



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

Date/Time: **Tuesday, 25 March 2014 at 2.00 pm**

Location: **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

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– Notices will be on display at the meeting explaining the arrangements.**

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 21 January 2014.	(Pages 5 - 10)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	



6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
7. Presentation of Petitions under Standing Order 36.
8. Overview Report: Domiciliary Care. Director of Adults and Communities (Pages 11 - 23)
9. Progress on Taking Forward the Development of the Extra Care Housing Strategy in Leicestershire. Director of Adults and Communities (Pages 25 - 30)
10. Quarter 3 2013/14 Performance Dashboard Report. Director of Adults and Communities (Pages 31 - 36)
11. Date of next meeting.

The next meeting of the Committee is scheduled to take place at 2pm on Tuesday, 10 June 2014.

12. 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?

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 21 January 2014.

PRESENT

Mrs. R. Camamile CC (in the Chair)

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

Attendance.

Mr R Blunt CC, Cabinet Lead Member for Heritage, Leisure and Arts (minute 37 refers)

Mr D W Houseman MBE CC, Cabinet Lead Member for Adult Social Care (minute 37 refers)

Mr Brian Voller, Lead Petitioner and Chair of Friends of Snibston (minutes 36 and 37 refer)

30. Minutes.

The minutes of the meeting held on 26 November 2013 were taken as read, confirmed and signed.

31. Question Time.

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

32. 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).

33. Urgent Items.

There were no urgent items for consideration.

34. 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.

Ms Betty Newton CC declared a personal interest in the item entitled 'Medium Term Financial Strategy 2014/15 – 2017/18', with specific reference to the Better Care Together Fund, as she had two family members who worked for the NHS.

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

There were no declarations of the party whip.

36. Presentation of Petition: The Future of Snibston.

A petition signed by 8047 residents was presented by Mr Brian Voller, as Lead Petitioner and Chair of Friends of Snibston, in the following terms:-

“In the light of overwhelming public support for Snibston Discovery Park, we the undersigned and the Friends of Snibston call upon Leicestershire County Council to honour its civic duty and continue to manage and fund this important local heritage site and resource for learning.”

RESOLVED:

That the contents of the petition be noted and taken into consideration when the savings proposals in respect of Snibston are discussed later in the meeting (minute 37 refers).

37. Medium Term Financial Strategy 2014/15 - 2017/18

The Committee considered a joint report of the Director of Adults and Communities and Director of Corporate Resources which provided information on the proposed 2014/15 to 2017/18 Medium Term Financial Strategy (MTFS) as it related to the Adults and Communities Department. A copy of the report marked ‘Agenda Item 8’ is filed with these minutes.

The Chairman welcomed Mr D W Houseman MBE CC, Cabinet Lead Member for Adult Social Care and Mr R Blunt CC, Cabinet Lead Member for Heritage, Leisure and Arts to the meeting for this item.

Arising from discussion the following points were raised:-

General

- (i) The Department was facing unprecedented budget restrictions and demand pressures arising from an increasing elderly population and more complex and high cost packages for people with learning disabilities. In response to this challenge the Department had focussed on:-
- Reducing demand by investing in early intervention and prevention;
 - Ensuring care is provided in the most cost effective way which would mean some restriction on choice;
 - Closer working and commissioning of services with partners, particularly the NHS.

Growth

- (ii) The Committee was advised that the Department had a good track record of forecasting demand pressures, using data from the Joint Strategic Needs Assessment, demographic data and service provision trends;
- (iii) Item G12 – Emergency Duty Team – This growth would enable the service to focus solely on adults;
- (iv) Item G13 - Effective Support efficiency savings – The growth of £2.5million was to meet the shortfall in the programme;

Adult Social Care - Service Reductions

- (v) Item S32 – Community and Day Centre Meals – Whilst noting the need to reduce the subsidy, members sought and obtained an assurance that individual service users would be assessed and those who required it would be provided with support in other ways;
- (vi) Item S33– Limiting service user choice - This would apply to both new and existing users. In respect of existing users, this would be done following the annual review of assessed need;
- (vii) Item S34 – New Models of Early Intervention and Prevention Support – The process would entail a review of existing provision to ensure it was delivering the priorities of the Department at a lower cost. This would mean some services currently provided would cease. The Director undertook to provide a list of providers that were likely to be affected by this proposal (copy attached);

Communities and Wellbeing – Service Reductions

- (viii) Item S35 – Redevelopment of Snibston - At the request of the Chairman, Mr Voller, Lead Petitioner, addressed the Committee. He requested the Council to reconsider the current proposal which would see a refocusing of the Snibston offer on mining and the scheduled ancient monument. He drew attention to the fact that approximately 48% of the 8047 signatories to the petition resided in the Coalville area and that Snibston was an important local facility. He urged the Council to consider alternatives including partnership options, which would see the retention of Snibston on the current basis.

The Committee also noted a written submission made by the local member, Dr T Eynon CC, a copy of which is attached to these minutes.

In reply to questions and comments the Committee was advised as follows:-

- The significant financial pressures facing the County Council had meant that all services of the Council needed to look critically at how they operated and make a contribution to savings requirements;
- The proposals to refocus on mining and the scheduled ancient monument and to reduce the current level of subsidy provided to Snibston Museum would be worked up in greater detail over the coming weeks once the Council had agreed the budget proposals;

- The detailed proposals setting out the proposed new 'Snibston offer' would be the subject of consultation with local community and other interested parties and there would be an opportunity for elected members to contribute to the debate prior to a decision being taken. This further work would include details about the cost of operating the future offer as well as any costs that would be incurred in terms of repayment of Heritage Lottery Fund grants and any costs that would arise from securing the museum's collections. This information together with details of the agreement reached with the National Coal Board regarding the use of the land would be made available to members prior to the meeting of the Scrutiny Commission;
- The County Council had a good track record of working with volunteers and local communities and as part of the consultation on the future of Snibston interested community groups and organisations would be asked to put forward proposals of their own if they wished. Any such proposal received would be evaluated and would have to demonstrate that it was sustainable.

The Committee expressed the view that given that a significant number of Coalville residents had signed the petition and there was a clear view emerging that Snibston was a valuable local resource, North West Leicestershire District Council should, as a number of other District Councils had done, provide financial support for their local museum. It was noted that the District Council would be debating the matter later in the day.

"It was moved by Mr Sharp and seconded by Mr Charlesworth:-

- (a) That the attention of the Cabinet be drawn to the petition containing 8047 signatures of people requesting the County Council to honour its civic duty and continue to manage and fund this important local heritage site and resource for learning;
- (b) That, whilst accepting the requirement to make the savings identified, the Cabinet be asked to defer the current working assumption to refocus the existing Snibston offer on mining and the Scheduled Ancient Monument and to work with the Friends of Snibston over the next twelve months to develop an on-going and sustainable solution which will retain the existing Snibston offer within the new reduced financial envelope now proposed."

The motion was put and not carried, four members voting for the motion and five against.

(The Committee was advised that in line with normal practice the contents of the resolution above, which was not carried, would be drawn to the attention of the Cabinet.)

- (ix) Item S37 – Reduction in Funding for Community Libraries - A paper setting out details of all community libraries, their opening hours and budgets was circulated at the meeting and a copy is attached to these minutes;

- (x) The Committee was advised that the Council would provide professional support to communities who would wish to operate a library service. The exact nature of this support would be clarified in the next stage of the work;
- (xi) It was recognised that the role and function of libraries had changed significantly. This offered opportunities for communities and parish councils to work with the County Council to ensure that local facilities could be retained to provide not only library services but other community activities. The County Council was keen to explore such a solution rather than closing library facilities;
- (xii) The work required to ensure informed discussions could be held with local communities and parishes had yet to be completed and the County Council would look carefully at the work done by other local authorities in this area to learn lessons. It was recognised that there was a need for early engagement with local communities and parishes. In undertaking this work the Council would be mindful to understand and provide details of the proximity of other library and community facilities to local communities to assist them in their deliberations;

Health and Social Care Integration

- (xiii) The Committee was advised that the Better Care Fund (BCF) was aimed at stimulating the integration of health and social care. Whilst the final details had yet to be agreed by the Boards of the two Clinical Commissioning Groups there had been good engagement at officer level. The total allocation by 2015-2016 would be £38.3 million. It was estimated that approximately 40% of the BCF would be required to protect adult social care services. However, there were conditions attached and these included using resources to ensure:-
 - A reduction in delayed discharges;
 - A plan for community based services to reduce hospital admissions;
 - More care provided closer to home;
 - More re-ablement services.

Members welcomed the proposals now outlined and urged health and social care providers to engage with local communities and locality groups in developing proposals.

Capital Programme

- (xiv) The Committee was advised as follows:-
 - That a risk assessment would be undertaken before users of the Limes Day Centre were relocated to Hinckley Library;
 - The Extra Care Scheme in Melton had not been included in the Capital Programme at this stage as it was still in the early stages of planning.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments made at the meeting be forwarded to the Scrutiny Commission for consideration at its meeting on 29 January 2014.

38. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 25 March 2014 at 2.00pm.

2.00 - 4.35 pm
21 January 2014

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

25 MARCH 2014

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

OVERVIEW REPORT: DOMICILIARY CARE

Purpose of the report

1. This report provides the Adults and Communities Overview and Scrutiny Committee with an overview of a range of factors in relation to the provision of domiciliary care services for adults and older people in Leicestershire.

Definitions and the Regulatory Framework

2. The Care Quality Commission (CQC) definition of the regulated activity of personal care consists of the provision of personal care for people who are unable to provide it for themselves, because of old age, illness or disability, and which is provided to them in the place where those people are living at the time when the care is provided.
3. Personal Care / Social Care includes:
For the purpose of this report and for the purposes of the regulatory requirements, 'personal care' is defined as undertaking any activity which requires a degree of close personal and physical contact with a person, regardless of age who, for reasons associated with disability, frailty, illness or personal physical capacity are unable to provide it themselves without assistance. These activities include for example:-
 - Assisting the person get up and dressed or undressed and going to bed;
 - Helping the person to have a wash, shower or bath including washing of hair, shaving and oral hygiene;
 - Assist with toileting requirements, including changing pads, sanitary pads and nappies / personal hygiene after toileting;
 - Helping the person to eat their food or take a drink;
 - Assisting the person with their medication or other health related tasks in accordance with the local agreed policies and guidelines;
 - Assisting a person get in or out of a chair;
 - Personal support of a confidential, sensitive or specialist nature.
4. Domiciliary care service providers are regulated by the CQC. In order to deliver services under contract with Leicestershire County Council service providers are required to be registered with the CQC.
5. Domiciliary Care is a community based service which contributes to the promotion of independence for service users and carers and delivers specific

outcomes in line with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009. Domiciliary Care services aim to maintain the independence of individuals by giving greater choice and control over the way in which their needs are met.

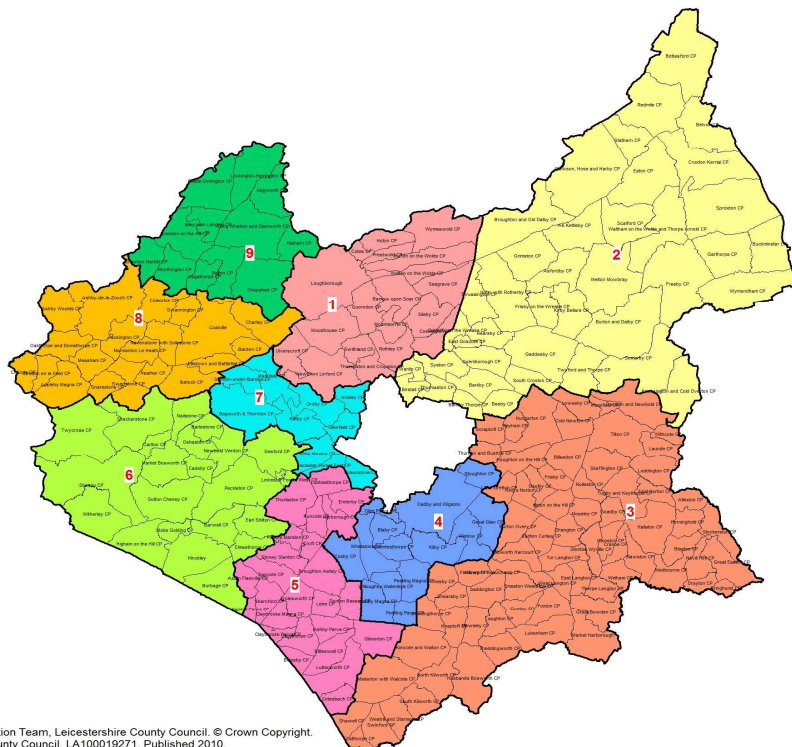
History and Rationale of the Current Contractual Arrangements

6. Prior to tendering for services in 2011 Adults and Communities identified a number of ways in which previous models of service delivery were unsatisfactory and failed to address on-going pressures on the overall delivery of the service. Amongst the main issues were:-
 - That demand for home care was anticipated to continue to increase with an increased older population and a robust home care market therefore we needed to respond to this;
 - The demand for home care was anticipated to increase due to growing numbers of people living with dementia and/or more complex needs in general enhanced rates are paid for the provision of services to people who have a diagnosis of dementia;
 - Recruitment and retention of appropriately trained and qualified staff was and continues to be a major challenge for the industry with recruitment of carers resulting in demand out-stripping supply;
 - Analysis of electronic data submitted by providers evidenced that over 60% of all care calls delivered to services users at the time were for calls of less than 30 minutes in duration. Prior to 2011 Leicestershire County Council guaranteed payments to providers at a minimum of 30 minutes.
7. A decision was made to reduce the domiciliary care zones in the County following work undertaken throughout the previous contract period, which looked at the sustainability of service providers delivering small volumes of care, but with all the associated costs in relation to recruitment and training of staff. It was therefore anticipated that greater volumes of care will help in developing more sustainable businesses and reduce competition for staff recruitment.
8. In relation to the provision of home care services across Leicestershire, nine geographical zones were created in 2011, prior to this there were 19 smaller zones. The table on the next page shows the number of hours at the point of the tendering exercise for the home care services and volumes of care currently being delivered in each zone by independent sector providers.

Table 1: Volumes of hours per zone at the point of procurement and current volumes of hours.

Zone Number	(Coverage)	Actual number of hours paid for as at 31 st March 2010	Actual number of hours paid for as of 31 st March 2013
Zone 1	North	230,002	163,307
Zone 2	North East	246,888	167,849
Zone 3	South East	165,800	94,612
Zone 4	South Central	253,948	209,672
Zone 5	South	125,527	90,744
Zone 6	West	294,156	201,081
Zone 7	Central	261,144	152,281
Zone 8	West North West	225,391	173,102
Zone 9	North West	96,106	61,005
	Total	1,898,962	1,313,659

Diagram 1: Map of Leicestershire County Council home care zones.



9. The number of hours that the Adults and Communities Department currently pays for has diminished for a number of reasons. Prior to 2011 the Department commissioned services for people who had moderate, substantial and critical needs in relation to 'Fair Access to Care'. The threshold has now changed and only those who have critical and substantial needs now receive directly commissioned home care services from contracted providers. The way in which the Department pays for services has also changed in that in prior to 2011 the Department guaranteed providers payment for a minimum of 30 minutes and then made payments in 15 minute blocks rounding payments up or down in 7.5 minute bandings. Post 2011 providers are now only guaranteed 15 minutes and calls are rounded up or down in 5 minute blocks, e.g. if a care call is delivered at 17 minutes 29 seconds the provider will be paid 15 minutes above 17 minutes 30 seconds the provider will be paid 20 minutes and so on. An additional change in the market is that more people are purchasing their care direct from a provider using their personal budget. The biggest impact however, comes from the increasing numbers of people receiving their support through a cash budget. Currently a total of 1,870 service users receive a cash personal budget or direct payment and around 90% of these people will use this to buy domiciliary care.
10. While the number of hours the Department pays direct to service providers for services shows a decrease since 2011, the Department continues to commission more home care year on year. In the six months to the end of January 2014 there was a 22% increase compared with the previous year in the number of packages delivered from 1,456 to 1,782. During this same period there was a 33% increase in the hours of home care delivered indicating greater levels of need.
11. By the end of January 2014 3,020 people were receiving domiciliary care services in Leicestershire from external service providers and 360 from the Department's Homecare Assessment and Re-ablement Team (HART). Some people receive as little as 1 hour per week and others in excess of 35 hours a week, the number of calls will also vary and is linked to support being provided to meet assessed need. The overall contract value for externally commissioned services currently stands at approximately £26m.

The Current Market

12. There are currently 57 service providers delivering homecare services under contract for service users who have chosen to take the personal budget in the form of a managed account. In 2011 14 providers were issued with spot contracts following a procurement exercise, a further 17 providers were issued with interim contracts. The reason for issuing interim contracts was to enable time for the Department to review those service users receiving their care from interim service providers to be reviewed and their care packages to transfer to spot contracted providers. Contracts were awarded on the basis of quality, providers had to reach a quality score of 70%, then providers were ranked in numerical order in each zone based on their tendered price. It was the Department's intention to place packages of care with providers in ranking order.

13. Due to issues relating to capacity in the market a decision was made, in line with the Council's 'Contract Procedure Rules' to increase the number of providers in the Leicestershire market. Those providers that had been issued with interim contracts in 2011 were offered spot contracts in 2012. These providers had also achieved a quality score of 70% but were not on the original ranking list as their tendered hourly rate was above that of ranking providers. Awarding interim providers spot contracts generated more capacity in the market and it allowed those who had been having their care provided by interim contractors to retain their care provider allowing continuity of care for those service users.
14. Officers continue to work with new care providers in Leicestershire to increase capacity as there continue to be problems with demand for services outstripping supply. Since the original procurement exercise took place further providers have been awarded contracts. Contracts are awarded if service providers are able to demonstrate through a monitoring of their service, that they can provide a quality service. New service providers must also meet a number of other criteria including having agreed levels of insurance cover and being registered with the Care Quality Commission.
15. The domiciliary care market in Leicestershire is made up of a range of local and national care providers, the volume of care delivered by the providers also varies with some providers delivering thousands of hours per week and others only a few hundred. The minimum hourly rate paid was £8.36, this was in relation to a sleeping night service. The maximum hourly rate paid was £16.43 for a specialist dementia service. On average in 2013/14:-
 - Hourly rate paid £13.95;
 - Average weekly package cost £130;
 - Average weekly hours delivered per service user is 9.4.
16. In late 2011 the Department also took a step to ensure that there was increased availability of care in certain rural areas of the County. In two areas of Leicestershire it had become increasingly difficult to place packages of care, the two specific areas are shown on the map as zones 2 and 3 they are on the eastern side of the County and roughly are aligned to the areas of Melton and Market Harborough. In 2011 senior officers in discussions with the Council's Corporate Procurement Unit, ESPO and legal services made a decision to increase the hourly rate paid to providers by an additional £1 in zones 2 and 3, this was formally sanctioned by the 'Fee Rate Review Panel'; any changes in rates of payment to providers are now agreed on an annual basis by the panel.
17. In early 2014 officers from the Department's Compliance Section undertook in partnership with providers analysis of the current domiciliary care market. 14 of the current 57 providers responded. The analysis was undertaken with a view to officers having a greater understanding of the some of the particular issues that are affecting the delivery of the service. Consideration was given to a number of themes that have been raised nationally such as payment rates to frontline workers, issues relating to the recruitment and retention of care staff etc. Detailed feedback from providers can be found in Appendix A. Some of the key factors relating to the Leicestershire market are listed below:-

- All providers who responded pay rates above the 'National Minimum Wage (NMW), the lowest hourly rate being £6.35 and the highest rate being £11;
 - All providers have workers on zero hour contracts;
 - The majority of providers pay mileage rates to care workers but not travel time;
 - Many providers state reasons for carers leaving the market as the cost of travel and not being able to guarantee hours of work.
18. The Department does not specify to domiciliary care service providers what terms and conditions they should employ their staff under, employers are required to meet statutory duties e.g. NMW. Contracts with the Council do state how recruitment should be undertaken in order that the correct and relevant checks are undertaken to ensure that vulnerable people are safeguarded. Contracts also specify that workers should receive training in order to carry out the requirements of their role.

How Services are Currently Commissioned in Leicestershire

19. In Leicestershire domiciliary care services are provided by either in-house HART or independent sector providers, depending on the type of service required.
20. In the majority of cases where a service user is assessed as being eligible for domiciliary care, HART will offer the clearest benefit in terms of an ongoing assessment process and the realisation of reablement potential. In view of this, all reasonable efforts are made to commission with HART when a person is first assessed as being in need of care. The team will work with all adult service user groups (excluding only those people where it is clear from the outset that no benefit would be gained from short term assessment and reablement process), including people with learning disabilities and older people with either mild or non-diagnosed dementia.
21. The team will provide an extended assessment period (for up to six weeks), and work with the service user (and carer/s) to identify and achieve goals of daily living, adjusting the support plan in response to changing needs. At the point when the team concludes no further benefit can be gained from its involvement, an updated support plan will be produced, a review held and any residual care needs commissioned from independent sector providers by the HART manager, via the broker.
22. Packages of care to external providers of care are placed on a spot basis; the Department makes no guarantees to service providers on the volume of care it will place with them. Care packages are placed following a handover visit by in-house staff if necessary. Service providers are reminded that they should ensure that they have specific details available to provide to care staff. This is to ensure that care can be delivered to a service user that is able to meet ongoing need and continues wherever possible to work towards maintaining skills and independence. The handover is a vital part of ensuring that these objectives continue to be met. HART is not in a position to take packages back due to a failure on the part of the service provider to secure accurate details at the point of transfer in establishing how the care is to be provided. Accurate

details should include up to date support plans, orders and any risk assessment information in relation to moving and handling and/or medication.

23. Commissioning workers when placing care with HART and external providers must ensure that wherever it is applicable, Time Windows are used. Time Windows were introduced to aid flexibility in commissioning and create capacity within the home care market. The benefits to service users include a quicker allocation of their care package with potentially less time spent in hospital and/or on the Await Care list. The Await Care List is a list of people who currently require care services to meet their care needs, the number of hours required by a service and the reason why the care is required. Service users will appear on the await care list until the package of care has been commissioned. The outcome of a speedier placement of care is improved circumstances for themselves and their families as needs are met more efficiently
24. In order that the Department can monitor the volume of care being placed with external providers and to ensure that priority cases are placed with service providers more promptly there is a system in place whereby commissioning workers should not approach domiciliary care providers to place a care package direct. All care commissioning should go through the Broker Team. Commissioners brokering their own care packages undermine the financial and strategic aims of the delivery of domiciliary care, causing difficulties for the Compliance Section, Systems & Support and independent sector providers. Packages of care are placed in order of priority.
- Priority Levels are defined by the Department as:
- High - services need to be provided urgently in order to avoid
- Continued hospital stay (delayed discharge);
 - Admission to hospital / residential care (imminent home support breakdown).
- Medium – services need to be provided as quickly as possible in order to
- Reduce the risk of hospital / residential care;
 - Free up capacity in HART.
- Low – services are needed when available in order to:
- Improve the well-being of the service user (and / or carer).
25. Packages of care are subsequently reviewed on an annual basis in line with statutory requirements; however reviews of need may occur more frequently to address changing need.
26. Social care workers in Leicestershire are able to deliver some tasks that will ordinarily be delivered by health care workers visiting someone in their own home. Some but not all tasks can be delegated in line with a locally agreed protocol, 'The Health and Social Care Protocol'. Social care workers should not hold sole responsibility for health care tasks and social care staff must receive training and be signed off as competent by health care staff in order to undertake the tasks. Only health care tasks designated as such within the protocols that follow may be delegated to social care workers.

27. The Protocol also states where services are being provided to people in their own homes, delegated health tasks will only be performed during visits previously planned in order to meet social care needs. Before any task is delegated a full assessment must have been undertaken by the health worker. Health workers remain responsible for the health tasks they delegate and it is the responsibility of the health worker to monitor the health care being given to their patient by social care workers and the risk management of such delegated tasks.
28. Care is currently commissioned in units, a unit in Leicestershire is made up of 15 minutes, commissioning workers will commission a number of units of care based on a person's assessed need and in order that a person's specified outcomes can be met. The number of units is placed on an order form which is then shared with the external service provider. For example a person who requires a morning call 7 days a week for a period of 1 hour will have 4 units of care per day, 28 units in total per week. Commissioning workers will also work with service users to specify key tasks that are to be completed and these tasks along with the outcomes service users want to meet will form part of a person's support plan. A 50% tolerance is applied to an order in relation to paying the service provider for the delivery of a service, this allows service providers to provide services above the volume stated on the order. Service providers do not have to request an additional order, for example if a service user is experiencing a short term illness and an increase in their needs is required, this allows flexibility in the delivery of services.
29. The current payment model is however based on time and task and not solely on meeting outcomes. This may result in providers holding on to cases for longer than needed and not undertaking reablement and rehabilitation.

Contract Monitoring and Quality

30. The Regulated Compliance Team has since the award of contracts in 2011 been working to a planned programme of proactive monitoring across all domiciliary care providers. Proactive visits replaced a system of reactive monitoring, although where concerns or information received indicate increased risk, planned visits are brought forward and a reactive visit is undertaken. The Department has in place a written procedure for contract monitoring. Contract monitoring happens in a variety of ways:
- (a) By feedback from Service Users and / or their carers to Commissioning Workers on the standards of Services being provided.
 - (b) By Commissioning Workers / Review Officers reviewing whether or not the care package is meeting the Service User's assessed needs or requires amendment.
 - (c) By Service User survey completed by the Council.
 - (d) By systematic monitoring visits to the Service Provider by the Council, to evaluate and record the service delivered against the Specification and Contract Compliance Monitoring Procedures, (contract monitoring). The visits may include:
 - i) Visiting the Service Provider's premises;

- ii) By consulting with and visiting Service Users and / or their representatives.
 - (e) By the investigation of complaints.
 - (f) By Provider Performance Monitoring Forms (PPMF). PPMFs are cross-referenced to the contract documentation and a criteria / scoring system will be applied. This system defines actions to be taken and / or penalties for failure to comply.
 - (g) By inspecting written procedures and records for both Service Users and staff.
 - (h) By the Service Providers submitting to the Council an annual statement detailing the number and outcomes of Quality Assurance visits to Service Users.
 - (i) Through external inspection reports from CQC.
31. Between January 2013 and December 2013 five out of 57 providers were placed in breach of contract. The reasons for providers being placed in breach of contract ranged from having poor recruitment processes, a failure to deliver commissioned services, and staff not having up to date training. When a provider is placed in breach of contract Compliance Officers will clearly outline the reasons why the service provider is in breach, the actions required on the part of the service provider and timescales by which the service provider should achieve compliance with the requirements of the contract.
32. Themes and / or trends identified through the contract monitoring process in relation to improvements needed to the quality of services are:
- Service providers not ensuring that care plans are regularly updated to meet need and are person centred;
 - Service providers ensuring that staff receive regular training and supervision;
 - Daily records not being reflective of support provided to service users;
 - The need to ensure that medication administration records are completed;
 - The need to ensure that calls are delivered in line with commissioning requirements, e.g. late or missed calls are at a minimum;
 - Pre and post-employment checks are carried out in line with contractual requirements e.g. DBS checks are updated 3 yearly.
33. The Department used some of the resources transferred from the NHS to strengthen our approach to contract management and to provide more support to service providers to raise standards. The additional resources have been used to develop a team of officers who work with care providers to support an overall improvement in the quality of the services they deliver. Although the team was initially established to support only providers of residential and nursing care, they now offer support to a domiciliary care service providers across the County. Referrals for input from the Quality Improvement Team are made in the same way as they are for residential and nursing care services.

National Issues and Domiciliary Care

34. Recently there has been a significant amount of national attention on the delivery of domiciliary care services in Britain, reports have been produced by the charity Leonard Cheshire and the United Kingdom Home Care Association as well as The Equality and Human Rights Commission. All of these have highlighted issues in relation to the treatment of older people under a “time and task” model, particularly in relation to 15 minute calls as well as the effects on care workers of zero hours contracts and non-payment of travelling time.
35. 15 minute care calls are currently commissioned to meet people’s needs in the County and recently the Association of Directors of Adult Social Services have argued that in some cases, 15 minute visits to older people at home are ‘fully justified, and fully adequate’. In Leicestershire analysis of data is underway to ensure that 15 minute care calls do not contain elements of personal care. Further instruction will be given to commissioning workers in order that service users receive a care call that does not make people feel rushed in relation to having their needs met and that the service that provided is a dignified one. Where calls of 15 minutes are being commissioned alternatives to these calls should also be considered, for example the provision of a mobile meal or the use of assistive technology should be considered by commissioning workers. As previously mentioned weekly tolerance levels of up to 50% above the commissioned order can be applied to allow flexibility in the overall number of hours people receive to meet need. Service users and service providers may also have a review of the commissioned time allocated to provide a service if this is deemed not to be adequate to meet need.

The Future of Domiciliary Care in Leicestershire

36. In order to look at how best to meet the needs of local citizens and to make best use of resources a programme is to be set up. 'The Help to Live at Home Project was established within the Council last year to develop, re-commission and implement a model of care to better support people to live independently and provide an improved care experience, better care outcomes and more cost effective service delivery.
37. What is being proposed by the Department in partnership with the two Clinical Commissioning Groups (CCGs) in Leicestershire is a new model that seeks to address these issues and lead to a more dignified, holistic and coordinated experience for customers as well as a better working conditions and progression opportunities for care staff. A better skilled and more stable workforce will also help to improve quality in a more sustainable way.
38. The Department aims to work with the CCGs to co-design an integrated model with the Council as part of the Better Care Fund to achieve shared benefits for us all, including our customers, whilst delivering significant savings to meet reducing budgets.
39. The programme seeks to address the following matters:

- The periodic problems with capacity in the market exacerbated by problems with recruitment and retention of skilled care staff by providers, particularly in rural areas and where there are competing industries;
 - Removing the current payment model based on time and task and not outcomes. This results in providers holding on to cases for longer than needed and not undertaking reablement and rehabilitation. The Council's in house reablement team (HART) can experience capacity issues, resulting in packages of care going straight out to independent providers;
 - The need to promote and maintain independence through reablement and an outcome based approach across all providers, thereby reducing reliance on long term and / or higher cost care;
 - The need to increase the value for money and make better use of local voluntary and community resources, as well as reduce the time wasted and poor coordination of the range of support services that help a person remain independent at home.
40. This new pathway to deliver services is to enable customers to live at home as independently as possible and also has other certain key elements at its core:
- There would be a single point of access
 - It will be co-ordinated with NHS services
 - It will be delivered locally calling on social capital and resources in the voluntary and community sector
 - It will incentivise providers to re-able customers to their optimum with payment being made on achievement of outcomes in relation to the health and wellbeing of the customer
 - All aspects of support are to be better coordinated and planned
41. It is the aim of Department to have the new service model in place by sometime in 2015.

Recommendation

42. The Adults and Communities Overview and Scrutiny Committee is recommended to note this report.

Background papers

None

Circulation under Local Issues Alert Procedure

None

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Appendix

- Appendix A - Analysis of the current domiciliary care market - Feedback from Providers

Relevant Impact Assessments

Equal Opportunities Implications

43. The Council will be mindful of its duties under the Equalities Act 2010 and Human Rights Act 1998 when any service changes are being considered. A draft Equalities and Human Rights Impact Assessment has been produced to screen for anticipated impacts. This will be considered by the Adults and Communities Departmental Equalities Group (DEG) at a time appropriate to the overall timetable for future changes.

Hourly Rate	£ 7.16/hr Mon - Fri & £7.56 weekends, £10.28/hr Bank Holidays (in addition, staff get a further £0.40/hr for every hour worked in a given pay period for 100% attendance)	Minimum of £7.00. Most are on £7.50 and £12.50 on bank holidays	*£7 per hour mon to fri & £8 per hour sat & sun	Starting pay from 1/4/14 is £7.00 p/hr + enhanced rates for unsocial working	Weekdays £7.50 Weekends £8.50	£6.85 Mon to Fri daytime £7.25 Mon- Fri evenings after 6pm £8.45 Sat and Sunday flat rate	£7.00	£6.50- £10.00 per hour non experienced/not NVQ trained For experienced/NVQ trained the rate is £7.00- £11.00	£6.50-£7.00	Drivers who use their own vehicle are paid £8.25ph Mon -Fri £8.75 Weekends Drivers who use our company vehicles are paid £8.00 Mon-Fri £8.50 Weekends	We currently pay between £ 6.75 - £ 8.25 per hour depending on the role with in our business.	£7.16 & £7.96 at weekends	£6.50 per hour weekdays, up to £7.30, depending on staff experience/ qualification, with premiums paid for weekend working of over £1.00 per hour.	Ranges from £6.35 to £7.20 per hour	£6.37/£6.87
Travel Time Paid? Y/N	No	Standard Rate	No	No	No	No	No	No	No	No	No	No	No	Yes (40p/hour)	No
Mileage Rate	0.11p/mile	0.20p/mile	25p per mile or 50p visit charge	35p/mile	25p/mile	20p/mile	No	15p/mile	20p/mile	29p/mile (if not using fuel cards)	23p/mile	No	15-20p/mile depending on location	10p/mile (exceptional mileage for going	24p/mile
Zero Hour Contract	Yes, all staff	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Carers are currently on a zero hour contract but this is in the process of changing to a minimum 7 hour contract	Yes	Yes	Yes (40p/hour)	Yes
Guaranteed Hours	No	No guaranteed hours except for Field Supervisors	No	No	No	No	No	No	No	No	No	No	No - The reason we do not offer guaranteed hours is that there is no commitment of work from the Local Authority that allows us to do this,	No	Currently working on this
Exit Interview?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes, take up is low	Yes - not all attend	Yes	Yes	Yes	Yes, using an external agent
Reasons?	biggest reason is fuel cost and travel time	For permanent hours or to work in residential care home	Travel need more mileage / residential / not for them	Various reasons including career change, retirement, communication issues, move to another provider, etc	Too much travelling and pay	cost of travel as a reason for leaving and the inconsistency of regular hours. either too few hours or too many hours.	generally leave because of distances to travel and petrol, don't like zero hours contract	We struggle to recruit staff, retention is generally good, but if applicants have not done this work before, they often leave. We do not have enough 'money in the pot' to pay more to our staff, even though we would like to.	Most carers leave to work in nursing home where guaranteed hours are offered and longer shifts in one place, do not like 15 minute calls as they are not financially variable.	Generally we have good retention rate of staff almost 85%. Main reasons for leaving are normally relocating or going back to college.	Travelling between calls Wanting to try residential care Changing industry	The main reason for staff leaving and the main problem with retention of staff is due to rates of pay and petrol allowance. 15 minute calls have a huge impact on their hourly rates.	Some of the reasons why employees leave include: Leaving to an organisation that pays more, insufficient certainty of income, low mileage payments and high fuel costs, wear and tear on vehicles, delays in getting references back	Yes, main reason for leaving is due to rate of pay and mileage, often with staff moving out of the care sector entirely.	Rate of pay, No travel pay, Zero hours.
Issues re recruitment/retention?	Retention is down to the low pay & travel costs, unsociable hours and we are competing against retailers who offer better hourly rate (almost guaranteed hours - even though zero hour contracts).	Retention can be an issue if the hours are not consistent	recruitment is ok , retention is difficult because of carers having to travel	No worse than previously.	Struggling to recruit in rural areas, Struggling to recruit for evening carers We are currently looking at block payments in the rural areas. Which we hope would solve these issues	Recruitment issues are Lack of consistent hours or amount of travel required	mainly lack of drivers, CRB's delay in arriving back and people do not want to wait while they want to work	We struggle to recruit staff, retention is generally good, but if applicants have not done this work before, they often leave. We do not have enough 'money in the pot' to pay more to our staff, even though we would like to.	We have lost some carers due to wanting long shifts in nursing homes.	We now recruit all year round and utilise various methods of attraction including: internet job boards, local print media, job fairs around the County, job centres We have to constantly advertise, to keep our profile up and because we always have work available and local colleges	No, the majority of our staff have been with the business since we started. When recruiting staff we are inundated with candidates, although they don't all pass the first stages of our interview process		For example, were we to recruit 10 people next week on contracts of 20 hours per week, we would be committed to pay for 200 hours per week over and above the current volume of work undertaken. The rate of referrals from the Council is 100% uncertain and, over the last weeks has averaged [10] hours per week. Therefore, for the 10 new members of staff, we would be paying 190 hours in the first week and would receive no income. This would cost on average £6.90 x 190 = £1,311, which, with NI, Pension and holiday pay becomes £1,586 in week 1. There would be another 10 hours referred in week 2, so this cost	Retention of staff is becoming increasingly difficult due to rates of pay and mileage costs. Many feel that a career in care is no longer viable and so tend to move out of the sector entirely, causing valuable skills and experience to be lost.	Carers tend to leave to work in care homes with block shifts and better rates of pay without the travel.

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

25 MARCH 2014

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PROGRESS ON TAKING FORWARD THE DEVELOPMENT OF THE EXTRA CARE HOUSING STRATEGY IN LEICESTERSHIRE

Purpose of the Report

- 1 To provide an update to members of the Adults and Communities Overview and Scrutiny Committee on progress in taking forward the development of the County Council's Extra Care Housing Strategy in Leicestershire.

Policy Framework and Previous Decisions

- 2 The White Paper '*Our Health, Our Care, Our Say*', published in 2006, sets out a framework for adult social care in the future and expects local authorities to work strategically with partners to promote independence and provide opportunities for greater choice and control for service users. The Department of Health (DoH) expects all local authorities to continue to develop alternatives to residential care.
- 3 Enabling vulnerable adults to live as independently as possible in their own homes with choice and control over the services they receive will support the delivery of government policy as set out in '*A Vision for Adult Social Care: Capable Communities and Active Citizens*' and the good practice put together by the national partnership made up of the Association of Directors of Adult Social Services, the Local Government Association, and the DoH '*Think Local, Act Personal: Next Steps for Transforming Adult Social Care*' by providing choices and supporting individuals to participate in their communities.
- 4 At its meeting on 15 December 2009, the Cabinet considered a report regarding progress with the development of alternatives to residential care through appropriate housing provision, and approved the Leicestershire Extra Care Housing Strategy for 2010-2015.
- 5 Following consideration of the previous annual report on 16 January 2013, the Cabinet agreed, amongst other things, the provision of funding for a proposed new extra care development in Blaby District and the extension of current care and support contracts in relation to a number of other schemes. Developments since the previous annual report are set out within this report.
- 6 The development of extra care remains a national Government priority for social care and housing services. The Care Bill maintains the current policy direction that is likely to continue for the foreseeable future.

- 7 It was agreed that progress on the Strategy would be reported to the Cabinet on an annual basis and on the 5 March 2014, the Cabinet noted the progress on the development of the Leicestershire Extra Care Housing Strategy 2010-2015.

Background

- 8 There are currently seven extra care housing schemes in Leicestershire, five of which have placements that are funded or commissioned by Leicestershire County Council (LCC). They are:
- Gretton Court, Melton Mowbray (Melton Borough) – LCC customers;
 - Clover Court, Market Harborough (Harborough District) – LCC customers;
 - St Mary's House, Lutterworth (Harborough District) – LCC customers;
 - Birch Court, Blaby (Blaby District) – LCC customers;
 - Connaught House, Loughborough (Charnwood Borough) – LCC customers;
 - Welland Place, Market Harborough (Harborough District) – no LCC customers;
 - Hornsey Rise Memorial Home, Wellsborough (Hinckley and Bosworth Borough) – no LCC customers.
- 9 Developing extra care housing offers an opportunity for older people to lead more independent lives and prevent unnecessary admissions to residential care. Extra care housing supports the personalisation agenda, enabling individuals to have more choice and control over their environment and the services they receive.
- 10 The Leicestershire Joint Strategic Needs Assessment (JSNA) 2012 Refresh predicts that by 2025 the number of people aged over 75 years is expected to increase significantly and the number of older people in Leicestershire aged 85+ is set to double between 2008 and 2026. The JSNA reports that the use of residential care in Leicestershire is decreasing and more people are being supported to live in the community. In order to ensure this trend continues into the future, substantial investment in services such as extra care housing is needed.
- 11 The Leicestershire Extra Care Housing Strategy was agreed by the Cabinet in December 2009 and covers the period 2010–2015. An update to the Cabinet in February 2011 noted difficulties in accessing capital contributions to support the development of additional extra care provision and impact of this on the deliverability of the target for 500 additional extra care places by 2015.

Existing schemes

- 12 A strategic review of the extra care schemes where care and support is commissioned by the County Council was undertaken during 2012. Following on from this review, a combined care and support service has been re-commissioned in three schemes, with new contracts beginning on 7 April 2014. These new contracts will deliver a 24 hour on site care and support service to residents; enabling people to remain independent in their own homes for as long as possible in a supportive environment.
- 13 Existing care and support contracts have been extended in two further extra care schemes while work is undertaken with existing providers and other key stakeholders to shape these services going forward.

New developments

Blaby

- 14 On 16 January 2013, Cabinet agreed to support a bid by East Midlands Housing Group for funding from the HCA (Care and Support Specialised Housing Fund) for a new extra care development in Blaby District (Winchester Road). This support included the allocation of up to £1.2m as a capital contribution. The Cabinet also agreed that £0.1m of New Homes Bonus (NHB) be allocated to this scheme. The bid was also supported by a capital contribution of £0.1m from Blaby District Council. On 20 November 2013, the Cabinet agreed that this scheme be further supported by a £290,000 investment from the County Council's NHB funding for 2013/14 for the provision of 13 affordable bungalows.
- 15 The funding bid was successful and the scheme is now moving forward to development. The scheme will provide a 50 unit extra care facility, comprising one and two bed self-contained apartments and 13 bungalows at Winchester Road, Blaby. The extra care facility has a full range of communal facilities which can be accessed by residents of both the apartments and the surrounding bungalows.
- 16 The site has access to public transport and is reasonably close to Blaby town centre with accompanying community facilities, ie supermarkets, local shops, and dentist and GP surgeries. The scheme is scheduled for completion in March 2015.
- 17 A formal agreement between the County Council and East Midlands Housing Group, setting out terms to support the County Council's capital contribution is currently being worked up. This will include arrangements to place service users in the development and securing long term usage of the building as an extra care facility to meet the needs of older people as well as practical arrangements for a risk based, phased transfer of funding.

Harborough

- 19 On 12 June 2013, the Cabinet agreed the allocation of £100,000 NHB funding to support the development of an extra care scheme at Brooklands Gardens, Market Harborough. The scheme will provide 53 extra care apartments through the remodelling of an existing sheltered housing scheme and will be completed in the autumn of 2015.

Melton

- 20 On 15 June 2010, the Cabinet gave approval to the standalone procurement of extra care and specialist dementia care at the Catherine Dalley Elderly Persons' Home (EPH) and the former Silverdale Hostel site in order to establish a flagship model of care in Melton.
- 21 Since this time, the County Council has identified a potential site suitable for a 60 unit Extra Care development on the former King Edward VII school site, Burton Road, Melton Mowbray which is now surplus and available for disposal. An outline planning application has been submitted for the former school site for residential development, which includes the proposed Extra Care facility, and this is due to be determined in

March 2014. If outline planning consent is granted the County Council will proceed to market the whole site to include a condition for the proposed Extra Care provision. The successful purchaser will be responsible for the design, development and operation of the future facility. It is anticipated that some of the units would be available as affordable housing.

Other activities

- 22 Following the series of stakeholder events reported in the last update, a number of actions have been taken forward during the year:
- a) Officers have continued to work with District Councils and other key stakeholders to promote and explore opportunities for extra care development.
 - b) Links with NHS partners have been strengthened and the potential to integrate health services into the new developments at Winchester Road and Brooklands Gardens is being explored.
 - c) A small Working Group has been established to develop a shared vision and identify for extra care services in Leicestershire and put in place a marketing plan; promoting extra care as an attractive housing and support option for older people.
 - d) A new service delivery model has been co-produced with housing and care providers and existing extra care residents. The model brings together the provision of care and support into a single, seamless service; focussed on meeting need in creative and flexible ways. This model was used to re-commission services, as outlined in paragraph 12.

Resources Implications

- 23 Development of new extra care housing will potentially require the County Council to invest in the following areas:
- a) A capital or asset contribution towards new build or refurbishment costs. This element has increasing significance since external grant funding has become more difficult to access in the current financial climate.
 - b) Through the provision of care packages for new residents (allocation of funding for care packages would be made in line with County Council rules on eligibility criteria).
 - c) Through the commissioning of housing related support services.
- 24 The Cabinet has previously agreed that the capital receipt from the transfer of the Council's nine EPHs would be available for investment in new extra care schemes, subject to an appropriate business case.
- 25 Extra care housing gives the opportunity for service users to access sources of funding that are not available to them in residential care, and thus provides the potential for longer term efficiency savings for the Council. Savings of £250,000 are included in the current Medium Term Financial Strategy from 2015/16 onwards.

- 26 The Cabinet (January 2013) agreed that in 2013/2014 and 2014/2015 an allocation of £490,000 per annum of the County Council's NHB be made to provide homes for older people and affordable homes in rural communities, subject to appropriate funding contributions from District Councils, with the intention being to focus on Extra Care schemes.
- 27 The Director of Corporate Resources and County Solicitor have been consulted on the contents of this report.

Recommendation

- 28 The Adults and Communities Overview and Scrutiny Committee is recommended to note the progress on the development of the Leicestershire Extra Care Housing Strategy 2010-2015

Background Papers

- Report to the Cabinet – 15 December 2009: Leicestershire Extra Care Housing Strategy for Older People, 2010-2015 - <http://politics.leics.gov.uk/documents/s42233/F%20-%20Extra%20Care%20Housing%20in%20Leicestershire.pdf>
- Report to Cabinet – 8 February 2011: Progress on Taking Forward the Development of Extra Care Housing in Leicestershire – [http://politics.leics.gov.uk/Published/C00000135/M00003389/AI00027377/\\$Fprogresswithextracarehousing.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003389/AI00027377/$Fprogresswithextracarehousing.doc.pdf)
- Report to Cabinet – 6 March 2012: Progress on Taking Forward the Development of Extra Care Housing in Leicestershire - [http://politics.leics.gov.uk/Published/C00000135/M00003389/AI00030549/\\$Fextracarehousingstrategyprogressreport.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003389/AI00030549/$Fextracarehousingstrategyprogressreport.doc.pdf)
- Report to Cabinet – 16 January 2013: Progress on Taking Forward the Development of Extra Care Housing in Leicestershire – [http://politics.leics.gov.uk/Published/C00000135/M00003628/AI00033438/\\$Eprogressextracarehousingstrategy.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003628/AI00033438/$Eprogressextracarehousingstrategy.doc.pdf)
- Report to Cabinet – 5 March 2014 – Progress on Taking Forward the Development of the Extra Care Housing Strategy in Leicestershire [http://politics.leics.gov.uk/Published/C00000135/M00003988/AI00037203/\\$7progressontakingforwardextracarehousing.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003988/AI00037203/$7progressontakingforwardextracarehousing.docA.ps.pdf)

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Relevant Impact Assessments

Equal Opportunities Implications

- 28 Provision of extra care housing services is aimed at enabling vulnerable people to maintain their independence. The Strategy will ensure that a range of services are developed that meet the diverse needs of all communities in Leicestershire.

Environmental Implications

- 29 The drive to improve energy efficiency in buildings and to reduce carbon emissions from energy use is likely to result in tougher standards for new and renovated buildings in the near future. Any future specification in relation to new buildings and renovation of buildings will include requirements for high energy efficiency standards.



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

25 MARCH 2014

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

QUARTER 3 2013/14 PERFORMANCE DASHBOARD REPORT

Purpose of Report

1. The purpose of this report is to present the Adults and Communities Overview and Scrutiny Committee with an update of Adults and Communities Department performance at the end of quarter three of 2013/14.

Policy Framework and Previous Decisions

2. In response to the national Local Area Agreement (LAA) programme, performance was previously monitored by the Budget and Performance Monitoring Scrutiny Panel. However, the demise of the LAA and central targets in recent years meant that performance reporting at scrutiny level was included in the review of Scrutiny and Overview Committees conducted earlier in the year.
3. New arrangements including the abolition of the Budget and Performance Monitoring Scrutiny Panel were approved by the Constitution Committee on 12 June 2013. The Adults and Communities Department's performance will now be reported on a quarterly basis to the Adults and Communities Overview and Scrutiny Committee.

Background

4. The report (attached as Appendix 1) is based on the key performance measures of the Adults and Communities Department for 2013/14. These are reviewed annually against the Annual Business Plan to reflect the key priorities of the Department and Council.
5. The Adult Social Care indicators are a mixture of national and local measures. At a national level, performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). Whilst this framework includes more indicators than included in this report, not all align themselves with quarterly reporting, for example those sourced from annual surveys.
6. Communities and Wellbeing no longer have such a formal structure for performance monitoring at a national level. The measures included in this report have been determined as local priorities.

Performance Update

Older People Live Independently for Longer

7. Shifting investment from traditional services to those that promote independence is a key priority of adult social care. At the forefront of this are the in-house Home Care Assessment and Reablement Team (HART). The upward trend in the number of people receiving HART support during the past two year has continued into quarter three; activity during the last nine months being 14% higher than the comparable period last year. In addition, of those completing the 6-8 week support over half have no ongoing eligible needs. This indicates that reablement is proving to be effective.

The Most Vulnerable in Communities are Protected, Supported and Valued

8. Personal budgets give people more choice and control of the ways in which they are supported, and who provides that support. At the end of quarter three, 53% of service users living in the community received support via a personal budget. Whilst this is an improvement on 39% in 2012/13, the 70% target will not be met in 2013/14. As noted in the previous report, this is due, in part, to the way in which data is currently reported to national government, an approach that will improve from April 2014. Monitoring the uptake of personal budgets locally, 91% use personal budgets for home care, community life choices or mobile meals, a small increase since quarter two.
9. The national measure of permanent admissions to residential or nursing care is presented as a *rate per 100,000 of the local population*. In 2012/13 the number of Leicestershire admissions of people aged 18-64 was 11.0 per 100,000 population. By the end of quarter three the forecast for 2013/14 was higher at 14.2 per 100,000 population. This is based on an estimated 57 admissions during the year compared to 45 in 2012/13.
10. The forecast of permanent admissions of people aged 65 or over is 784.9 per 100,000 population; an increase in real terms of 27 admissions or 2.9%. Due to this, additional analysis and close monitoring are being undertaken both at a local and a county-wide level. It should be noted that not all admissions during the year are of people newly admitted; the figures include people who are already in residential or nursing homes but whose costs have not previously included county council funding. Independently arranged placements where private funding has reduced and county council funding commenced are counted as new supported admissions.
11. Two key measures in the ASCOF relate to delayed transfers of care from hospital. These are calculated by taking an average of the number of delays on a monthly snapshot (the last Thursday of each month) and presenting the figure as a rate per 100,000 of the local population. The first part of the measure relates to all delays, i.e. those attributable to both the NHS and adult social care. Whilst there has been an increase in the number of delays during quarter three, the year-to-date position remains slightly better than last year.

12. The second part of monitoring delayed transfers of care relates to only those delays which involve adult social care. As such numbers are a lot lower than the first part of the measure. However, the general trend is similar with an increase during quarter three leading to a performance (2.2 per 100,000 population) slightly higher than preferred.
13. The Effective Support project is a key part of the Adults and Communities Efficiencies and Service Reduction Programme. Its key objectives are to arrange the completion of overdue reviews for adults receiving adult social care services and achieve savings in the cost of care commissioned by the Department. In terms of reviewing service users who have been in receipt of services for 12 months or more, small improvements have been made month-on-month and performance at the end of quarter three is 54%.
14. The number of safeguarding adults' referrals is estimated to reach 1,820 by the end of 2013/14, which is a 36% increase on the previous year. Despite this increase, the outcome of investigations remains similar to previous years with 55% being substantiated or partly-substantiated. Furthermore, progress has been made in the proportion of referrals completed within 28 days, although, at 33% there will continue to be a focus on improvement.

Communities are Resilient and 'Take Charge'

15. The previously noted strong response to Richard III activity has continued through quarter three. Total visitors to heritage sites during the period April-December 2013 are 2% up on the comparable period last year. This includes visitors to the Battle of Bosworth site which remain 55% higher than last year.
16. Reductions in bookfund and opening hours continue to affect overall library performance. Furthermore, Harborough Library has been operating from smaller temporary premises due to the Harborough District Council development. The re-opening is scheduled for April 2014.
17. Communities and Wellbeing contribution to income generation is holding steady. Although income performance is slightly down, this is being managed through reductions in expenditure elsewhere in the budget.
18. The Leicestershire Adult Learning Service (LALS) success rate is the proportion of learning aims due to be completed in a period successfully achieved; current performance is 71%. LALS data is based around the academic year and not the financial year. As such, current performance relates to early in the reporting year and not quarter three.

Conclusion

19. This report provides an update on Adults and Communities performance at the end of the quarter three of 2013/14. Details will continue to be monitored on a monthly basis with particular focus on such areas as permanent admissions to care, personalisation, and from quarter three, delayed transfers of care. In addition, the monthly reporting will continue to highlight areas of improvement and good performance including visits to heritage sites and the in-house home care reablement service.

Recommendation

20. The Adults and Communities Overview and Scrutiny Committee is asked to note the update of Adults and Communities performance at the end of quarter three of 2013/14.

Background papers

None

Circulation under Local Issues Alert Procedure

None

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Appendix

- Appendix 1 - Adults and Communities Department performance dashboard for Q3 2013/14



Equal Opportunities Implications

21. The Adults and Communities Department supports vulnerable people from all the diverse communities in Leicestershire. However, there are no specific equal opportunities implications to note as part of this performance report.

Adults and Communities Performance FY2013/14 Q3

Leicestershire Together Outcome	Supporting Indicators	Latest Data		Current Direction of Travel	Status RAG	ASCOF National Benchmark (Quartile)
Communities are Resilient and 'Take Charge'	Heriage visitors	185,827	Q3 013/14	↑	G	N/A
	Library Issues	2,168,859	Q3 013/14	↓	A	N/A
	C&W contribution	£3,070k	13/14 F'cast	→	A	N/A
	Adult learning success rate	71.0%	Q3 013/14	↑	A	N/A
Older People Live Independently for Longer	Number of home care reablment cases started	2,998	Q3 013/14	↑	G	N/A
	Percentage of completed reablment cases with no further needs	51.0%	Q3 013/14	↑	G	N/A
The most vulnerable in communities are protected, supported and valued	Percentage of service users and carers receiving services as self-directed support (ASCOF 1C part 1)	53.0%	Q3 013/14	↓	R	3rd
	Percentage of service users and carers receiving services via cash payments (ASCOF 1C part 2)	15.8%	Q3 013/14	↓	A	3rd
	Percentage of service users in receipt of home care, community life choices or mobile meals via self-directed support (Local measure)	91.0%	Q3 013/14	↑	A	N/A
	Permanent admissions to care of people aged 18-64 per 100,000 population (ASCOF 2A part 1)	14.2	13/14 F'cast	↓	A	2nd
	Permanent admissions to care of people aged 65+ per 100,000 population (ASCOF 2A part 2)	784.9	13/14 F'cast	↑	A	3rd
	Delayed transfers of Care per 100,000 population - All (ASCOF 2C part 1)	10.6	Q3 013/14	↓	G	3rd
	Delayed transfers of care - social care involement only (ASCOF 2C part 2)	2.2	Q3 013/14	↓	A	2nd

Adults and Communities Performance FY2013/14 Q3

Leicestershire Together Outcome	Supporting Indicators	Latest Data		Current Direction of Travel	Status RAG	ASCOF National Benchmark (Quartile)
	Reviews of people in receipt of services for 12months or more (Local measure)	54.0%	Q3 013/14		A	N/A
	Safeguarding referrals	1,820	13/14 F'cast	N/A	N/A	N/A
	Referral conclusions	55.0%	Q3 013/14	N/A	N/A	N/A
	Percentage of referrals completed within 28 days	33.0%	Q3 013/14		G	N/A