

*Meeting:* **Adults and Communities Overview and Scrutiny Committee**

*Date/Time:* **Tuesday, 3 September 2013 at 2.00 pm**

*Location:* **Framland Committee Room, County Hall, Glenfield**

*Contact:* **Mr. S. Marra (Tel. 0116 3053047)**

*Email:* **stuart.marra@leics.gov.uk**

### Membership

Mrs. R. Camamile CC (Chairman)

Mr. M. H. Charlesworth CC    Mr. P. G. Lewis CC  
Mr. S. J. Hampson CC    Ms. Betty Newton CC  
Mr. D. Jennings CC    Mr. A. E. Pearson CC  
Mr. J. Kaufman CC    Mr. R. Sharp CC

### AGENDA

#### Item

#### Report by

1. Appointment of Chairman for the period ending with the date of the Annual Meeting of the County Council in 2014.

To note that Mrs R Camamile CC was appointed Chairman to the Adults and Communities Overview and Scrutiny Committee at the County Council meeting held on 26 June 2013.

2. Appointment of Deputy Chairman for the period ending with the date of the Annual Meeting of the County Council in 2014.

Mr R Sharp CC was nominated Deputy Chairman elect at the meeting of the County Council held on 26 June 2013.

3. Minutes of the meeting of the Adults, Communities and Health Overview and Scrutiny Committee held on 11 March 2013. (Pages 5 - 8)



4. Question Time.
5. Questions asked by members under Standing Order 7(3) and 7(5).
6. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.
7. Declarations of interest in respect of items on the agenda.
8. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
9. Presentation of Petitions under Standing Order 36.
10. Development of a Revised Prevention and Early Intervention Offer. Director of Adults and Communities (Pages 9 - 19)
11. Strategic Review of Adult Mental Health Preventative Services in Leicestershire. Director of Adults and Communities (Pages 21 - 33)
12. Adult Social Care Annual Complaints and Commendations Report 2012-13. Director of Adults and Communities (Pages 35 - 51)
13. Date of next meeting.  
  
The next meeting will be held on 26 November 2013 at 2pm.
14. Any other items which the Chairman has decided to take as urgent.

## **QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY**

Members serving on Overview and Scrutiny have a key role in providing constructive yet robust challenge to proposals put forward by the Cabinet and Officers. One of the most important skills is the ability to extract information by means of questions so that it can help inform comments and recommendations from Overview and Scrutiny bodies.

Members clearly cannot be expected to be experts in every topic under scrutiny and nor is there an expectation that they so be. Asking questions of 'experts' can be difficult and intimidating but often posing questions from a lay perspective would allow members to obtain a better perspective and understanding of the issue at hand.

Set out below are some key questions members may consider asking when considering reports on particular issues. The list of questions is not intended as a comprehensive list but as a general guide. Depending on the issue under consideration there may be specific questions members may wish to ask.

### **Key Questions:**

- Why are we doing this?
- Why do we have to offer this service?
- How does this fit in with the Council's priorities?
- Which of our key partners are involved? Do they share the objectives and is the service to be joined up?
- Who is providing this service and why have we chosen this approach? What other options were considered and why were these discarded?
- Who has been consulted and what has the response been? How, if at all, have their views been taken into account in this proposal?

### **If it is a new service:**

- Who are the main beneficiaries of the service? (could be a particular group or an area)
- What difference will providing this service make to them – What will be different and how will we know if we have succeeded?
- How much will it cost and how is it to be funded?
- What are the risks to the successful delivery of the service?

### **If it is a reduction in an existing service:**

- Which groups are affected? Is the impact greater on any particular group and, if so, which group and what plans do you have to help mitigate the impact?
- When are the proposals to be implemented and do you have any transitional arrangements for those who will no longer receive the service?
- What savings do you expect to generate and what was expected in the budget? Are there any redundancies?
- What are the risks of not delivering as intended? If this happens, what contingency measures have you in place?

This page is intentionally left blank



Minutes of a meeting of the Adults, Communities and Health Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 11 March 2013.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. A. D. Bailey CC	Dr. S. Hill CC
Mr. M. H. Charlesworth CC	Mr. D. Jennings CC
Dr. R. K. A. Feltham CC	Mr. G. Jones CC
Mr. S. J. Hampson CC	Mr. M. B. Page CC

Attendance.

Alan Schofield, Director of Corporate Affairs, East Midlands Ambulance Service NHS Trust (minute 85 refers)  
 Karlie Thompson, Divisional Director of Operations for Leicester, Leicestershire and Rutland, East Midlands Ambulance Service NHS Trust (minute 85 refers)  
 Geoffrey Smith, Leicestershire LINK (minute 85 refers)  
 Mr E F White CC, Lead Member for Health, Leicestershire County Council (minute 85 refers)

78. Minutes.

The minutes of the meeting held on 26 February 2013 were taken as read, confirmed and signed subject to the following amendment to minute 74 (iii):-

The deletion of the words 'LPT had not been compliant with three standards of care' and the insertion in their place of the words 'moderate action had been required by LPT to achieve compliance with three of seven standards of care'.

79. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

80. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

81. Urgent Items.

There were no urgent items for consideration.

82. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No such declarations were made.

83. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

84. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

85. Revised Proposals for the Estates Strategy in Leicestershire

The Committee considered a report and presentation from East Midlands Ambulance Service NHS Trust (EMAS) which provided information on the revised proposals for the Estates Strategy in Leicestershire. A copy of the report marked 'B' and the slides forming the presentation is filed with these minutes.

Maps outlining the pattern of emergency responses across EMAS' operating area and the location of ambulance stations for West Midlands Ambulance Service that bordered EMAS were circulated at the meeting, copies of which are filed with these minutes.

The Chairman welcomed Alan Schofield, Director of Corporate Affairs, EMAS, and Karlie Thompson, Divisional Director of Operations for Leicester, Leicestershire and Rutland, EMAS, to the meeting for this item.

The Chairman also welcomed Mr E F White CC, Cabinet Lead Member for Health, to the meeting for this item. Mr White noted that previously the Committee had supported the principles underlying the proposed changes to the EMAS Estate in Leicestershire but had expressed some concerns regarding the proposals. He was pleased that EMAS had taken into account the views of the Committee and the local population and as a result had modified its proposals better to meet the needs of the people of Leicestershire and improve response times.

Written comments on the revised proposals for the Estates Strategy in Leicestershire had been received from Leicestershire LINK, a copy of which is filed with these minutes. With the consent of the Chairman, Mr Geoffrey Smith, who was also welcomed to the meeting, spoke on behalf of the Leicestershire LINK and indicated that the LINK welcomed the changes EMAS had made to its proposals in response to public concern. It would be important for both Scrutiny and Healthwatch to monitor the outcomes of the changes.

Arising from discussion the following points were raised:-

- (i) The Committee welcomed the revised proposals for the Estates Strategy in Leicestershire and was pleased to note that EMAS had taken its views and those of the local population into account and responded by modifying its proposals. The Committee was pleased

to note that under the new proposals there would be one Hub and five ambulance stations located in Leicestershire to help improve services and response times. The revised proposals also took into account findings from the Francis Report;

- (ii) The Committee was pleased to note that as a result of the revised proposals, 70% of the new Community Ambulance Stations (CAS's) would be co-sited with existing police and fire stations or other suitable buildings. This would reduce travel times between incidents and ensure staff were provided with suitable facilities during their breaks, reducing the need for staff to travel back to a station. Having CAS's co-sited with existing buildings would also help to provide cost savings for EMAS, which was especially important given the modifications to the initial proposals. The Committee also welcomed plans for an increased number of defibrillators in places such as fire stations;
- (iii) The Committee welcomed the introduction of a Radio Frequency Identification (RFID) system to monitor better, assess and improve turnaround times for ambulances taking patients into hospitals. Once patients were admitted to hospital it was the responsibility of the hospital to ensure that they were on the right care pathway;
- (iv) The Committee recognised the importance of Community First Responders (CFR's) in helping EMAS to achieve its response time targets. It was hoped that EMAS would seek to increase the number of CFR's operating in Leicestershire. It was noted that EMAS had 15,000 Trust Members, 1000 of which had indicated a willingness to play an active role in service delivery. It was suggested that recruitment for CFR's could be sought from these active Trust Members;
- (v) Whilst welcoming the revised Estates Strategy, the Committee sought future updates on the implementation of EMAS' proposals to ensure that the new service would be delivered. The Estates Strategy would be implemented across EMAS' operating area over five years and would provide efficiencies for EMAS in the longer term. Much of EMAS' current Estate was no longer fit for purpose and the upkeep of the buildings was expensive;
- (vi) The Committee suggested that EMAS looked at different methods of ensuring that appropriate information was disseminated so that the public were better informed on any future proposed changes to EMAS' delivery of services. As a result, EMAS was looking at better ways to engage with the public and sought to use more suitable public relations techniques in any future engagement exercise;
- (vii) It was noted that calls to EMAS had increased by 5% year on year. 68% of calls required a patient to be transferred to a hospital. The remaining 32% were directed to the appropriate care using the National Institute of Health and Clinical Excellence (NICE) model of triage. With demand increasing for EMAS' services there was a need identified to educate the public as to when was appropriate to call for

an ambulance. EMAS would need to find effective ways of engaging with the public on this issue;

- (viii) EMAS had received 2000 direct responses to its consultation. EMAS had also engaged with the public and stakeholders through other means such as attending council meetings, stakeholder events, and using social media tools. These responses had been taken into account whilst forming the revised proposals;
- (ix) EMAS had engaged with staff throughout its reconfiguration programme. Senior management had undertaken visits to ambulance stations and spoken to staff to get their views on the proposed changes. Staff had been consulted on the proposed changes to the management structure. EMAS recognised the importance of having clinical experience in its senior management structure. To ensure this a Medical Director and Director of Nursing were part of the Trust Board of Directors. Clinical Team Mentors were to be introduced to provide further clinical support at locality level. Each area would also have a Locality Quality Manager who would ensure clinical standards were high;
- (x) The overall capital cost for the proposed ambulance stations at Ashby and Melton would be dependent on the level of facilities provided at the stations. The stations would be designed to suit best the needs of the local population whilst providing the most efficient use of resources;

RESOLVED:

- (a) That EMAS' revised proposals for the Estates Strategy in Leicestershire be supported;
- (b) That officers be requested to produce a formal response to the revised proposals for the Estates Strategy in Leicestershire, based on this Committee's discussions, and forward it to EMAS.

86. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Tuesday 18 June at 2.00pm.

3.00 pm - 4.00 pm  
11 March 2013

CHAIRMAN





**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE:**  
**3 SEPTEMBER 2013**

**DEVELOPMENT OF A REVISED PREVENTION AND EARLY INTERVENTION OFFER**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

1. The purpose of this report is to advise members of the Adults and Communities Overview and Scrutiny Committee on the development of a revised prevention and early intervention offer within the Adults and Communities Department and invite members of the Committee to comment on the revised approach.

**Background**

2. On the 12 June 2013, the Cabinet approved the request that the Director of Adults and Communities be authorised to extend the contracts for voluntary sector and housing related support services beyond the current end dates for a further period of up to 18 months, if necessary, to support the development of a revised prevention and early intervention offer.
3. The Adults and Communities Department social care offer has seen significant transformation over recent years. The formation of a new care pathway, the introduction of personalisation, and a shift to prevention and early intervention has significantly impacted on the way the department functions. The next major change in this transformation journey is to take a more strategic approach to the commissioning of any remaining block contracted preventative services, which sit predominately, but not exclusively, in the voluntary and not for profit sector.
4. A previous review of commissioned voluntary sector services identified a number of opportunities to join up services in a more strategic way and to ensure they had a closer alignment to the department's strategic objectives. This review will build on this work and there are a number of housing related support services providing short term preventative services which will also be considered.

**Proposals**

5. Prevention and early intervention services are designed to support people to maintain their independence and reduce their need for more costly interventions. They are targeted at those who are at risk of needing support from public sector services in the future, for example older people, people with long term conditions and people who are vulnerable for various reasons. Traditionally they include

services like drop ins, lunch clubs, information and advice services and focus on supporting individuals to find solutions for themselves or through their communities.

6. The Department intends to develop a revised prevention and early intervention offer which reflects the longer term strategic vision, and offers more opportunities to align services with need, and to move to an outcome based framework. This work is being progressed as part of a more co-ordinated approach to commissioning preventative services across Council departments. This process is being overseen by a Prevention Advisory Board involving the Adults and Communities, Public Health, Children and Young People's Service and Chief Executive's departments.
7. The revised prevention offer will include better targeting and risk stratification, alongside a combination of procurement methods including traditionally commissioned services and bursaries. This should deliver a modernised support system which in time will promote people's independence and also reduce the demand for more costly interventions.
8. In practice this will mean that some services would become locality based, some customer group focused and others countywide or population based dependant on the outcome of the needs assessment and engagement work. Due to the potential significance of the changes, and the need to work alongside stakeholders to co-produce the outcomes framework, an extended period of engagement has been included in the timescale.
9. The work will be delivered by a virtual team from existing staffing. It is envisaged that the work will be staged and different aspects commissioned at different points throughout the next 18 months, but all new services will be expected to be in place no later than September 2015.
10. A Project Initiation Document has been developed to guide the work of the virtual team, including timescales and key tasks. The Prevention Advisory Board will support and oversee the work.
11. Work has now begun to undertake a range of research, assessment and analysis to inform the development of revised model, including:
  - Analysis of demographics;
  - Risk stratification;
  - Research evidence based interventions;
  - Equality Impact Assessment (EIA).

### **Resource Implications**

12. The cost of extending affected existing housing related support and voluntary sector contracts, if necessary, in order to support the development of a revised prevention and early intervention offer can be met from existing departmental budgets. The total cost of extending all these contracts from their current end date until 30 September 2015 is £5,899,058.30. The contracts likely to be impacted by the approaches outlined in this report are outlined in Appendix A.

13. Given the scale of the financial challenge facing the Council it is almost inevitable that cost savings will be necessary in relation to some lower priority services. This will require careful consideration of the consequences, in order to ensure that reductions do not lead to unintended increases in demands for more intensive care and support services.

### **Timetable for Decisions**

14. The overall timeline for the development of a revised prevention and early intervention offer is outlined in the following table:

Phase	Activity	Time frame		Governance
		Commence	Complete	
<b>Phase 1</b>	Project Planning	June 2013	July 2013	Advisory Board Change Board/ Departmental Management Team (DMT)
<b>Phase 2</b>	Research	July 2013	August 2013	End of phase 2 Change Board/DMT
<b>Phase 3</b>	Model Development	August 2013	September 2013	Advisory Board End of phase 3 Change Board/DMT
<b>Phase 4</b> <i>Six months</i>	Service reviews	September 2013	March 2014	End of phase 4 Advisory Board Change Board/DMT <b>March Cabinet to approve consultation</b>
<b>Phase 5</b>	Consultation	April 2014	July 2014	During consultation phase Advisory Board Change Board/DMT <b>Scrutiny</b>
	Revision of framework	August 2014	September 2014	Advisory Board Change Board/DMT <b>October 2014 -Cabinet agreement to framework and commissioning options</b>
<b>Phase 6</b>	Procurement	Commence: November 2014		Change Board/DMT

15. Extending the contracts will allow time to shape the design of the overall 'offer' from the Council and other key stakeholders. It will also ensure that appropriate transition arrangements are put in place when services are re-commissioned.
16. A further progress report will be presented to Cabinet in March 2014 outlining the revised prevention and early intervention offer and seeking permission to undertake a consultation.

### **Background Papers**

- Report to Cabinet: 14 June 2011 – Strategic Review of Voluntary Sector Commissioned Services (Information, Advice, Counselling and Miscellaneous Services, Advocacy Services and Engagement Services);

[http://politics.leics.gov.uk/Published/C00000135/M00003125/AI00028528/\\$BStrategicReviewofCommissionedServicesInfoAdviceAdvocacyandEngagementServices.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003125/AI00028528/$BStrategicReviewofCommissionedServicesInfoAdviceAdvocacyandEngagementServices.doc.pdf)

- Report to Cabinet: 12 June 2013 – Request to Extend Contracts – Voluntary Sector and Housing Related Support Services – to support development of a revised Early Intervention and Prevention Offer  
[http://politics.leics.gov.uk/Published/C00000135/M00003632/AI00034764/\\$13extendcontractsivoluntarysectorandhousingrelatedsupportdevelopmentofrevisedoffer.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003632/AI00034764/$13extendcontractsivoluntarysectorandhousingrelatedsupportdevelopmentofrevisedoffer.docA.ps.pdf)

### **Circulation under the Local Issues Alert Procedure**

None.

### **Officer to Contact**

Sandy McMillan, Assistant Director (Strategy and Commissioning)

Tel: 0116 305 7320

Email: [sandy.mcmillan@leics.gov.uk](mailto:sandy.mcmillan@leics.gov.uk)

### **List of Appendices**

Appendix A – List of contracts that form part of the Newly Defined Early Intervention and Prevention Proposals

### **Relevant Impact Assessments**

#### **Equal Opportunities Implications**

17. The proposals contained within this report will assist the department to develop services that prioritise future need and are aligned to the commissioning intentions for all diverse sections of the community. Service specifications and monitoring arrangements for future services will support the Council to deliver its Equality and Diversity Strategy.
18. EIAs will be undertaken to support service modelling and procurement activity.

**List of contracts that form part of the Newly Defined Early Intervention and Prevention Proposals**

<b>Existing HRS Contracts</b>
Adullam Housing Association (Floating Support for Offenders)
Advance Housing & Support (Blaby and Oadby & Wigston Floating Support Service (Long-Term) - MH)
Advance Housing & Support (Charnwood and Melton Supported Accommodation (long-term) - MH)
Advance Housing & Support (Charnwood Floating Support Service (Long-Term) - MH)
Advance Housing & Support (Countywide Floating support (long-term) - LD)
Advance Housing & Support (Countywide Floating support (short-term)- MH)
Advance Housing & Support (Harborough Supported Accommodation (Long-Term) - MH )
Advance Housing & Support (Hinckley & Bosworth floating support (long-term) - LD)
Advance Housing & Support (North West Leics and Hinckley & Bosworth Supported Accommodation (long-term) - MH)
Advance Housing & Support (Oadby & Wigston Supported Accommodation (long-term) - MH)
Catch 22 (Floating Support for Care Leavers)
Creative Support Learning Disability Supported Living (long-term)
Creative Support Oadby & Wigston learning disability supported living (long-term)
Creative Support Countywide learning disability floating support (long-term)
East Midlands Housing Assoc (Melton 24 hr supported accom for homeless families and young homeless people (short-term))
East Midlands Housing Assoc (NWL Supported accom for young homeless people (short-term))
Headway Floating Support for people with a physical or sensory impairment
Hinckley Homeless (Hinckley & Bosworth 24 hour supported accommodation for young homeless people (short-term))
Home Group Stonham (Hinckley and Bosworth supported move on accommodation (short-term))
Home Group Stonham (Supported Lodgings Plus Service)

Leicester City Council (Star) (Site: 642)
Leonard Cheshire Homes (Roelcliffe Court)
Mencap Melton, Charnwood and Harborough LD supported living (long term)
Nacro (Countywide floating support for substance misusers (short-term))
Nacro (Floating Support services for offenders/those at risk of offending (short-term))
Nottingham Community Housing Assn LD Floating Support (long-term)
Nottingham Community Housing Assn (Charnwood supported accom for young homeless people (Foyer) (short-term))
Nottingham Community housing Assn (Charnwood mental health supported accommodation (short-term))
Nottingham Community housing Assn (North West Leicestershire mental health floating support (long-term))
The Bridge (Charnwood Floating Support for teenage parents (short-term))
Womens Aid Leicestershire Ltd (Charnwood refuge accommodation (short-term))
Womens Aid Leicestershire Ltd (Hinckley and Bosworth refuge accommodation (short-term))
Womens Aid Leicestershire Ltd (North West Leicestershire refuge accommodation (short-term))
Youth Shelter (Charnwood Floating Support for homeless people (short-term))
Youth Shelter (Charnwood Supported accommodation for young homeless people (Park Rd/Marshalls Ct) Short-term)
<b>Existing Lunch Club Contracts</b>
Agar Nook Community Centre
Age UK L&R Travelling Lunch Clubs
Age UK O&W Lunch Clubs
Cameo (Ibstock) Lunch Club
Choice
Co-op Castle Donington
Co-op Glenfield

Co-op Luncheon Club Coalville
Co-op Melton
Douglas Jane
Fleckney
Greenhill Community Church Trvg
Groby
Harb Theatre
Higham Way
Hugglescote CC
Hugglescote Primary School
Jagruti
John Storer House WRVS Tuesday & Friday
JSH VAL Wed
JSH VAL Sileby
Kirby Muxloe Library
Leicester Chinese LC
Moira
MS Travelling
New Syston
Oadby Sevak Semaj
Packington Memorial Hall
Rearsby
Roman Way DC

Saltersford Valley
Sapcote
Sathi
Shalom Club
Shrada
Syston (Young at Heart)
The Cove
The Edge
The Reform Lunch Club, Moira
Vidur
Whitwick Community Coffee Shop
WHM Work Connections Greenfields Skills Centre
Wigston Library
Willows
<b>Existing VSO Contracts</b>
Adhar Project
Age UK L&R Befriending and Drop in community mental health service
Age UK L&R Dementia respite scheme
Age UK Leicester Shire & Rutland Community Mental Health Service - Voluntary service organisers
Albert Street Artists
Alzheimer's Society - Blaby Dementia Café
Alzheimer's Society - Carers - Side By Side Project
Alzheimer's Society - Dementia Support



Broughton Astley Stroke Club
Community Action Partnership - Community MH Service & MH Day Services (formerly Community Action Blaby)
East Midlands Crossroads – Caring to Carers
East Midlands Crossroads – Dementia Respite
Glebe House Charnwood Ltd - Challenge Group
Headway Information & Daycare Services
Hinckley Association For The Disabled
Hinckley Mencap - Gateway Group
Leicester Stroke Club
Leicestershire Community Partnership Trust (LCPT) - Carers Health & Wellbeing service
Market Harborough Stroke Club
Ibstock & District Stroke Club
Melton Mowbray Welfare Sitting Service - Mencap
Monday Club Leicestershire Ltd (The)
Mosaic - Shaping Disability Service - Early Intervention & Prevention Services
Next Generation
Pursuit
Royal Mencap - Older Carers
Rethink
Voluntary Action South Leicestershire - Adult MH Community Respite Scheme
Voluntary Action South Leicestershire - 'Carers Development Workers
Voluntary Action South Leicestershire - Carers Education Training Programme
Volunteer Centre Castle Donnington & District (Stroke Club)

Volunteer Centre Lutterworth
West Leicestershire Mind
<b>HRS services that already forms part of discreet procurement package</b>
Nottingham Community Housing Assn (Homelessness Prevention Floating Support Service - North)
Nottingham Community Housing Assn (Homelessness Prevention Floating Support Service - South)
The Shaw Organisation (Kennedy House)
Youth Shelter (Leicestershire North Support Services (The Falcon Centre))
<b>VSO services that already form part of discreet procurement package</b>
Age UK Leicestershire - Direct Payments Scheme - 5
Age UK Leicestershire Information Service
Age UK O&W Neighbour Network Info and Advice
Alzheimer's Society - Carers Support Officers - Main
Alzheimer's Society - Memory Advisor Service
Babygear - Supported Volunteering + Work Opportunities
Bangladesh Social Association - Tea Club/Advice And Information Service
CLASP Carers Centre - Information and Advice Service
Hinckley Worklink
HREC - BEDP Bangladeshi Community Development Project
Human Rights & Equalities Charnwood
LEEAP - Advice Only
Melton Furniture Recycling
Mosaic - Shaping Disability Service - Advice and Information
MRC Community Action - REACT

Leicester Charity Link
SOFA
Stroke Association (The)
National Autistic Society - Autism Hub
VISTA - Rehabilitation, Registration, Equipment and Advice & information

This page is intentionally left blank

**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE:**  
**3 SEPTEMBER 2013**

**STRATEGIC REVIEW OF ADULT PREVENTATIVE MENTAL HEALTH  
SERVICES IN LEICESTERSHIRE**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

- 1 The purpose of this report is to update members of the Adults and Communities Overview and Scrutiny Committee on:
  - The strategic review of adult preventative mental health services in Leicestershire;
  - The implementation of the proposed service re-design to the Voluntary Service Officers (VSOs) Service; and
  - Invite the Committee to make comments as part of the consultation on the proposed commissioning option for the Adult Mental Health Social Drop In and Befriending Services.

**Background**

- 2 In June 2013, the Cabinet approved a request to extend the contracts for the existing adult preventative mental health services up to a maximum of the end of September 2015, and also agreed to an additional extension to a range of prevention related contracts, to allow for further work on developing a new more holistic early intervention and prevention offer.
- 3 On 9 July 2013, the Cabinet approved a 90 day period of consultation on the proposed commissioning options for Adult Mental Health Social Drop In and Befriending Services and the implementation of the proposed re-design to the VSOs Service.
- 4 A strategic review of adult preventative mental health services in Leicestershire has been undertaken by the Adults and Communities Department. The review considered the following services which are currently commissioned by the Adults and Communities Department:
  - Adult Mental Health Social Drop Ins;
  - Adult Mental Health Befriending Services;
  - VSOs.
- 5 The purpose of the review was to further analyse need, map current supply of mental health services available from a prevention and early intervention perspective, and consider service models which offer the greatest opportunity to promote and retain an individual's independence and to prevent deterioration. The review was therefore concerned with highlighting commissioning options aimed at preventing an individual from requiring intensive support from health and social care services and considering

opportunities for better alignment with other local services and potential for joint investment.

- 6 As part of the strategic review and service modelling process, the views of existing providers, customers and carers were sought. Findings from the review process have informed the development of the proposed commissioning options.
- 7 The new commissioning options for adult preventative mental health services in Leicestershire have been developed to ensure that services meet demand, provide equitable access (both demographically and geographically), have a focus on positive outcomes for customers and carers, and provide value for money.
- 8 A total of six services were identified to be included in the review, including adult preventative mental health social drop ins and befriending services and the VSO:

Provider	Service Name	Contract Number/ Service Number	2012/13 Contract Value
Adhar Project	Social Drop in and Befriending Services	180/081	£31,041
Age UK	Social Drop in and Befriending Services	101/005	£119,340
Community Action Partnership	Social Drop in and Befriending Services	129/030	£98,028
Volunteer Centre Lutterworth	Social Drop in and Befriending Services	171/073	£3,600
West Leicestershire Mind	Social Drop in and Befriending Services	172/074	£160,579
Age UK	Voluntary Services Officers	101/006	£97,950
<b>Total</b>			<b>£510,538</b>

- 9 In addition, as part of the Carers' services review (currently underway), two dementia specific services have been identified which replicate the key functions of the VSO service. The funding for the additional services provided by the Alzheimer's Society (£22,295) has therefore been realigned to ensure a clear service offer across the Dementia pathway.

### **Social Drop in and Befriending Services**

#### **Current Service Provision**

- 10 Many of the contracts have been established for a number of years. These existing services offer the following provision:
  - Social drop ins across the County in 21 locations;

- Befriending services in nine locations;
- Black and Minority Ethnic (BME) specific services in Charnwood (operated by the Adhar Project).

11 At the time of the strategic review in December 2012 there were:

- 478 service users attending social drop in sessions;
- 125 service users in receipt of befriending services.

12 Current contracts do not separate the funding for the social drop ins from the befriending services, however the service providers have estimated that approximately 30% of the budget is spent on befriending (other than the Lutterworth scheme which is befriending only). Relating these costs back to the contracts, the average cost per service user per week is:

Service Provider	Social Drop-In	Befriending
Adhar Project	£8.75	£73.62
Age UK	£2.90	£12.84
Community Action Partnership	£2.00	£18.86
Volunteer Centre Lutterworth	n/a	£11.54
West Leicestershire Mind	£1.54	£36.60

*Costings based on number of users of services during Quarter 2 2012/13*

### Service Demand

13 The demand for preventative mental health services in Leicestershire (including social drop ins and befriending services) has been demonstrated and evidenced in the Mental Health chapter of the Leicestershire Joint Strategic Needs Assessment [JSNA] (2012). The JSNA highlighted that future commissioning of preventative mental health services needs to take into account impact of deprivation, rurality and age (specifically older people) on local prevalence of mental ill health.

### Customer Views

14 As part of the review process, customer engagement and insight into current service provision was obtained through a research project commissioned by the department from Service User and Carer Research and Audit Network (SUCRAN). It was felt, based on past experience of reviewing mental health services, that undertaking customer consultation using an independent organisation would be most suitable and produce more objective results for use as part of the review process.

15 The conclusions from the SUCRAN research in relation to the social drop in service include:

- Drop in centres give people a purpose and meaningful activity;
- Social drop ins fulfil basic needs, a place of safety that helps with isolation and social interaction;
- Social drop in centres (provide) a safe environment where people can share their experiences with others who are in a similar situation.

- (Social drop ins) provide vital support, which can and does prevent people relapsing and using secondary care services;
- 86% of respondents who answered the question “what would happen to you if you stopped using your current services” expressed concern that they would become isolated or depressed;
- Service users both value and need one to one interaction to maintain their wellbeing ... social drop ins do provide this, and skilled support from workers undoubtedly helps.

### Provider and Stakeholder Views

- 16 Providers were generally positive about their services. Of most interest were comments to the effect that although one-to-one work (such as befriending) can result in positive and very personalised outcomes for service users, it is outweighed by the benefits of peer support and social activities (such as drop ins).
- 17 The views of stakeholders (identified by current providers) were also sought as part of the strategic review process. Where stakeholders chose to respond, they were also generally positive about current service provision with the only negative comments directed at specific elements of how a provider is providing a service rather than at service provision.

### Equality Impact Assessment (EIA)

- 18 The strategic review revealed the following about current service provision:
- The geography of current service provision is inequitable. For example, the eastern side of the County (Melton Borough and Harborough District) has poor or no access to social drop in and befriending services compared with western and more central areas.
  - Current contracts are for working age adults – this means there is no provision for older people (although monitoring data shows that current providers have allowed some adults aged 65 and over to attend the services).
  - The cost of the social drop in and befriending services varies considerably between the providers.
  - There is inequitable provision of BME specific services across the County. It is felt that future approaches need to be able to support people from BME communities appropriately and wherever they live.
- 19 These issues were highlighted in an EIA questionnaire for the review process and subsequently in a full EIA report for proposed future commissioning options for the services (see below). Both EIAs have been subject to scrutiny by the Departmental Equality Group.

### Proposals for future commissioning of preventative mental health services across Leicestershire

- 20 The proposals to be considered within the consultation are outlined below:



- a) Decommission the current befriending schemes, and reinvest funding into a remodelled preventative mental health service. The current befriending schemes only reach a relatively small number of individuals and are not cost-effective (see above). A report by Foresight (Government Office for Science, 2008) suggests that support based on socialisation better addresses the risk factors for mental ill health (as identified by Foresight) and better supports a recovery model. Where people require more intensive or one-to-one support it is considered that this should be available through services such as, Community Mental health Teams (CMHTs) the Inclusion Support Service (ISS) and Personal Budgets.
  - b) Commission social drop ins based on a new specification to enable equity of provision across the County.
  - c) Decommission the BME specific service and existing BME specific groups to enable greater inclusion across the social drop ins. Include in the new service specification a requirement for in-reach into BME communities, to ensure that appropriate and specific advice, information and pathways into services are made available.
  - d) Include in the new service specification a requirement for the support and development of peer support groups to encourage appropriate throughput and 'move on' from the social drop ins.
  - e) Include in the new specification a requirement for providers to have a good knowledge of local community based services. This will encourage participants of the social drop ins to engage more with local, universal services and, in some instances, might provide further 'move on' from the social drop ins.
- 21 It is proposed to commission services in up to six lots, based on district geographic areas. This will potentially open up the market for new (and possibly smaller) providers to bid for a contract, and is more likely to make best use of local knowledge and networks (as highlighted in research by SUCRAN – see above).
- Charnwood;
  - Melton;
  - Harborough;
  - Oadby, Wigston, Blaby and Lutterworth;
  - Hinckley;
  - North West Leicestershire.
- 22 The pathways into, and exit routes from the service (see Appendix A) will be more clearly defined.
- 23 The budget allocation would be set in proportion to population, identified and forecast mental health needs, and anticipated levels of required in-reach work with minority groups and individuals and groups living in rural areas.

### **Voluntary Services Officers (VSOs)**

#### **Current Service Provision**

- 24 The VSO service has been established for around 30 years and is commissioned from Age UK. It receives funding from both the Adults and Communities Department and the Clinical Commissioning Groups (CCGs). Each organisation has a separate contract.
- 25 The VSO service supports people with mental health conditions (including people with dementia). Referrals come from clients of the older persons CMHTs and their carers. Contract monitoring data indicates that in South Leicestershire support appears to be exclusively for people with dementia and their carers yet in the remaining areas it is approximately 70/30% split between people with dementia and people with a functional mental health condition. The service provides one-to-one support, supporting people with mental health conditions to access community resources, offering advice and information to assist people to maintain or gain independence. The support provided to people with dementia is predominately provided via carer support, providing advice and information, emotional support, and supporting carers to cope on a daily basis.
- 26 The service also facilitates a number of carers groups across the County which provide access to education, information, advice and peer support and Memory cafés which provide shared social opportunities for people with dementia and their carers. They provide approximately 28.5 hours per month of this type of provision. Attendance at group meetings ranges from between 10 and 50 people. There were approximately 875 people accessing the VSO service in 2012. These services are for clients of the older persons CMHTs.
- 27 There are four full time staff members, one part time and 10 volunteers. The VSOs are co-located within older persons CMHT's and are attached to the following teams:
- Hinckley and Bosworth;
  - Blaby and Lutterworth;
  - North West Leicestershire;
  - South Leicestershire;
  - Charnwood.

### Service Demand

- 28 As above, the demand for preventative mental health services in Leicestershire (including the VSO service) has been demonstrated and evidenced in the Mental Health chapter of the Leicestershire JSNA (2012). The JSNA highlighted that future commissioning of preventative mental health services needs to take into account impact of deprivation, rurality and age (specifically older people) on local prevalence of mental ill health.
- 29 The JSNA also highlighted that future commissioning will need to take account of the following major issues relevant in the context of mental health:
- a) Significant increase in the older population with a corresponding increase in the prevalence of dementia.

- b) Depression is the second most common mental health problem in older people and is associated with social isolation, long term physical health problems, caring roles, and living in residential care.
- c) Deprivation and social isolation within rural communities (which can also have an older age profile) can lead to a higher incidence of mental health problems in these areas.
- d) Carers play a major role in terms of providing community based support and the demands of the caring responsibility can be considerable. Carer support around dealing with changes in behaviour and challenges has the potential to prolong the person with dementia living in the community and delay movement to residential provision. Furthermore, the number of people aged 64 and over providing unpaid care to a partner, family member or other person is expected to rise by 13% by 2015, growth that will be continual up to 2030 (43% increase from 2011).

### Customer and stakeholder views

- 31 As part of the strategic review process a questionnaire was sent to a random sample of existing clients of the service and key stakeholders, supplemented with a number of meetings with the current providers and other stakeholders. The overwhelming majority of people who returned questionnaires identified themselves as carers. Responses were very positive about the service, reporting a positive impact on quality of life, with information, advice and carers groups identified as key ways the service supported them. 76% of people said that without the service they would be isolated, with nowhere to go for support.

### Equality Impact Assessment (EIA)

- 32 An EIA has been undertaken as part of the development of the proposed commissioning options contained within this report, and which has identified the following issues:
- The geography of current service provision is inequitable as there is no service provision in Melton.
  - The service is only available to clients of the older persons CMHTs, however, there are other secondary services/settings that would benefit from access to this service, such as in-patient wards.
  - Contract monitoring data identified that the VSOs are only supporting people who identified as White British.
  - The review also identified a duplication of service provision with the ISS provided by the Adults and Communities Department. This service supports people with mental health conditions to access the community providing one to one support.

### Proposed commissioning model

- 33 Clients have identified this as a service that provides effective support, particularly for carers of people with dementia. Stakeholders, including Leicester Partnership NHS Trust, have equally expressed positive feedback regarding the service. The feedback reflects the outcomes of the Leicester, Leicestershire and Rutland Dementia Commissioning Strategy (2011–2014).

- 34 The outcomes from the review have been aligned with the outcomes and commissioning options of the review of the social drop in and befriending services.
- 35 There are three key commissioning elements:
- a) Dementia Support Service - Provide a specialist dementia support service for people with more complex needs, supporting people predominately via their carers. Providing specialist dementia support/emotional support to:
    - Prevent hospital admission/re-admission;
    - Prevent carer breakdown;
    - Crisis prevention and planning;
    - Provision of a geographically and demographically equitable service;
    - Opening up access to other secondary care settings;
    - Ensure continuous specialist support across the local dementia care pathway, aligning with the new Memory Advisor Service.
  - b) Memory Cafés and Carers Groups - Open access to carers of anyone with memory problems or dementia to take a break from caring responsibilities, share experiences and learn in a supportive environment, with speakers or activities arranged to provide information. Ensure a geographically equitable service and include in the new service specification a requirement for in-reach into BME communities.
  - c) ISS - Older people with functional mental health problems will be supported by the ISS and will be able to also access social drop in services.
- 36 The proposed commissioning model reflects feedback from people who use the service, provide the service and key stakeholders, increases capacity to meet future demand, whilst providing more targeted support and fairer access. It is aligned to the mental health preventative pathway (Appendix A) and the local dementia pathway (Appendix B).

### **Service Outcomes for Early Intervention and Prevention**

- 37 It is intended that future commissioning models across the prevention and early intervention agenda utilise an outcomes based approach, in order to ensure that evidence of impact and potential savings made through implementing prevention approaches can be captured.
- 38 The proposed outcomes will be drawn from five key sources NICE Dementia Quality Standards, Adult Social Care Outcomes Framework, Clinical Commissioning Groups (CCGs) Outcomes and the NHS Outcomes Framework.
- 39 Consultation activity will include further exploration and identification of appropriate outcomes for services from a customer perspective.

### **Consultation and Engagement**

- 40 The 90 day consultation period commenced on the 18 July 2013 and has been devised to ensure that existing customers, providers and stakeholders and the general public are aware of and can get involved in the consultation programme if they wish. The consultation will therefore comprise of:
- An online questionnaire (available to all customers and the general public);
  - A paper questionnaire (available to all customers and the general public);
  - An information sheet (available to all customers and the general public).
- 41 In order to discuss proposals specific to the social drop in and befriending services and the VSO services, some targeted engagement activity will also be undertaken.
- 42 As it is recognised that customers currently accessing befriending services represent a potential hard-to-reach group by virtue of their relative isolation. Letters have been sent out to every customer (facilitated by providers). This letter explained clearly how customers of the befriending service could get involved with the consultation (accessing the information sheet and by completing a questionnaire). The letter also offered customers of the befriending service the opportunity to contact the Adults and Communities Engagement Provider, Communities in Partnership (CIP), to complete a questionnaire over the telephone or on a one-to-one basis. CIP will return any questionnaires completed in this way to the department for collation as well as other consultation responses.
- 43 The Adults and Communities Engagement Provider, CIP, will host a series of focus groups within existing social drop in sessions with support from the existing social drop in providers) to present further information about proposals to existing social drop in customers and to inform them of how they can get involved with the consultation.
- 44 In order to provide a formal opportunity for stakeholders (as identified through the review process) to give comments on the proposals, a focus group session will be arranged for stakeholders and other relevant professionals.
- 45 It is also planned to meet with providers of the current services to discuss appropriate outcomes for the services and how best to monitor these as part of the contract. This activity will take the form of a workshop hosted by the Council to which current and prospective providers will be invited.
- 46 The outcomes from the review of the VSOs have not resulted in the same level of change in service provision and it is not felt therefore, that formal consultation is required. However, there will be further engagement with customers and key stakeholders in order to ensure minimal disruption to individuals and carers currently accessing the service, as the new service model is implemented.
- 47 The Adults and Communities Engagement Provider, CIP, will host two focus groups to look at the outcomes of the review of the VSO service and proposals for future services, and this should focus mainly on carers and people with dementia.
- 48 Market analysis of potential providers will be undertaken in parallel with consultation with key stakeholders.

## **Resources Implications**

- 49 The cost of the current contracts for adult preventative mental health services is as follows (based on annual contract values for 2012/13):
- Social Drop In and Befriending services: £412,588 (including an annual contribution of £32,307 from Health as part of a section 256 agreement);
  - VSOs: £97,950;
  - Other Dementia support: £22,295
- 50 The cost of the new proposed commissioning options for the social drop in services will be £371,000. If annual contributions are secured from NHS commissioners the proposal will deliver savings of £41,500 from the total budget allocation for these services (representing a saving of around 10%). If contributions are not secured, the re-modelled service will deliver £9,281 in savings for the County Council.
- 51 The cost of the proposed model for VSO will be a maximum of £200,000. The costs will be met through current investment, secured contribution from Health and usage of Health transfer funds.
- 52 The Director of Corporate Resources and County Solicitor have been consulted on the report approved by Cabinet on the 9 July 2013.

## **Timetable for Decisions**

- 53 Following the close of the consultation period, market analysis and engagement with potential providers responses will be considered and a report outlining final commissioning recommendations for the services will be presented to the Cabinet in November 2013 to obtain final approval for the proposed service changes. Thereafter, the process of procuring providers to deliver the new service model for adult preventative mental health services will begin as soon as practicable with a view to the new contract being in place by the end of March 2014. This will provide sufficient time for a transition period of up to six months, enabling the new services to be 'business ready' and to start service delivery no later than 1 October 2014.

## **Background Papers**

- No Health without Mental Health' (2011) strategy – [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/135457/dh\\_124058.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135457/dh_124058.pdf.pdf)
- National Dementia Strategy (2009) - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/168220/dh\\_094051.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf)
- Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy 2011-2014 - [http://www.rutland.gov.uk/pdf/DementiaJointStrategy201114\\_FINAL.pdf](http://www.rutland.gov.uk/pdf/DementiaJointStrategy201114_FINAL.pdf)
- The National Carers' Strategy 'Carers at the Heart of 21<sup>st</sup> Century, Families and Communities' (2008) [http://image.guardian.co.uk/sys-iles/Society/documents/2008/06/10/carers\\_strategy.pdf](http://image.guardian.co.uk/sys-iles/Society/documents/2008/06/10/carers_strategy.pdf)
- Supporting the Health and Wellbeing of Carers in Leicester, Leicestershire and Rutland Strategy and Delivery Action Plan 2012-2015 [http://www.leics.gov.uk/carers\\_strategy\\_2012\\_2015.pdf](http://www.leics.gov.uk/carers_strategy_2012_2015.pdf)
- Leicestershire Joint Strategic Needs Assessment (JSNA)

<http://www.lsr-online.org/reports/categories/JSNA>

- Report to Cabinet: 12 June 2012 - Request for Exception to Contract Procedure Rules – Voluntary Sector and Housing Related Support Services  
[http://politics.leics.gov.uk/Published/C00000135/M00003392/AI00031503/\\$IRequestforExceptiontoContractProcedureRulesVolSectorandHsgRelatedSupport120612.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003392/AI00031503/$IRequestforExceptiontoContractProcedureRulesVolSectorandHsgRelatedSupport120612.doc.pdf)
- Report to Cabinet: 9 July 2013 – Strategic Review of Adult Preventative Mental Health Services in Leicestershire  
[http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/\\$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf)

## **Relevant Impact Assessments**

### **Equal Opportunities Implications**

- 54 The Council, in undertaking the strategic review of adult preventative mental health services, is aware that people with mental ill health represent a cohort of vulnerable people who may be disadvantaged. People with mental ill-health reflect the diverse make up of communities in Leicestershire and all carers need to be engaged, including carers from black and minority ethnic groups.
- 55 EIA questionnaires have been completed and approved for the strategic review of the Social Drop in and Befriending services, the public consultation and research undertaken by SUCRAN, and the strategic review of the VSO service. A full EIA was also completed for the VSO service as equality issues were identified in relation to this service in the EIA questionnaire.
- 56 The Equality Impact Assessment questionnaires associated with the review can be viewed at [http://www.leics.gov.uk/asc\\_eia.htm](http://www.leics.gov.uk/asc_eia.htm).

### **Circulation Under Local Issues Alert Procedure**

None

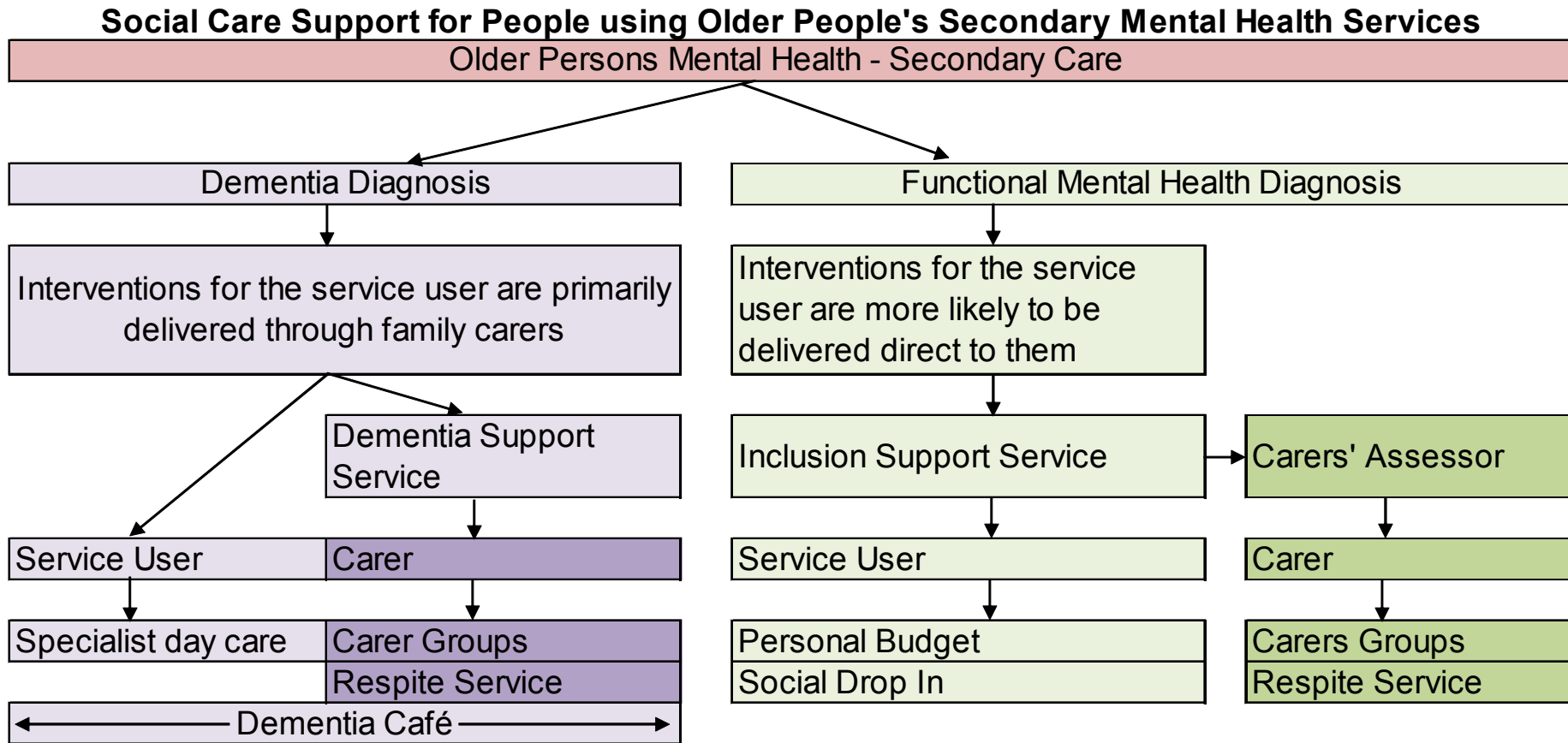
### **Officer to Contact**

Sandy McMillan, Assistant Director (Strategy and Commissioning)  
Telephone: 0116 305 7320  
Email: [sandy.mcmillan@leics.gov.uk](mailto:sandy.mcmillan@leics.gov.uk)

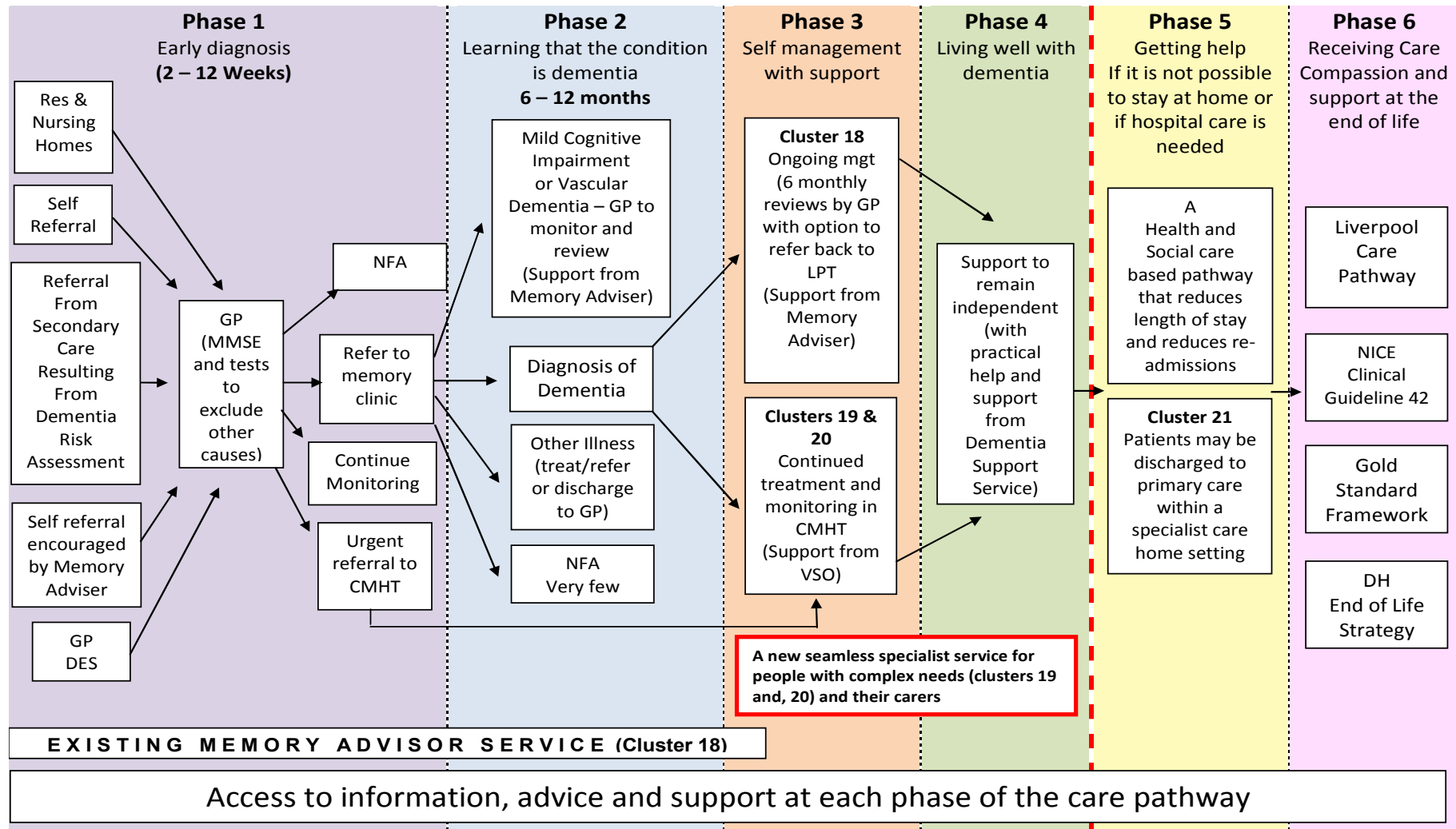
### **List of Appendices**

- Appendix A – Care Pathways
- Appendix B – Local Dementia Pathway

CARE PATHWAYS







This page is intentionally left blank



**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE:**  
**3 SEPTEMBER 2013**

**ADULT SOCIAL CARE ANNUAL COMPLAINTS AND COMMENDATIONS**  
**REPORT 2012-13**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

- 1 To provide members of the Adults and Communities Overview and Scrutiny Committee with a summary of the complaints and commendations for adult social care services commissioned or provided by the Adults and Communities Department in 2012-13. The annual report is attached as Appendix A.
- 2 The Committee are asked to note the report and are invited to make comments.

**Policy Framework and Previous Decisions**

- 3 The Committee last received a report on complaints and commendations on the 17 December 2012. This report covered the year 2011-12 and members requested that further reports continue to be presented on an annual basis. It was also requested if practical to bring the report forward.

**Background**

- 4 The Department has a long standing statutory duty to have a complaints process in place for adult social care. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, effective from 1 April 2009, introduced a two stage process with flexible investigation methods and timescales to suit the nature and complexity of the complaint. If the complainant is unhappy with the outcome after stage one, they can ask the Local Government Ombudsman (LGO) to investigate.
- 5 Under these Regulations, there is a further requirement to produce an annual report that reviews the effectiveness of the complaints and commendations procedures and provides a summary of statistical information. The attached report fulfils this requirement and presents a summary of the complaints handled using the complaints process in 2012-13.
- 6 Complaints and commendations about other aspects of the Department's work are reported separately as part of the corporate complaints process.

## **Key points**

7 The report highlights the following key points:

- a) There was an increase in the number of complaints received in 2012-13 compared to the previous year (139 compared to 96). This has followed the trend across the authority where complaint volumes have increased. It also reflects greater visibility of complaints; notably ones responded to by the Director which are now more reliably captured. In this context the increase should not be viewed as a negative.
- b) When complaint numbers are compared against overall numbers in receipt of a service during the year (15,000), it is clear that a very small percentage do go on to make a formal complaint (0.93%).
- c) During the year, 13 complaints were referred to the LGO. This is slightly more than the year before, but proportionally in line with increased volumes (9%). The County Council reached a Local Settlement with the Ombudsman in three instances with two cases resultant in financial redress. In the other ten cases, no maladministration was found.
- d) It was expected that following the new procedures introduced by Government in 2009, which reduced the complaints framework to two stages; that these numbers would have increased. The fact that these referrals remain low (9% escalation rate) should be seen as positive in the way the Authority handles complaints.
- e) Response times have again improved during the year, with 67% of complaints being resolved within ten days (up from 45% in 2011-12) and 90% resolved within 20 working days. Only one complaint was not resolved within the statutory maximum time (65 days). This was a joint complaint with University Hospitals of Leicester and was delayed due to issues in co-ordination between the two organisations.
- f) Eight complaints were managed under the joint working protocol. Regular meetings between partner organisations have been held to try to improve the effectiveness of this joint protocol.
- g) It is pleasing to note the increase in numbers of commendations recorded in 2012-13 (137). This marks a 40% increase on 2011-12, though it is still felt that not all commendations are being formally captured and this remains a key focus for the Customer Relations team during 2013-14.
- h) The complaints are broken down by departmental area this year. Personal Care and Support and Promoting Independence are fairly evenly split (43% and 40%) with Strategy and Commissioning the lowest (17%).
- i) Complaints about service delivery continue to be the most prevalent, occurring in 66 of 139 complaints. The broad range of things covered by service delivery do however make it difficult to identify key themes and as such the use of root

cause analysis techniques has been introduced in 2013-14 to try to ensure the organisation can identify and fix any failings identified.

### **Background Papers**

None.

### **Circulation under the Local Alert Issues Procedure**

None.

### **List of Appendices**

Appendix A – Social Care Statutory Complaints and Commendations: Annual Report - April 2012-March 2013.

### **Relevant Impact Assessments**

#### **Equal Opportunities implications**

8 The Adults and Communities Department supports vulnerable people from all the diverse communities in Leicestershire. Complaints and commendations are an important way of ensuring that service responses are fair and equitable to all sections of society. This report does not highlight any specific equal opportunities implications, but emphasises the need to continue to evaluate the Departments approaches.

### **Officers to contact**

Sandy McMillan  
Assistant Director (Strategy and Commissioning),  
Adults and Communities Department

☎ 0116 305 7320  
Email: [sandy.mcmillan@leics.gov.uk](mailto:sandy.mcmillan@leics.gov.uk)

Simon Parsons  
Customer Relations Manager, Corporate  
Resources Department

☎ 0116 305 6243  
Email: [simon.parsons@leics.gov.uk](mailto:simon.parsons@leics.gov.uk)

This page is intentionally left blank



# **Adults & Communities**

## **Social Care**

### **Statutory Complaints & Commendations**

#### **Annual Report April 2012 – March 2013**

**CONTENTS**

	Page
<b>1. Purpose &amp; Summary of Report</b>	2
<b>2. Complaints &amp; Commendations Analysis 2012-13</b>	2
<b>3. Monitoring the Process</b>	11
<b>4. Final Comments</b>	12



## 1. Purpose and Summary of Report

1. To report statistical information to Members and Officers detailing Leicestershire County Council's (LCC) Adult Social Care complaints activity from 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013 including developments and planned improvements.
2. To meet regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; which requires the production of an annual report each year
3. For the current year the following Statutory guidance remains relevant:
 

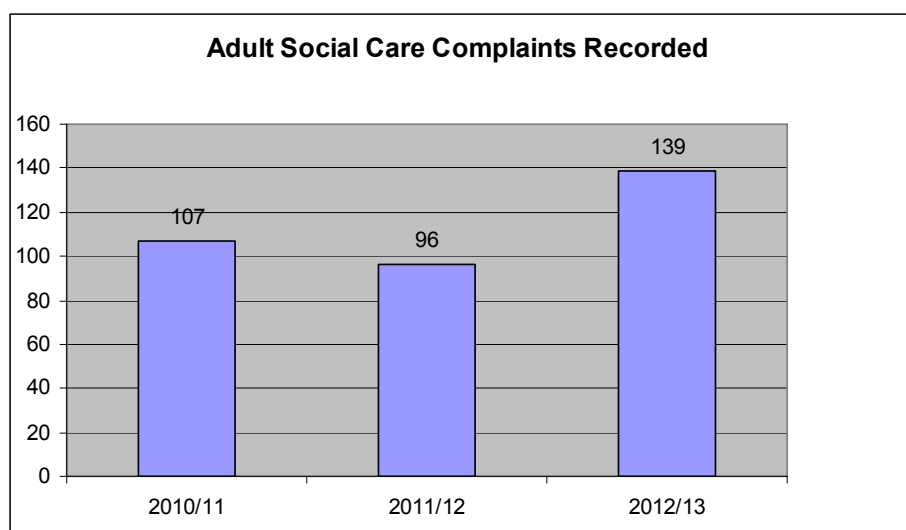
The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009

Listening, Responding, Improving – a guide to better customer care (DH 2009)
4. This report provides analysis and comment for Social Care Services on all complaints managed under the statutory process. Those complainants not qualifying under the statutory process together with commendations across the board are considered under the County Council's Corporate Complaint Annual Report presented to the Scrutiny Commission.
5. It has been agreed that from April 1<sup>st</sup> 2013, both compliments and complaints concerning the Adult Social Care Customer Service Centre will be included within this annual report. This reflects the depth of enquiry handling which takes place within this area.

## 2. Complaints and Commendations Analysis

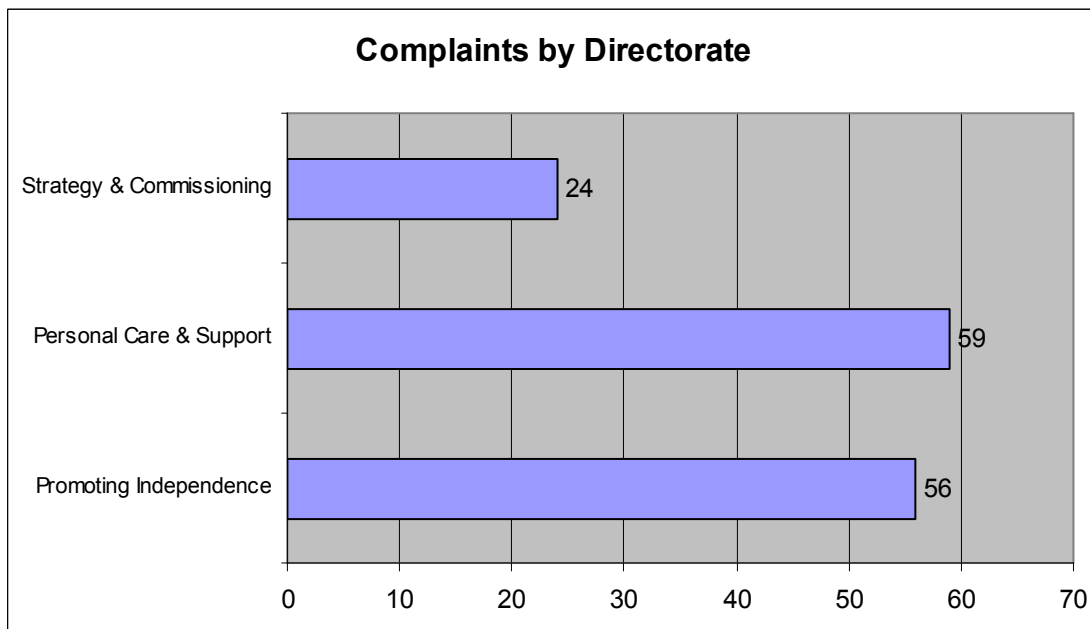
### Complaint Volumes

Table 1: Adult Social Care Complaints recorded



6. As illustrated above the total number of complaints received this year for Adult Social Care Services has increased by 43 (44%) since last year. This is a sizeable increase, though it should be noted that some of this is simply down to greater visibility of complaints, notably ones which are responded to by the Director. Much work has been done in this area to ensure these responses are captured and monitored corporately, and as such this increase should not be viewed negatively.
7. The volume of complaints also should be considered in the light of overall interactions across the Department. It is understood that over the year 2012/13, approx 15,000<sup>1</sup> users received a service from the Social Care Department. This is a reduction on previous year (15,900), but when complaint volumes are set against this figure, it is clear an extremely low number of service users do go on to register formal complaints (0.93%).

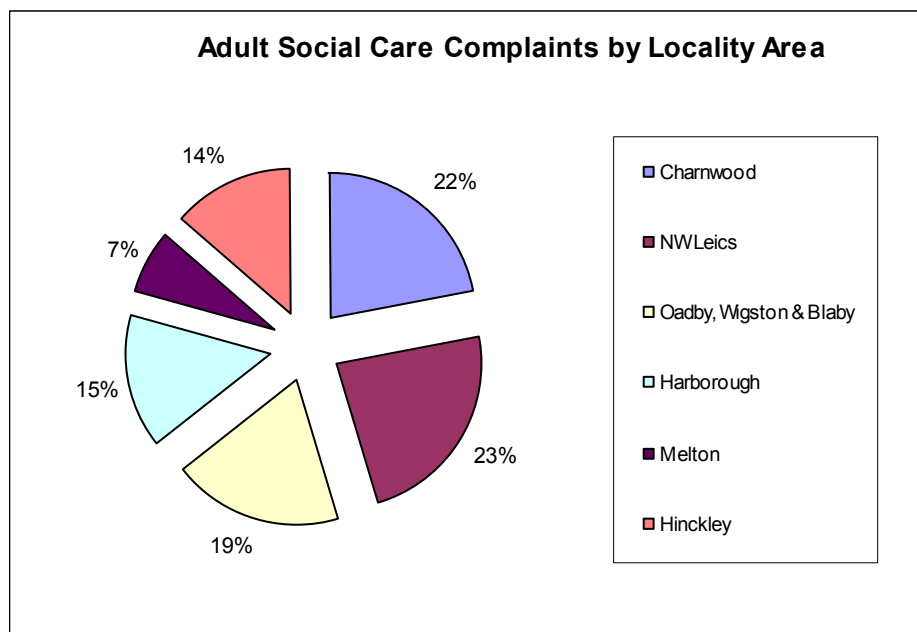
Table 2: Adult Social Care Complaints by Directorate



8. The above table shows the services which have been complained about through the year. There is an even balance between the Personal Care and Support (PCS) and Promoting Independence (PI) teams, whilst a lower number in the Strategy and Commissioning (S&C) area. This is unsurprising given that the S & C services tend to be less customer facing. It is noteworthy that in this area, there has been a significant increase from prior year where just 11 complaints were made.
9. This increase is predominantly down to uplifted volumes of Community Care Finance complaints. During the year this area has seen significant changes as well as the introduction of new systems which created some teething problems through the year. It is anticipated these will reduce again during 2013-14 as the systems become more mature.

<sup>1</sup> Figures supplied by Performance Team and are subject to final quality check.

Table 3: Adult Social Care Complaints by Geographical Area



10. The above breaks down where complaints arise. All complaints received have been mapped against a locality area and the two biggest sectors are North West Leicestershire and Charnwood, with Melton seeing the lowest levels of recorded complaints.

### Joint Complaints

11. During the year 2012/13, eight complaints were considered using the Joint Complaints protocol which exists between Leicestershire and a number of partner agencies, including the Leicestershire Partnership Trust (LPT), University Hospitals Leicester (UHL) and Leicester City Council. Recently the new Clinical Commissioning Groups (CCGs) have been included within this protocol as well.
12. In late 2012, it became clear that although an existing protocol existed for managing these joint complaints, there were issues experienced from all sides in enabling timely resolution to complaints being considered under this classification. It was also clear that as a working group, there had been a number of key personnel changes and that the group had not met for some time. As a result, fresh meetings have been established and the first task being undertaken is a review of the current protocol to ensure it is fit for purpose. Further progress will be made over the year 2013/14 and it is anticipated improvements will be realised as a result.
13. Of the eight complaints considered this year, six took longer than one month to resolve and in two cases, this was in excess of three months. These timescales are disappointing and reflect the current problems encountered when managing these joint complaints.

## Complaint Causes

14. All complaints are mapped against a number of high level categories which are detailed in Table 4 below.

Table 4: Complaint Categorisation

<b>Issues Raised in Complaints</b>	
Communication	43
- Contact Problems	17
- Co-ordination	10
- Inappropriate	6
- Information Provision	15
- Understanding	4
Staff Conduct	24
Practice & Procedure	35
Service Delivery	66
Confidentiality	1
Plans/assessment	31
Other	1

15. As can be seen from the table above, the issue most commonly raised is Service Delivery, which typically relate to process failings, such as care plans not being followed correctly, invoicing issues or failure of internal teams to co-ordinate effectively
16. The second highest category is communication, and within this sub-set, Information Provision and Contact problems feature highly. Typically this relates to complaints that Social Workers have not kept complainants up to date with affairs, or calls not being returned promptly.
17. Whilst the numbers of staff conduct complaints have increased from prior year, it is worth noting that only 25% (six cases) of these were upheld. In all cases this was down principally to the tone or appropriateness of language used / comments made rather than any wider conduct concerns.
18. Often complaints are about more than one aspect, and as such the totals do not balance with overall numbers. This is considered a weakness and with effect from April 1<sup>st</sup> 2013, an assessment will be made by the Customer Relations team as to what was the dominant cause for the complaint. This classification will be made using “root cause analysis” techniques which is a recognised best practice approach.

19. A review of the categorisation has also been undertaken to make them more specific than at present. Benchmarking has also been carried out with colleagues in the East Midlands Regional Complaints Group to inform this review. The result is a series of more citizen focused categories better reflecting the services Adult Social Care deliver.

### Accessibility

20. Once again the vast majority of complainants describe themselves as White British at 87%, however when set against the local area breakdown as supplied by the Research & Information unit (89% White British) this would appear a good indication of the accessibility of the procedure.
21. 62% of complaints were raised by Females which may suggest a slight gender imbalance but this is not considered significant enough to indicate any accessibility issue.
22. Just 18% of complaints are made by the Service User themselves, with family members the dominant category at 64%. This is not unusual for the services provided by the Department.
23. 8% of complaints were made by individuals acting as advocates, a service the Department continues to offer to service users.

### Benchmarking

24. Leicestershire County Council is a member of the East Midlands Regional Complaints Managers Group and the Customer Relations Manager regularly attend meetings of this group. It was recognised in 2012 that it would be useful to undertake a benchmarking exercise to try to compare levels of complaints between organisations. This exercise has produced a first set of data; however has also revealed huge discrepancies in the way different organisations record and classify complaints. It is therefore not considered to as yet add any value to this report. Work continues to hone this data with a view to being able to share in future annual reports.

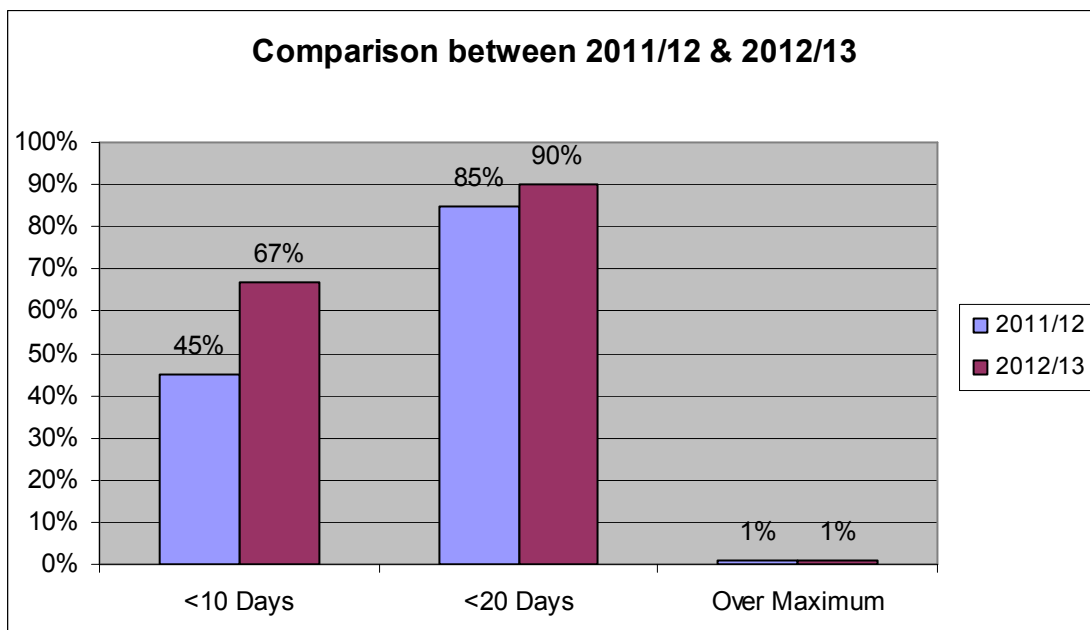
### Adult Social Care Compliments

25. 137 compliments were recorded against Social Care Services during 2012/13 which marks a significant increase on prior year (98). In particular the Homecare Assessment and Reablement Team (HART) team has seen a large rise in recorded compliments, with 39 alone coming in the final quarter for this team. It is encouraging to see greater visibility of the good work that is being delivered by the department which has been a key objective of the Customer Relations team this year. A small selection of the comments received appears below.

- “You have really been there for me and helped me see that I can do this and there is hope...You are both fantastic people and deserve so much credit for what you do”
  - “I am completely overwhelmed by your dedication and compassion. Your patience is immeasurable, your skill-set vast”
  - “Really responsive at a time of family crisis”
  - “Thank you for an open, relaxed yet professional approach & Thanks to the lads who installed the hoist who were quick & tidy and explained everything clearly”
  - “The service is excellent...we had some good laughs, which helps in patient recovery....Thanks to everyone, I will always remember with pleasure the care I had and I'm now fully recovered to "go it alone"
  - “The service you provided was excellent. You all cheered me up. I was very low after spending five weeks in three different hospitals. I am making real progress now”
26. The Customer Relations Team will continue to work closely with departments to try to reflect all the positive feedback received across the teams.
27. With numbers of compliments now increasing, further efforts will be made to categorise these in greater depth moving forwards. This will assist the department in understanding what good performance looks like.

Performance against timescales: How responsive have we been?

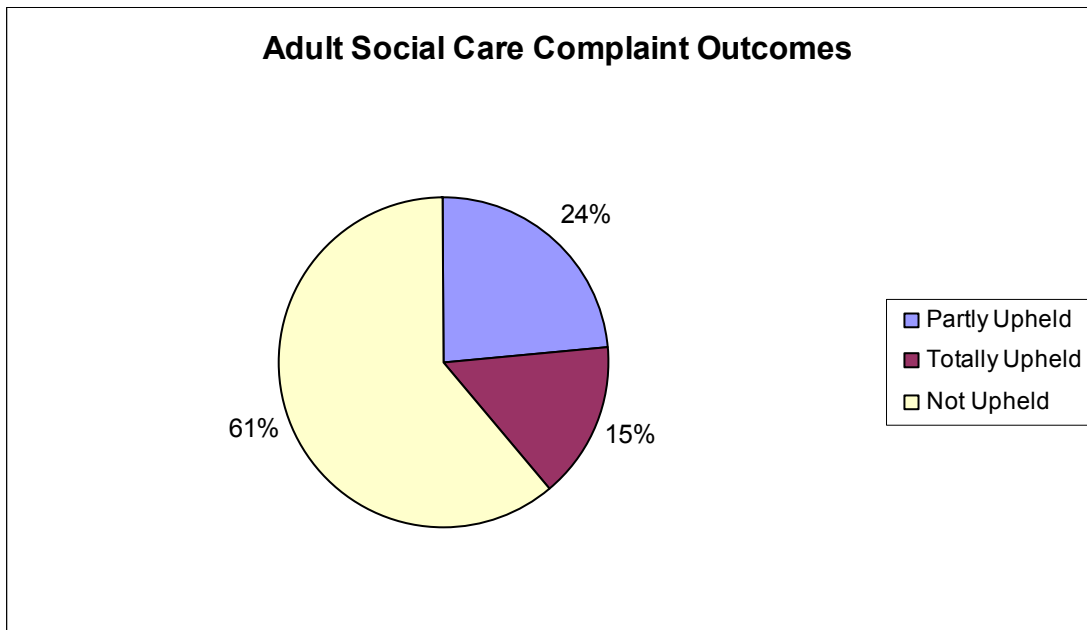
Table 5: Adult Social Care Performance



28. Table 5 above shows the detail of time taken to respond to complaints, providing a comparison between the current reporting year and the previous one. The table shows an improved compliance with the internal best practice target of ten working days, with 67% now achieving this target. Performance has also improved in terms of compliance with the 20 day timescale at an impressive 90%. Given the complexities of social care complaints these are pleasing figures.
29. One complaint was recorded as outside of the statutory timescales of 65 working days. This was a complex joint complaint between the County Council and the LPT. The difficulties in ensuring timely resolution of joint complaints have already been mentioned and will be a key item to improve during 2013/14.

### Complaints Outcomes & Resolutions

Table 6: Adult Social Care complaints recorded by outcome.



30. Table 6 above shows that a majority (61%) of complaints responded to were “not upheld”. Just 15% were fully upheld, with a further 24% of complaints having some element of the complaint upheld.
31. The fact that only 15% of complaints are recorded as “fully upheld” does not necessarily mean that complaints received are not reasonable or have no value. It is always important to listen to what we are being told about our service in order to put matters right at the earliest opportunity, and to learn and improve.
32. It should also be noted that some of the complaints classified as “not upheld” concern matters which are outside of our jurisdiction to respond to, for example those about decisions reached in Court. It is proposed with effect from April 1<sup>st</sup>

2013 to record these under a separate category of “Not Applicable” which better reflects the decisions reached.

### **Local Government Ombudsman Complaints**

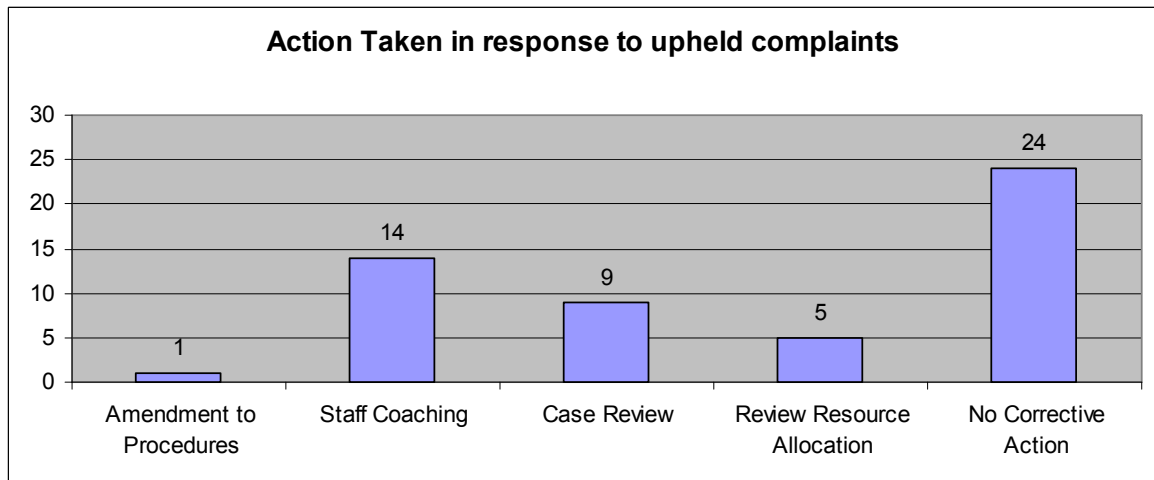
33. The Local Government Ombudsman investigated 13 cases during 2012/13 which is slightly more than in prior year (9) but remains proportionally equivalent to the number of overall complaints with an escalation rate of 9% across both years.
34. In three of the above cases, the Council agreed local settlements, with 2 of these involving a financial remedy.
35. In one case, £6000 was agreed despite it being made very clear by the Ombudsman that failings were not attributable to County Council staff, but rather a care home that the Council commissioned. As a direct result of this ruling, contracts with providers have been amended to enable the council to claw-back monies from providers for any future liability of this type.
36. The other case resulted in a smaller time and trouble payment of £350 being made in recognition of delays in providing support and distress caused.
37. The final local settlement involved no financial remedy as such, but rather the Council agreeing to a change in how we applied care charges to a service user.
38. Two cases remain open with the Ombudsman with no provisional view yet reached.
39. In the remaining 8 cases, the Ombudsman discontinued her investigations citing no or insufficient evidence of maladministration on the Council’s part.

### **Learning from Complaints**

#### **Corrective action taken**

40. Each of the 53 complaints either partly or fully upheld have been reviewed to ascertain what action the department has taken to learn from the complaints and avoid such issues occurring in the future.
41. Table 7 below provides a breakdown of the action taken. From this it can be seen that in 24 cases, it has not been clear any specific remedial action has been taken, the highest category. It is anticipated that there will be a number of cases where there is no specific action taken, typically where things have already been corrected or there is no opportunity to influence things further; however it is recognised that opportunities exist to reduce this figure moving forwards
42. Staff coaching is the next highest category, followed by Case Reviews, which include where Safeguarding reviews have been instigated following the complaint.



**Table 7: Corrective actions taken**

#### 43. Specific actions taken include the following

- Increase in staffing within the Service Centre to promote swifter response times
- Amendments to office practice to ensure requests for support are followed up effectively
- Instigation of two Safeguarding reviews into practices of independent care homes
- Introduced more flexible system within the Fairer Charging team to cater for short respite breaks.
- Allocation of regular staff to enable a more person centred care plan.
- Reviewed Hospital Discharge process and how the department works with Health colleagues to ensure smooth discharge processes.

#### Satisfaction Surveying

44. Leicestershire County Council has for some time carried out post complaint satisfaction surveying in efforts to gauge the effectiveness of the complaints handling service. For some time it has been felt that the results give little value as they are heavily skewed by the outcome of the complaint. For example those whose complaints were upheld tend to rate the service highly whereas those rejected rate it poor.
45. In addition to this response rates through 2012-13 have been poor and a decision has been made not to include this data within the annual report.
46. This challenge is far from unique to Leicestershire County Council, nevertheless it is accepted that a vehicle to assess satisfaction levels does

need to exist. A review of how best to achieve this and garner meaningful results is currently being undertaken.

### **Summary: What have we done well and where can we improve?**

#### **What are we doing well?**

- Response timescales have improved further to a very strong position
- Continued low numbers of complaints seeking escalation to the Ombudsman
- Customer Relations and Adult Social Care continue to work in partnership building on the relationship developed in previous years

#### **What do we need to improve?**

- Improve effectiveness of the joint complaints protocol
- Improve identification and recording of learning from Adult Social Care complaints.
- Ensure all Team Managers (particularly new appointments) fully understand the statutory complaints procedures and are aware of the support available from the Customer Relations team.

### **3. Monitoring the Process**

47. The Customer Relations team continue to support Adult Social Care Services to manage and learn from complaints. The key services offered are:
1. Complaints advice and support
  2. Production of Performance Reports
  3. Liaison with Local Government Ombudsman
  4. Quality Assurance of complaint responses
  5. Complaint handling training for Operational Managers
  6. Scrutiny and challenge to complaint responses.
48. During this reporting period, no complaints handling workshops have been run for Adult Social Care managers. The Customer Relations team are keen to promote this facility further over the next year.
49. Assistance continues to be routinely provided to locality managers in drafting responses to complaint investigations. This helps ensure a consistency of response and that due process is followed.
50. Quarterly performance reports are created and presented to the Departmental Management Team (DMT). The Customer Relations Manager also meets with the departments Intelligent Client each quarter to talk through complaints matters.

51. During 2013/14, the Customer Relations team will focus on:

- Improving the learning from complaints considered at Stage one. This will be helped by more detailed root cause analysis by the Customer Relations unit.
- Continuing to increase the visibility of compliments across the department and building on the analysis carried out of this area
- Maintaining the strong track record of timely complaint responses.
- Work with Learning & Development to incorporate complaints handling as a mandatory module for all Team Managers. Reminders will also be issued to existing managers summarising the support the Customer Relations team offer.

#### **4. Final Comments**

52. Overall this has been another positive year for complaints management across the Adult Social Care Services. During the year, there has been a change of the designated complaints manager, but this has been a smooth transition, and a number of positive developments have been made in terms of ability to record and track complaints.

53. The Customer Relations Team continues to get strong support and commitment from Locality Managers and Heads of Service, emphasised by the excellent response timescales achieved.

This page is intentionally left blank