providing a brief description of services provided by ASC in Leicester and reporting key service level performance data for the year.
- Achievements – Reporting on the progress made in addressing priorities identified in the 2013/14 Local Account.
- Complaints – Reporting on the number and nature of complaints (and commendations) received by ASC in 2014/15.
- Finance - Summarising the breakdown of spend in the year.
- Performance – Reporting on our ‘Key Performance Indicators’ for 2014/15.
- Future Plans – Setting out key priorities for 2015/16.

4. Financial, legal and other implications

4.1 Financial implications

4.1.1 There are no direct financial implications associated with this report. Stuart McAvoy ASC Finance.

4.2 Legal implications

4.2.1 There are no direct legal implications associated with this report. Kamal Adatia City Barrister.

4.3 Climate Change and Carbon Reduction implications

4.3.1 Awaiting Climate Change implications

4.4 Equalities Implications

4.4.1 The Adult Social Care Local Account 2014/15 covers all the protected characteristics as listed in the Equality Act and pays due regard to the three aims of the public sector equality duty

through promoting independence for vulnerable people and helping them to stay in their local communities. It also takes into account future projections for the city's population and promotes prevention and intervention services/support.

Sukhi Biring, Equalities Officer, ext. 374175.

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

4.5.1 There are no other issues identified.

5. Background information and other papers:

None

6. Summary of appendices:

Appendix 1 Leicester's Adult Social Care Local Account 2014/15

Adult Social Care Local Account 2014-2015



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

Introduction

Welcome to our fifth Adult Social Care Local Account. This report covers the period 1st April 2014 to 31st March 2015 and is a retrospective look at how our services performed during that time and also sets out some of our future plans.

Vision

Our vision for Adult Social Care during 2014/15 was to enable individuals to be active citizens and to ensure people are safeguarded. Within the limited resources available to us, we 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 (personal 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.

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

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

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

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

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

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

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

Adult Social Care and Health Needs in Leicester

One of the main ways that we find out what services people in Leicester need now, or are likely to need in the future, is by carrying out a Joint Strategic Needs Assessment (JSNA). The current 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%.

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 JSNA also shows that Leicester has a higher rate of people with learning disabilities than the national average.

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

The Care Act

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

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

The Better Care Fund

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

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

The Leicester City Fund is being used for the patients that are likely to benefit from it most: patients who are aged 60 years of age and above; younger adults with three or more health conditions; and anyone with dementia.

The BCF formally commences in April 2015, but the health and social care partners in Leicester have been delivering the service transformation locally in 2014/15. Our combined efforts mean that Leicester citizens are already benefitting from a more positive experience and a better quality of care.

Services

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

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

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

Single Point of Contact - The Single Point of Contact receives referrals for all new contacts to Adult Social Care from hospitals as well as the community. We provide Information Advice and Guidance and work with people to explore their circumstances to enable them to maximise their independence and safety. Where appropriate, we work in a person centred way to provide short term solutions to their needs and pass on cases to locality social work teams for further assessment. We recorded 14,733 contacts in 2014-15.

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

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

This year we completed 5445 assessments of new clients. We also review people's needs on a planned basis, to look at how well the services being provided are meeting the individuals' outcomes. This year we completed 3165 reviews of existing clients.

Preventative Services –

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

- **Minor adaptations** – 7,707 minor adaptations such as stair rails, grab rails, half steps, levelled door thresholds and lighting improvements were completed during 2014-15.
- **LeicesterCare alarms and assistive technology (AT)** - Assistive Technology allows an individual to perform a task that they would otherwise be unable to do. AT includes a wide range of devices from simple 'standalone' items such as picture memory phones to more high tech 'telecare' items such as fall sensors and epilepsy sensors. The Telecare service we provide is known as LeicesterCare. LeicesterCare facilitates timely hospital discharges and avoids admissions into both hospital and residential care, and enables people to live their lives as independently as possible. LeicesterCare provides a 24 hour emergency alarm monitoring service to approximately 4,700 service users. Alarm calls can be raised directly by the Service

Users or by automatic sensors detecting events such as falls. LeicesterCare will liaise with the Integrated Crisis Response Service to provide a prompt response to alarm activations, reducing the impact on ambulance services and other acute services. During the year the LeicesterCare service handled over 75,600 calls.

- **Reablement** - The Reablement Service provides support for people within their own homes. It is based on short-term assistance from care Reablement Assistants and health professionals working together to improve service users' independence. Reablement supports an individual to regain skills and confidence, and where appropriate makes use of aids, equipment and assistive technology. We helped 1,668 people who were new to our service during the year.
- **Integrated Crisis Response Service (ICRS)** – This service brings together Adult Social Care and Health staff to support people who are experiencing a crisis in their own home, preventing admission to hospital or a care home. The service is available 24 hours a day, 7 days a week and responds within 2 hours. The service is short-term and is available for a maximum of 72 hours. ICRS have supported 3,349 service users during the year.

Independent Living Support (formerly known as Housing Related Support) - These services help people who live in supported accommodation, sheltered housing run by housing associations or their own homes live independently. It also pays towards the costs of community alarms for existing customers of the service. In 2014-15 we provided in the region of 16,011 hours of support through these services.

Domiciliary Support (formerly known as home care) – We commission (buy) personal care services for people to enable them to maintain or regain their independence and remain living in their own home for as long as possible. 'Personal care' covers things like washing, dressing, preparing meals or helping to manage money. Around 2,000 people in Leicester receive this service, with about 18,000 hours of support given each week.

Carers – We provide a variety of services and support for people who provide unpaid support to family or friends who could not manage without this help. We carried out 2338 carers assessments. The outcomes of the assessments were that 1148 (49%) received support via a one off Carers Personal Budget. 1190 (51%) received information and advice. The voluntary sector delivered 547 carers breaks on behalf of the Council. 446 carers received training through both internal and external training programmes. In addition to the training they provide the voluntary sector supported a total of 1,739 carers through a variety of provision on behalf of the Council.

Shared Lives – This is a scheme where ordinary individuals, couples or families become carers and share their home and community life with someone who needs some support to live independently and help them maintain good health and wellbeing. 53 service users are currently supported through Shared Lives.

Sheltered Housing - We provide a housing related support service to tenants in Sheltered Accommodation to help maintain independence and reduce reliance on other formal services. There are approximately 410 tenants in 14 sheltered housing schemes across the city. A total of almost 9571 contacts were made with tenants, of which 2430 resulted in a referral to other services. The total number leading to an intervention was 1,599.

Extra Care Housing and Supported Living - These are buildings that have self-contained apartments with either staff on-site, or in one case, on-site care. They are designed to be accessible to meet people's needs, including those people using mobility aids and wheelchairs. There are a range of communal facilities that encourage the tenants to interact with each other as a community. An additional 77 people with mental health needs or a learning disability were supported this year.

Residential Care: Elderly Persons Homes - The council continued to support residential care home placements providing care to older people who are unable to live independently. The council commissioned residential and nursing places in the independent sector as well as running 6 council run homes. Council run homes are going through a period of transition as we go through a process of sale and closure. As at March 2015 we currently have 3 council run homes. All homes are registered and inspected by the Care Quality Commission. The total number of people who have used our facilities through the year was 185.

Community Opportunities (previously known as Day Services) – We manage, commission and provide funding for a range of activities that enable disabled and older people to learn new skills, have an active role in the community and to maintain their independence, health and wellbeing. This is done via both in house and external services who are commissioned by adult social care or increasingly directly by the individual receiving the service through a direct payment. This type of provision provides stimulation and social inclusion for the individual, whilst in many cases also ensuring family carers have the time to do the things that are important to them aside from their caring responsibilities. In 2014/15, 857 people were supported through commissioned Community Opportunities, with an increasing number choosing to make their own arrangements and commission services directly from the provider through the use of direct payments.

Substance Misuse - We provide treatment for people who are experiencing difficulties related to substance misuse. There are three types of service: community based treatment; services for people whose substance misuse has brought them in to contact with the Criminal Justice system; and services for young people. 1,583 adults received structured treatment in relation to illicit drug use and 603 individuals received treatment in relation to problematic alcohol use. In addition, 98 young people received structured treatment.

Transition - The Transitions Team works with young people who are leaving school and who have been identified as having a disability and are eligible for an assessment under the Care Act. The team works with young people, their families and carers, schools, health colleagues and Connexions to assess the young person's needs and provide support if required to enable them to live as independent a life as possible. About 65 young people were supported in 2014-15. The team is responsible for undertaking assessments, carers assessments and for undertaking Safeguarding investigations.

Safeguarding - Safeguarding 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. Safeguarding work is completed across the whole of Adult Social Care. The Safeguarding Adults Unit provide advice and support to professionals, shares good practice, and responds to wider concerns about services that may suggest abuse or harm. During 2014-15 there were 476 adults at risk who were referred through the safeguarding process.

Achievements

In our Adult Social Care Annual Report 2013/14 we said we would do a number of things to meet our priorities going in to 2014/15 and beyond. This section tells you what we have actually done.

Information Advice and Guidance – We have worked on the establishment of a service providing Leicester citizens with information, advice and guidance relating to care and support for adults and support for carers. The service was in place for 1st April 2015 and has introduced a more stream-lined approach to printed materials and a much improved on-line provision. The number of printed materials has been greatly reduced and web-pages that follow a clear customer journey have been designed and implemented. Information owners have been identified for all web-pages, so that the responsibility for keeping them up-to-date is clearly assigned.

Carers' assessments and services – The Carer's Assessment has been revised and new Carers pages have been put on the Council website.

Customer experience – We have worked to develop a citizen portal where customers can access information and advice and use interactive tools to find out about eligibility and cost of support. It is anticipated that the portal will be live from June 2015.

Independent Living – Leicester Independent Living consortium has been appointed to develop 2 x 80 unit Extra Care schemes at Tilling Road, Beaumont Leys and Queensmead Road, Braunstone. Architect plans are being drawn up and public consultation is due to take place mid-June 2015. The projected date for occupation of the schemes is Summer 2017.

Transitions – The Children's Act came into force on 1st September 2014 introducing Education, Health and Care Plans (EHCPs). We have continued to work with colleagues to roll out a programme of transfer reviews. We have established a new person centred process for integrated assessment and resource allocation placing the child and family at the centre of their support. We have a web-based local offer and are investigating the possibility of creating electronic EHCPs initially for young people aged 14-25.

Safeguarding – On the 1st April 2015 the revised Leicester, Leicestershire and Rutland Safeguarding Adults Multi-Agency Policies and Procedures (MAPP) was released. This document sets out how the local authority meets the requirements of safeguarding under the Care Act 2014. The document is web based and can be found on the web address: www.llradultsafeguarding.co.uk . The Leicester Safeguarding Adults Board is now securely in place with statutory and local partners. It is another part of the Leicester City commitment to meeting the safeguarding requirements of the Care Act 2014.

Integration and Partnership Working – We have successfully made a difference to people by helping to avoid unnecessary hospital admissions. Our Better Care Fund has supported arrange of services including Integrated Crisis Response Services, staff working in discharge teams and extended hours of service for discharging people from hospital. We have prepared plans to create integrated locality teams and this will take place during 2015/16

Workforce Strategy – A draft strategy has been produced initially targeted at Leicester City Council employees, however this will be expanded to workers in the external care market in due course.

Pre-paid cards – An external card provider was selected following a formal procurement exercise. A six month pilot scheme to evaluate the effectiveness of pre-paid cards will take place from July 2015 and a report will be taken to directors in February 2016.

Modernising day services – We have closed Douglas Bader day centre and succeeded in finding alternative services for all those who attended the day centre. We have worked with people with learning disabilities and supported and enabled individuals to access activities in their local community.

Funding Reform - The Care Act 2014 required a Deferred Payments scheme to be in place, alongside a revised Charging Policy. The Deferred Payment Policy, Deferred Payments Legal Agreement, updated Charging Policy and Third Party Top-up Legal Agreement were all approved by 1st April, and the appropriate documentation was published on the ASC web-pages

Complaints

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

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

Over 2014/5 we received 14,733 requests for services and provided long-term support 6,300 people. During this period we received 78 formal complaints under our social care complaints procedure. 76 of these complaints progressed to a conclusion and from these 14 were upheld and 19 were partially upheld. A total of 43 complaints were not upheld.

During 2014-15, The Local Government Ombudsman recorded twelve decisions in relation to complaints about Adult Social Care services. Six of these enquiries were referred back to us so we could respond to them first, two were upheld and a further four complaints were not upheld.

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

Reasons for complaint			
Withdrawal of service	4	Lack of communication	14
Staff punctuality	0	Inadequate resources	2
Staff attitude / behaviour	31	Failure to undertake task	19

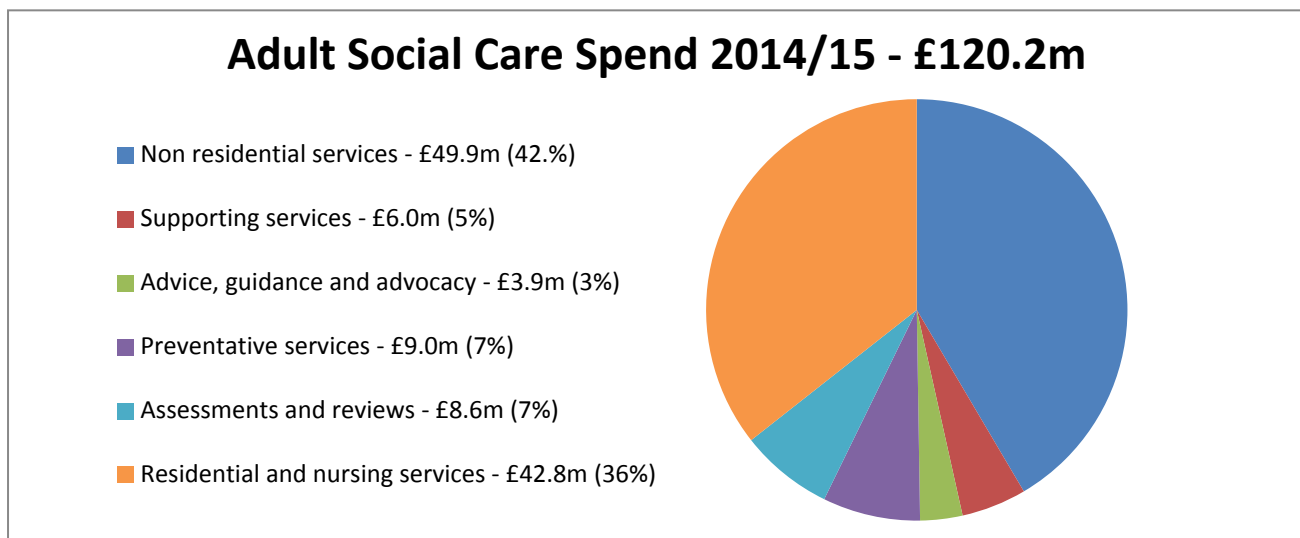
Racial abuse	0	Denial of service	4
Poor care plan / needs not met	18	Delay in receiving a service	9
Other	1	Challenging practice decision	22
Notice of concern	4	Breach of confidentiality	1
Not informed of policy / procedure	3	Abuse by staff	1
Lack of information	5	Abuse by other users	0
Lack of consultation	4		

As an organisation we look to make improvements to our services as a result of the customer feedback we get. During 2014-15 we noted that we needed to learn from complaints that had raised issues about delay, our communication, recording of information and case management. As an example of the actions we will be taking in response, we will be reviewing the ways in which we keep in touch with our customers during waiting periods or when an individual's situation is complex. We will also be sharing customer experiences with staff who undertake assessments; to make sure that they are aware of what parts of our contact can cause issues or concerns.

We are pleased when we also receive positive reports from our customers about the work that we do and we formally record these as commendations for staff. 2014-15 saw a 10 % increase of staff commendations received, with a total of 214 commendations recorded.

Finance

Each year the Council sets a budget for Adult Social Care; this details the money that is available to spend on different services. The following chart shows the breakdown how the budget was spent in 2014/15.



Performance

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

What are we doing well?

We have a high percentage of service users and carers receiving self-directed support, giving them increased choice and control over the care they receive. At 31st March 2015, 96.2% of service users received self-directed support with 41.3% receiving direct payments. At the same point 100% of carers received a direct payment.

Delayed discharges (when a patient is ready for transfer from a hospital bed, but is still occupying a bed) from hospital have reduced from last year. In 2014/15 there were 13.0 delayed discharges per 100,000 population

compared to 15.9 in 2013/14. The percentage of those delays which were attributable to Adult Social Care also reduced from 5.3 per 100,000 population to 4.3.

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

The majority of ASCOF measures derived from the national carer's survey showed an improvement from the last survey in 2012/13. For example, the proportion of carers who had been involved in discussions about the person they care for rose from 63.5% to 68.5%.

The percentage of service users with a learning disability or in contact with secondary mental health services living independently was up on the previous year. 69.8% of those with a learning disability and 35.8% of those in contact with secondary mental health services were living independently, compared with 67.4 % and 34.1% respectively in 2013/14.

Significantly more carers received needs assessments or reviews and a service or advice and information than in the previous year, with our performance at 49.7% of carers for 2014/15 compared to 28.4% in 2013/14.

We have increased the number of people in Shared lives placements and the number of carers approved by the Shared Lives Service. In 2014/15 we made 52 shared lives placements and had 54 carers approved by the shared lives service compared to 40 and 43 respectively in 2013/14.

We have significantly increased the use of Assistive Technology. 1,762 services users were supported with assistive technology in 2014/15 compared to 1,534 the previous year.

We have increased the number of new supported living tenancies. In 2014/15 we were able to provide 77 tenancies compared to 59 in 2013/14.

We have supported more adults with mental health needs or learning disabilities through work placements. 37 people were supported in 2014/15, almost double the 20 people supported in the previous year.

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

We have continued to improve reablement outcomes, with more people becoming fully independent. In 2014/14, 53.8% of people leaving reablement services were fully independent with no further need for Adult Social Care services, compared to 46.4% in 2013/14.

What are we doing less well?

Changes to the annual national 'user's survey' in 2014/15 mean we cannot directly compare results with previous surveys, or the ASCOF measures that derive from the survey. However, feedback from service users through the survey is not as positive as we would like. For example, while 87.4% of services users were satisfied with the care and support they received, we want to see more people being extremely or very satisfied than the 56.9% indicating so in the survey. The overall satisfaction level of carers also dropped slightly from 37.9% in the last survey (2012/13) to 37.7% in 2014/15.

We need to improve the number of people with Mental Health or Learning Disability needs who are in paid employment. Our performance dropped from 7.7% for adults with a learning disability and 2.2% for those in contact with secondary mental health services in 2013/14 to 6.9% and 1.8% respectively in 2014/15.

Historically, our performance in reablement services has been very high, but in 2014/15 this has dipped. The proportion of older people who were still at home 91 days after discharge from hospital into reablement services

dropped from 86.9% in 2013/14 to 84.3% in 2014/15. And, the proportion of older people offered reablement services following discharge from hospital fell from 4% to 3.6%.

We need to make sure more service users are having their care packages reviewed on a regular basis. Due to other pressures on our services, we were only able to review 42.3% of service user's packages over the year compared to 68.4% in 2013/14.

Providing support for people with dementia is a priority for us. While we were able to increase the number of people with dementia attending community based services from 231 in 2013/14 to 339 in 2014/15, this was not as much as we had planned.

Future Plans

The way we deliver Adult Social Care in Leicester will have to change in coming years. As previously stated, we are facing tremendous financial pressures and will have to do things differently and in some cases do less. At the same time we are committed to delivering the best services we can and improving those things we have not been doing as well as we would like. Our priorities for 2015/16 are:

- To implement the Care Act and prepare for further changes due to funding reforms
- To manage within the resources available to us, by focussing on prevention, supporting people to access community and universal services and reducing demand for statutory services
- To reconfigure our staffing structures, to support an improved user experience and to support staff to be productive and to deliver high quality social work services
- To improve performance management and financial management, ensuring managers have the necessary tools to be held to, and hold their staff to account
- To integrate services for those young people in transition to adulthood / adult services
- To review commissioned services, ensuring that the range, quality and focus of services is able to match eligible need and our preventative responsibilities
- To support integration by aligning and co-locating some services with health partners
- To reduce a reliance on residential care, so that older people can remain in a home of their own and to ensure younger adults have the opportunity for ordinary lives
- To review packages of care and ensure support plans are focussed on reducing dependency
- To implement an enablement model of support, to promote the independence of people with a range of needs but particularly mental health / learning disability
- To train and develop our staff so that they are enabled to meet our priorities and deliver the practice / demonstrate the values that underpin our purpose

Healthwatch Leicester

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

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

They can be contacted as follows:

Email: information@healthwatchleicester.co.uk
Website: www.healthwatchleicester.co.uk
Twitter: @HealthwatchLeic
Post: Healthwatch Leicester, Clarence House, Humberstone Gate, Leicester LE1 3JP
Phone: Helpline: 0116 251 8313
General Enquiries: 0116 251 0601

How to contact Adult Social Care

Internet: <http://www.leicester.gov.uk/your-council-services/social-care-health/adults/about-our-adult-social-care-services/>
Phone: 0116 454 1004 (Monday to Thursday 8.30am – 5.00 pm. Friday 8.30 am to 4.30 pm)
Email: customer.services@leicester.gov.uk
Visit / Post: Leicester City Council, Customer Service Centre, 91 Granby Street, Leicester, LE1 6FB

Opening hours:

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