



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

Date/Time: **Monday, 17 November 2014 at 2.00 pm**

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

Contact: **Mr. S. Marra (Tel. 0116 3053407)**

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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

**Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at <http://www.leics.gov.uk/webcast>
– 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 17 September 2014.	(Pages 5 - 8)
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 Petition: Oadby Library Opening Hours.

A petition signed by 70 residents is to be presented by Mrs Jean Holmes, as Lead Petitioner for the Oadby Knitters and Stitchers Group, in the following terms:-

“With effect from April 2015 the Oadby Library will not open on Sundays. The Oadby Knitters & Stitchers Group have been meeting at the Library on Sunday afternoons for almost five years and it will be a great loss, not only to the Group and its charities, but to everyone who uses the facilities at the Library on Sundays. We the undersigned would ask the County Council to consider reducing the opening hours at Oadby Library on other days to allow the Library to remain open on a Sunday and still meet the required 20% reduction in opening hours. We would hope that there is a way to avoid closing Oadby Library on Sundays as it is an important part of the local community.”

8. Future Strategy for the Delivery of Library Services. Director of Adults and Communities

A copy of the report to be submitted to the Cabinet at its meeting on 19 November 2014 will be available and circulated to members of this Committee on 10 November 2014. The report of the Scrutiny Review Panel which looked at the infrastructure support package to be offered to local communities is attached as Appendix A to the Cabinet Report.

The Committee will be invited to comment on the future Strategy for the delivery of Library Services. The views of the Committee will be reported to the Cabinet.

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| 9. | Adults and Communities Local Account 2013/14. | Director of Adults and Communities | (Pages 9 - 34) |
| 10. | Audit and Monitoring Process for Direct Cash Payments for Personal Budgets. | Director of Adults and Communities | (Pages 35 - 40) |
| 11. | Quarter 2 2014/15 Performance Dashboard Report. | Chief Executive and Director of Adults and Communities | (Pages 41 - 50) |

12. Date of next meeting.

The next meeting of the Committee is scheduled to take place on Tuesday, 20 January 2015 at 2.00pm.

13. 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 Thursday, 9 October 2014.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. M. H. Charlesworth CC

Ms. Betty Newton CC

Mr. S. J. Hampson CC

Mr. R. Sharp CC

Mr. D. Jennings CC

Mr. R. J. Shepherd CC

Mr. J. Kaufman CC

Mr. E. D. Snartt CC

34. Minutes.

The minutes of the meeting held on 17 September 2014 were taken as read, confirmed and signed.

With regard to paragraph six of minute 30, Mr Kaufman advised that the intention had been to question the integrity and professionalism of the political leadership rather than that of officers.

35. 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.

All members present at the meeting declared a personal interest in the item titled 'Strategic Review of Preventative Services – Support for Homeless People – Call-in of the Cabinet Decision' (minute 37 refers) as members of the district councils.

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

There were no declarations of the party whip.

37. Strategic Review of Preventative Services - Support for Homeless People - Call-in of the Cabinet Decision.

The Committee considered a report of the Director of Adults and Communities which drew attention to the receipt of a Call-in to part of the decision of the Cabinet on the Strategic Review of Preventative Services, specifically in relation to support for homeless persons. A copy of the report and supplementary report marked 'Agenda Item 4' is filed with these minutes.

The Chairman welcomed the Cabinet Lead Member for Adult Social Care, Mr D W Houseman MBE CC, to the meeting for this item.

The Director and Cabinet Lead Member advised the Committee as follows:-

- The consultation process for preventative services had been extensive. Key stakeholders and providers had been engaged with, concerns had been acknowledged and, as a result, proposals had been revised. The Cabinet had considered carefully all the evidence put before it in taking a decision on preventative services;
- The County Council was seeking to establish a new offer which would ensure a more targeted approach aimed at prevention in the context of reduced resources. Within this offer, homelessness support would include accommodation based support and floating outreach services, the latter aimed at preventing people from becoming homeless and needing more intensive support;
- Following engagement with other authorities, stakeholders and providers, and as a result of representations received, the County Council had increased the proposed level of investment for homelessness services from £300,000 to £500,000. This would allow commissioning of a generic floating outreach service for those at risk of homelessness but also provide funding for the commissioning of 25 to 30 units of accommodation. The split of funding between accommodation based support and floating outreach services would be subject to further engagement and the apportionment between these two elements was negotiable;
- It was expected that the focus of the new model for homelessness services on preventing homelessness would mean that the need for accommodation based support would be reduced. The duty to provide housing rested with the district councils and the County Council only provided accommodation on a short-term basis through hostels. The new proposals were due to be implemented from September 2015 and this would give the Council sufficient time to engage with stakeholders and providers to help ensure that the offer put forward for homelessness best met the needs of service users with the resources available;
- It was acknowledged that in difficult financial times the County Council had to make best use of the resources available to ensure the best outcomes for the people of Leicestershire, which had led to difficult decisions across all services.

Arising from discussion the following concerns were raised and responded to as follows:-

- (i) Members sought assurances that the reduction in funding for homelessness support would not increase pressure and costs on the NHS and other health services. The Committee was advised that officers were not aware of any such direct causal link. It was difficult to assess the impact on NHS services that might be caused by a reduction in the level of funding provided by the County Council for homelessness services as this was relatively small and there was a number of statutory agencies involved in the provision of services for homeless people. However, the County Council was engaging with the NHS and other partners to identify any potential implications for health services. The new service model for homelessness services would focus more on preventing people becoming homeless in the first place, hence it should reduce the need for more resource intensive services;
- (ii) Concern was expressed that there was a risk that existing homelessness accommodation would be lost and whether the market would be able to respond and support the County Council's new commissioning proposals for homelessness services. It was explained that the vast majority of people did not use homelessness

accommodation services for more than three months. Individual circumstances would be taken into account in coming to a view on a person's proposed length of stay but it was generally considered better for a person not to spend any extensive period in a hostel. The County Council was not in a position to meet the housing needs of all people but would help the most vulnerable. Extra funding had now been allocated to homelessness services and further engagement would be undertaken with stakeholders and providers to help ensure the right split between accommodation based support and floating outreach services;

- (iii) It was explained that a large proportion of funding for housing support for homelessness came from other sources, such as housing benefits and district councils. District councils, who had a statutory responsibility to provide housing, could refer people to homelessness hostels, such as Kennedy House, but it was understood that they did not commission services there. Kennedy House being located close to the border with Leicester City had also meant that a number of beds were occupied by city residents who directly accessed the service. Focus on prevention would ensure the shortest possible stay at a hostel before the homeless person was found permanent housing;
- (iv) It was clarified that of the 56 available beds at Kennedy House, half were commissioned by the County Council. However, due to the lack of an alternative provider in the south of the County, the County Council continued to fund all the beds at the Hostel. The County Council's current contract with Shaw Healthcare regarding Kennedy House had not been sufficiently robust and any new contract for homelessness accommodation would be clearer in terms of the level of service commissioned and outcomes expected. The contract with Shaw Healthcare was due to expire in September 2015 and subject to the proposals now under discussion being agreed there would be an open procurement process for homelessness services which would allow any potential provider to tender for the new contract for homeless accommodation. Any procurement process would need to be undertaken in accordance with the County Council contract procedure rules and potential providers would be assessed against the requirements of the tender specification. As such, it would not be appropriate to give any on-going commitments to keeping open an existing facility;
- (v) With regard to the proposed commissioning of 25 to 30 units the Committee was advised that the basis of this was that the previous accommodation based only offer was for 25 places in the north of the County and 25 places in the south. The new offer now included a significant investment in floating support, which given its preventative focus, would mean a significant reduction in the need for accommodation based services, which had now been estimated at 25 to 30 units. In addition, the new offer also envisaged closer working with the district councils and for referrals to be made via district councils. This would ensure that referrals made were to the appropriate service providers and this triage process would further reduce the need for accommodation based services.

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

"That the Cabinet decision on the strategic review of preventative services, specifically support for homeless people be referred back to the Cabinet for further consideration on the basis that the Committee is of the view that the Cabinet was not provided with evidence of need and not made fully aware of the impact of the new model on existing service provision."

An amendment was moved by the Chairman and seconded by Mr Jennings:

“That in light of the information in the report and the responses to the questions, demonstrates that the Cabinet did consider the points raised in the Call-in and took the difficult decision fully aware of the implications, accordingly this Committee notes the report and agrees that no further action be taken.”

The amendment was carried, five members voting for the amendment and four against.

The substantive motion was put, five members voting for the motion and four against.
The substantive motion was carried

The following members requested that it to be recorded that they voted against the substantive motion:

Mr Charlesworth CC
Mr Kaufman CC
Ms Newton CC
Mr Sharp CC

RESOLVED:

That in light of the information in the report and the responses to the questions, demonstrates that the Cabinet did consider the points raised in the Call-in and took the difficult decision fully aware of the implications, accordingly this Committee notes the report and agrees that no further action be taken.

38. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Monday, 17 November at 2.00pm.

11.00 am - 12.25 pm
09 October 2014

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE:
17 NOVEMBER 2014

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

ADULTS AND COMMUNITIES LOCAL ACCOUNT 2013/14

Purpose of Report

1. To provide members of the Adults and Communities Overview and Scrutiny Committee with a progress report on the fourth Adults and Communities Local Account, and to invite the Committee to make comments on the content and format of the Local Account. A copy of the Draft Local Account 2013/14 is attached as Appendix A.

Policy Framework and Previous Decisions

2. Annual Performance Assessments of adult social care services conducted by the Care Quality Commission (CQC) ended in 2010. Local Accounts were proposed nationally through the 'Transparency in Outcomes' consultation in the autumn of 2010.
3. With the abolition of the Annual Performance Assessment and the development of outcomes frameworks for adult social care and separately for the NHS and public health, it was proposed in 'Transparency in Outcomes: a Framework for Adult Social Care' that local authorities be required to produce a Local Account. The first Local Account (2010/11) was presented to this Committee in February 2012; subsequent Local Accounts (for 2011/12 and 2012/13) were also presented to this Committee.

Background

4. Local Accounts enable councils to report back to citizens and consumers on performance in Adults and Communities and engage with them about it. They are also seen as a key component of sector led improvement.
5. The national 'Towards Excellence Adult Social Care Programme Board' oversees development of sector led improvement, including Local Accounts. The Board, which includes representation from the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission, the Local Government Association, and the Department of Health, commissioned an independent national review of Local Accounts in 2011. The overall view of the subsequent report was that those councils which produced a Local Account 'delivered credibly' against the challenge of budget reductions and various other pressures. This resulted in 'some highly accessible and informative documents'. The report concluded its key issues in terms of *process* (eg purpose, audience, and style), in terms of *content* (eg benchmarking, case studies) and in terms of *substance* (eg public engagement, self-assessment and external/peer

challenge).

Key points of the Leicestershire Local Account 2013/14

6. The Leicestershire Local Account goes wider than the adult social care focus and includes all aspects of the work of the Adults and Communities Department – it therefore covers Adult Social Care and Communities and Wellbeing. The Account focuses on 2013/14, is structured around the four key domains of the Adult Social Care Outcomes Framework (ASCOF), and is aligned to the Department's business plan for the year in question. It describes activities undertaken by the Department in relation to:
 - Enhancing quality of life for people with care and support needs
 - Delaying and reducing the need for care and support.
 - Ensuring people have a positive experience of care and support
 - Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.
7. The report also includes the Department's own assessment of its performance in delivering against each of the ASCOF domains.
8. Assessment of performance against ASCOF has been based upon the ADASS Sector Led Improvement in the East Midlands Self-Evaluation, an improvement driven process which is based on completion of a self-assessment followed by peer review. A second self-assessment was submitted in May 2014 through consultation with service managers, project leads and members of staff. The Department rated itself (on a scale of 1 to 4) against each domain, providing evidence to support the rating given. The self assessment was reviewed and signed off by the Strategic Leadership Team and the Director of Adults and Communities. Information and assessment of performance in the Local Account is therefore consistent with national reporting against the ASCOF and regional sector-led improvement.
9. Accessibility of the Leicestershire Local Account is central to maximising the opportunity for local people to give feedback on how well they think the Department is performing. The public will be encouraged to access the Local Account on-line where they will be able to give comments and feedback. The on-line version will be accessed through the Council's website. Comments and feedback will be used to guide future business planning.
10. The draft Local Account 2013/14 will be shared with Healthwatch for further input and development. In an endeavor to make the Local Account more accessible and meaningful to its audience, the name has been reviewed to better reflect its aim, although retaining its identity as Leicestershire's Local Account. For a second year running, therefore, the local account is to be known as *Adults and Communities Department Local Account, Our Performance, 1 April 2013 – 31 March 2014*.
11. The feedback process has been reviewed and has been simplified as a result of the alignment to the ASCOF. The additional option to give feedback regarding the content, structure and general accessibility of the report has been introduced to obtain customer insight which can be used to further develop the process in forthcoming years, particularly in light of Care Act 2014 requirements further

highlighting the importance of customer feedback.

12. For people who do not wish to read the Local Account on-line, a PDF version (a draft is attached as Appendix A) will be available on the Leicestershire County Council website to print. In addition, an Easy Read Version and a summary version will be produced in PDF format.

Conclusion

- 13 The Local Account is a key engagement and accountability mechanism for the Department. Feedback received on this latest Local Account will be used to inform self-development and improvement activity in Leicestershire. It will also assist in shaping the format of future Local Accounts in order to encourage engagement from the public. Healthwatch involvement now, and in the future will add significant value to this process.

Background papers

ASCOF 2013-14

<https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>

Circulation Under the Local Alert Issues Procedure

None.

Officers to Contact

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List of Appendices

Appendix A – Adults and Communities Department Local Account, Our Performance, 1 April 2013 – 31 March 2014.

Relevant Impact Assessment

Equality and Human Rights Implications

14. The Local Account will be available on the Council's website which has been developed to serve the largest possible audience, using the broadest range of systems and to consider any needs that users with disabilities might have. This will be promoted with the support of Healthwatch via their networks to promote interest and feedback to those that may not be regular users of the Leicestershire County Council website.

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Adults and Communities Department Local Account

Our Performance

1 April 2013 – 31 March 2014

Introduction

We are pleased to introduce *Our Performance*. This is our Local Account 2013-14 and it sets out our achievements over the last year, our services and on-going priorities and challenges for the year ahead. Through this document we want to tell the citizens of Leicestershire how well the Adults and Communities department met the needs of local people during 2012-13 and to encourage customer interest and feedback.

The Adults and Communities department provides support, activities, cultural and learning opportunities across the whole community. There has been an increasing focus on supporting the health and wellbeing of Leicestershire's population. Our services are working hard to support people with high level social care needs, as well as focussing on preventative support, by helping them to maintain and regain their independence. This may be through services that are provided after an assessment, short-term support to help someone after an illness, or cultural or learning services available to all.



The department faces some challenging times and it is therefore useful for us to reflect on these which include:

- In February 2014 the Council announced its Medium Term Financial Strategy (MTFS) for 2014/15 to 2017/18 which set savings targets for the Council of £110m, £21m of which is to come from the Adults and Communities department. Although the Better Care Fund is contributing significantly towards meeting this target (£10m), it is nevertheless a considerable financial challenge to meet. In September 2014 the Cabinet provided an update of the MTFS, announcing that additional savings and austerity budgets were likely to be needed until at least 2018/19. This is likely to mean further savings for the Adults and Communities department over the next few years.
- The Care Act 2014 consolidates over sixty years of social care legislation and reforms the way that care is funded. The Act means many challenges for the department and changes to the way that it works but it is also an opportunity to rethink the way that we work and how we support vulnerable people.
- The department is a key contributor of the Better Care Together programme. This means working together with health and social care services across Leicester, Leicestershire and Rutland (LLR) to provide integrated, high-quality services, delivered in local community settings where appropriate whilst also improving emergency and acute care.
- The Council is reviewing how it can bring public services together, placing the customer and service user at the heart of service design. This approach will be delivered by a cross-party Transformation Board tasked with developing innovative solutions which deliver the Council's key priorities and the department has a role to play in this process of change.

Against this backdrop of change, we can report on improvements in the provision of support and care offered by the department. We know, for example, that the number of people who receive social care from the department and feel that they have control over their everyday life has increased for the third year in a row. The quality of life for people in receipt of social care has also continued to improve.

However, and in contrast, the percentage of people who are satisfied with their care and support has decreased since 2012/13 and this is a concern. Likewise, the proportion of service users who find it easy to find the information that they need has decreased. It is therefore clear that we need to understand better why people are not happy with the support that they receive and why it is difficult to get the right information.

Because our Carers Survey is only carried out every two years, we have no up-to-date information about carers quality of life or the number of carers satisfied with our services. However, during 2013-14, a major review has taken place of the department's carer support services with the aim of improving our offer to carers in accordance with the Care Act and we hope to be able to start seeing the impact of these changes in future Carers Surveys.

We are working towards a partnership approach to *Our Performance* by asking citizens and people who have used social care services for their views on how we think we have done, as well as your feedback on the content and presentation of this report. We will work with Healthwatch to promote customer interest and feedback on the report. We hope that you find this years' *Our Performance* informative and we value your feedback.



Mick Connell
Director
Adults and Communities



Dave Houseman MBE CC
Cabinet Lead Member
Adult Social Care

Our Performance - The Local Account 2013-14

Leicestershire and the Adults and Communities Department

The Adults and Communities department provides services for all adults (people aged 18 years and above) in Leicestershire (excluding Leicester City). The 2011 Census recorded that the total population living in the County was 650,500 and it has been estimated that this has risen by 2.2% to 665,100 people in 2014. Of these, it has been estimated that 530,400 people were aged 18 or over, and 130,400 people were aged 65 and over (19.6% of the total population of the county)¹.

The department offers a range of services and support. This ranges from social care services which support vulnerable people through to high quality cultural and learning activities and opportunities. The department is therefore arranged into two distinct but connected parts: 'Adult Social Care' and 'Communities and Wellbeing'.

Adult Social Care services provide advice and information, assessment and support for who need social care. This includes guidance for people who are able to fund their own care through the provision of information and advice through to direct services for people who are eligible for ongoing support. These services are either provided directly by the Department (known as 'in-house provision') or are purchased from the independent sector ('commissioned services'). A total of 15,949 people accessed social care services in the county during 2013-14. Many of our customers now purchase and arrange their own support by using a personal budget. This has enabled people to take control and choose the right kinds of support for them.

Communities and Wellbeing services include learning and volunteering activities, the provision of local libraries, cultural and arts services; many of these sit at the heart of our local communities. The relationship between Communities and Wellbeing and Adult Social Care is a key strength of the department and is a factor that allows us to improve our offer to the people of Leicestershire through the provision of personalised support.

During 2013/14 the Department spent £137.5 million on Adult Social Care and Communities and Wellbeing services. This money was spent in the following ways:

	£m
Residential and Nursing Care	52.6
Supported Living	14.1
Community Support (Direct Payments; Homecare; Meals and Day Services)	45.5
Reablement	4.1
Housing Related Support and Voluntary Sector Grants	7.4
Assistive Technology, Equipment, Aids and Adaptations	3.1
Social Work Teams	11.0
Support Services	7.8
Communities and Wellbeing	5.9
Health Investments (balance not allocated above)	-14.1

¹Data derived from Office of National Statistics (ONS), PANSI (www.pansi.org.uk), and POPPI (www.poppi.org.uk)

How we have produced *Our Performance 2013-14*

This report has been structured around the Adult Social Care Outcomes Framework (ASCOF). The ASCOF is a national framework written by the Department of Health. It is the main tool for measuring the progress of the Adult Social Care system in England and helps us to understand the experiences of people who use care and support.

We have decided to structure this report around the four main areas (known as 'domains') covered in the ASCOF. These are:

1. Enhancing quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring people have a positive experience of care and support
4. Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.

Adults and Communities Business Plan, 2013-2014

The Adults and Communities Department produces an annual business plan. The Business Plan, 2013-14 contains six strategic aims, which are as follows:

- Ensure that you have the right information available at the right time in the right ways you can make informed choices about your future
- Make it as easy as possible for you to access our support and the services we supply
- Continue our journey of transformation towards personalised support where people are in control of the support they receive
- Use our resources wisely to ensure we can maintain quality effective services within available resources
- Shift more of our investment from traditional services to services that promote independence and support communities to find solutions for themselves
- Work closer with our partners, customers and communities to plan and deliver our services.

Under these key strategic aims we have a number of Departmental priorities:

- Developing our information and advice customer offers
- Working closer with our communities
- Continue to enable the provision of modern accessible Cultural and Adult Learning services
- Increasing choice for our customers
- Improving our customer experiences and maintaining quality services
- Making the best use of our available resources to meet the needs of a growing population
- Working in communities and out partners to promote community solutions
- Working together to deliver our joint plans
- Ensure we have a competent and trained workforce both in the services we provide and those we commission.

How are we performing?

1. Enhancing quality of life for people with care and support needs

When we talk about 'quality of life' for people with social care and support needs, we consider how people feel about:

- Control over their everyday lives
- Personal cleanliness and comfort
- Food and drink
- Personal safety
- Being able to socialise
- Having things to do – this might be having a paid job, volunteering, caring or doing hobbies
- Cleanliness and comfort of the person's home
- Dignity – the way that the person feels about having social care and support

75%

of people in Leicestershire in receipt of social care and support felt that they had control over their daily life

One of the ways the department can find out about quality of life is by looking at responses to the Adult Social Care Survey which is carried out annually across England and involves sending questionnaires to people who use our services.

The survey found that 75% of people in Leicestershire in receipt of social care and support felt that they had control over their daily life, which represents an on-going improvement (from 74.4% in 2012/13 and 66.1% in 2011/12).

Another way the department is able to consider the quality of people's lives is to look at how many people use a Personal Budget. A Personal Budget (sometimes referred to as Direct Payments) is a way that people can receive money to pay for their care and support of their choosing. This means that they have more choice over the type of support they get and who provides it. With a Personal Budget, social care customers can choose to buy their own services, or they can ask the Council to support them to buy those services.

In 2013/14, 51.3% of social care customers, including carers, were using a Personal Budget. This represents only a slight increase from 2012/13, when 50.5% were in receipt of a Personal Budget. However, this figure is below the national average and the department needs to consider ways to improve in this area. Of those customers using a Personal Budget in 2013/14, 14.8% received it as a cash payment. This is also below the national average and a reduction on the proportion receiving a cash payment in 2012/13. It is therefore another area the department needs to look to improve.

Carers

The Care Act 2014 means that for the first time unpaid carers will be put on a par with those that they care for and will have the right to ask for an assessment of their support needs. The department is therefore looking at its



responsibilities with regard to carers and in 2013/14 a review of the department's carers support services was undertaken, including a phase of public consultation, and this has resulted in a number of new commissioning options being proposed. These new services have been developed to provide services and support that meet demand, have a focus on positive outcomes for carers and customers, give value for money, and ensure that the Council complies with the Care Act 2014.

People with Learning Disabilities

The percentage of people with learning disabilities known to the department and who are in employment rose from 1.6% to 2.5% in 2013/14, but this remains below the national average. Also below the national average was the number of people with a learning disability known to the Council in settled accommodation (settled accommodation means not residential or nursing care and a person's permanent home). The department is continuing to look at ways of improving performance in these areas through initiatives such as our Supported Living Project (where people live in their own homes with some support, with daily activities) and there are specific actions around housing for people with a learning disability in the department's Winterbourne Action Plan.

Other activities

The department has also undertaken a number of other activities during 2013-14 to enhance the quality of life of people with care and support needs. These include:

- Ongoing reviews of community opportunities in the Hinckley and Melton areas which have resulted in a large number of service users accessing alternative services (including community-based services). This work has shown many positive outcomes for individuals.
- Delivery of 'Wellbeing Hi-5' events, offering a range of health and creative activities in a variety of community and cultural venues. Over 200 events were included on the programme for 2013 and over 2,000 people engaged with the events, either as participants or audience members.
- Ongoing delivery of the Leicestershire Adult Learning Service (LALS), providing a range of learning opportunities in community and learning venues. Notable is a course specifically for individuals with learning disabilities designed to lead to a range of outcomes including community involvement, employment and volunteering, and personal development.
- Expansion of the department's 'Shared Lives' service. This service is based on individuals and families in local communities providing accommodation and/or support for people who need some help to live the lives that they choose. The service now includes a greater number of placements and there has been a notable increase in the number of adults with mental health problems accessing the service.
- Continued support of the 'ChooseMySupport' website (run in partnership with Nottinghamshire County Council and Nottingham City Council). The website currently has over 300 approved providers offering in excess of 1,500 individual services and has 719 registered users (including individuals, brokers and carers).

These achievements are consistent with, and demonstrate progress towards the strategic aims and priorities set out in the Adults and Communities Business Plan, 2013-14, including:

- Ensure that you have the right information available at the right time in the right ways you can make informed choices about your future
- Make it as easy as possible for you to access our support and the services we supply
- Continue our journey of transformation towards personalised support where people are in control of the support they receive
- Shift more of our investment from traditional services to services that promoting dependence and support communities to find solutions for themselves
- Making the best use of our available resources to meet the needs of a growing population
- Improving our customer experiences and maintaining quality services
- Working closer with our communities
- Continue to enable the provision of modern accessible Cultural and Adult Learning services
- Increasing choice for our customers

3£

51.3%

of social care customers, are using a Personal Budget



We need to improve our performance in this area



Please tell us what you think about our performance by visiting www.lecis.gov.uk/our-performanceyourfeedback2013-14



2. Delaying and reducing the need for care and support

We want to support people to be as independent and healthy, for as long as possible and practicable. We measure how well we are doing by looking at a number of different areas:

Residential Care and Re-ablement

In Leicestershire in 2013-14 there were 12 admissions to residential and nursing care per 100,000 of the 18-64 population. There were also 756.2 admissions to residential and nursing care per 100,000 of the population for adults aged over 64. This means that our performance is above the national average for people aged 18-64 years but below the national average for those aged 65 and over.

Re-ablement is support provided to someone in their own home that helps them to get back on their feet and be independent. This might be after a period of illness or a stay in hospital.

Leicestershire's re-ablement service is called the Homecare Assessment and Re-ablement Team (HART) and has had another successful year. HART work with people for up to six weeks after a period of illness or disability with a focus on supporting their independence and enabling them to continue living in their own home. Between 2012/13 and 2013/14 the number of people that HART worked with increased by 9%. The proportion of people getting services from HART who needed no

further support at the end of the service increased from 45% in 2012/13 to 51% in 2013/14.

There have also been efforts to improve joined up working with health to re-focus the use of HART for people coming out of hospital. Customer engagement with people in January 2013 resulted in many positive comments about the service. 78.6% of older people who were discharged from hospital and accessed re-ablement services were still at home 91 days after discharge. This is the same proportion of people as in 2012/13 and performance in this area remains below the national average. We are therefore looking at ways to improve this such as the department's Hospital2Home' service which provide support to individuals being discharged from hospital but who are not supported by unpaid carers (e.g. family or friends).

Other activities

The department has also undertaken a number of other activities or initiatives during 2013-14 in order to enhance the delaying and reducing the need for care and support. These include:

- The department has supported the national Public Library health offer, including the 'Books on Prescription' scheme which offers a self-help resources through libraries for people with low to moderate mental health issues.
- In 2013/14 Leicestershire's Assistive Technology Team supported 1,600 people with monitored technologies in their homes, such as community alarms linked to falls detection, environmental sensors (smoke, temperature, carbon monoxide and flood) and property sensors. In addition to this, 1,400 people were supported with stand-alone technologies ranging from memory communication aids to environmental controls.
- The Crisis Response Service (CRS) pilot began in September 2013. It involves adult social care services working to support people who are experiencing a health or social care crisis within their own home and without which they may be admitted to hospital or a care home. This is done together with NHS colleagues and takes referrals from a range of professionals,

including A&E, GPs, Community Services, Social Care teams and the Emergency Duty Team. Between September 2013 and February 2014, the CRS has helped 183 service users avoid a hospital admission and 91 service users avoid a residential admission.

- A review of prevention services commenced in 2013 and findings went out to public consultation in April 2014 (the conclusion of the review is therefore outside the scope of this report). The prevention review aimed to focus on those most likely to need health and social care support in the future. The Medium Term Financial Strategy set a savings target of £3.5 million to be made against prevention services (covering a range of housing-related support and voluntary sector contracts) and the review therefore sort to develop a new prevention offer for the Department whilst also achieving these savings. As the Better Care Fund is further developed the departmental offer will become aligned with a wider Unified Prevention Offer for Leicestershire, alongside key partners.
- The First Contact scheme is available to all adults aged 18 and over. It is a partnership of service providers who work together in a co-ordinated way to ensure vulnerable people are able to access the right support and information to help them stay independent. During 2013/14, the scheme received 2,647 completed checklists resulting in 8,160 referrals to partner organisations for low-level preventative support. This represents a 40% increase on referrals in and out of the service compared with 2012/13. There is also now an agreement with the East and West Leicestershire Clinical Commissioning Groups (CCGs) to roll out the First Contact scheme across all GP practices in the County during 2014/15.
- Timebanking is a way of swapping skills, to earn credits which you then spend on yourself. For every hour participants deposit in a Timebank, perhaps by giving practical help and support to others, they are able to withdraw equivalent support in time when they themselves are in need. In each case, the participant decides what they can offer. Timebanking is seen as important element in enabling people to be better

supported within their own communities and the initial pilot scheme has come to an end during 2013/14 and new funding is in place to support the scheme into the future as part of the department's prevention offer.

These achievements are consistent with, and demonstrate progress towards the strategic aims and priorities set out in the Adults and Communities Business Plan, 2013-14, including:

- Use our resources wisely to ensure we can maintain quality effective services within available resources.
- Shift more of our investment from traditional services to services that promote independence and support communities to find solutions for themselves.
- Work closer with our partners, customers and communities to plan and deliver our services.
- Working closer with our communities
- Making the best use of our available resources to meet the needs of a growing population
- Working in communities and out partners to promote community solutions



We are performing well in this area



Please tell us what you think about our performance by visiting www.lecיס.gov.uk/our-performanceyourfeedback2013-14



3. Ensuring people have a positive experience of care and support

A priority for the department is ensuring that people receive good care and support. We get a good understanding of how well we are doing from the responses in the Adult Social Care Survey for 2013/14.

The percentage of people in receipt of social care who were satisfied with their care and support fell to 60.1% in 2013/14 (having been 67.9% in 2012/13). This figure means that we are performing well below the national average. Likewise, the number of service users who found it easy to find information also fell, from 70.3% in 2012/13 to 68.0% in 2013/14. These are areas that the department needs to consider in more detail and establish how we can make improvements.

Customer Service Centre

The Council's Customer Service Centre (CSC) acts as a first point of contact for adult social care contacts. During 2013/14, the CSC dealt with over 100,000 in bound calls (20% of which came via a separate hospital line), 15,000 emails, 2,000 letters and 1,500 referrals from the First Contact scheme. The CSC also made over 250,000 outbound calls, mainly related to enquiries or cases that could not be concluded at the first point of contact.

Between March and May 2013, the CSC commissioned an independent satisfaction survey of 600 customers, looking at a range of satisfaction measures following contact with the CSC. The survey found that 80% of

customers were quite or very satisfied, whilst a further 10% said they were neither satisfied nor dissatisfied. A high proportion of customers also felt satisfied with the quality and clarity of information received during contact with the CSC.

Other activities

The department has undertaken a number of activities or initiatives during 2013-14 in order to ensure people have a positive experience of care and support in 2013/14, include:

- Working with the NHS, the Better Care Fund plan has been written to explain how the department will work together to improve health, care and support services. This aims to provide support closer to home and minimise the time people spend in hospital.
- The department has commissioned an Advice service, awarded to a local voluntary sector organisation to deliver advice about social care to adults with the aim of supporting people to make informed choices about support and services.
- The department regularly monitors its commissioned services and there is a well-established approach to contract monitoring of services undertaken by Compliance Officers. In addition, the department's Quality Improvement Team (QIT) continues to work with health and other partners to improve the standard of care in residential and nursing homes. In 2013/14, QIT received 29 new referrals. Of these, 56% of providers were supported to be contractually compliant within 3 months whilst a further 28% were compliant within 6 months and 15.6% compliant within 9 months.

These achievements are consistent with, and demonstrate progress towards the strategic aims and priorities set out in the Adults and Communities Business Plan, 2013-14, including:

- Ensure that you have the right information available at the right time in the right ways you can make informed choices about your future.
- Make it as easy as possible for you to access our support and the services we supply.
- Work closer with our partners, customers and communities to plan and deliver our services.
- Developing our information and advice customer offers
- Continue to enable the provision of modern accessible Cultural and Adult Learning services
- Improving our customer experiences and maintaining quality services
- Making the best use of our available resources to meet the needs of a growing population
- Working together to deliver our joint plans



We need to improve our performance in this area



Please tell us what you think about our performance by visiting www.lecיס.gov.uk/our_performanceyourfeedback2013-14



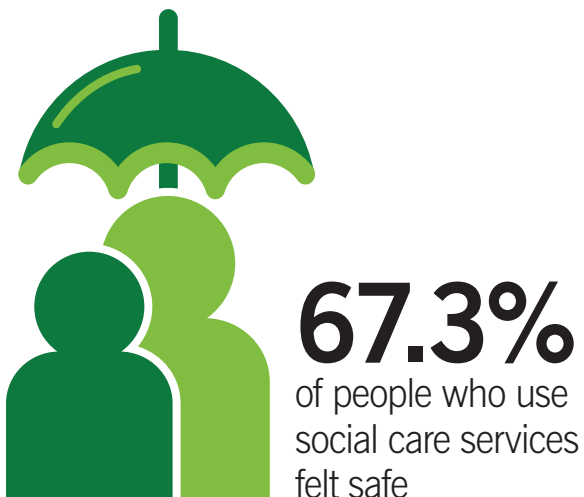
of customers were quite or very satisfied with the customer service centre



4. Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

Keeping vulnerable people safe is one of the department's most important priorities and is proud of its partnership arrangements in respect of safeguarding. The department continues to develop multi-agency and joint working arrangements in this area and supports the Safeguarding Adults Board which provides effective governance, produces an annual report and communicates key information including learning from serious case reviews. The Safeguarding Adults Board also works closely with the local Safeguarding Children's Board to ensure closer working and better outcomes for child, young person and adult service users.

The Adult Social Care Survey shows that in 2013/14, 67.3% of people who use social care services felt safe. This represents an increase from the previous two years but is still below the national average. However, and in contrast, the proportion of people who felt that the services they used made them feel safe was 90.4% - again, showing an increase on previous years and above the national average in this area. This suggests that whilst service users may not generally feel safe, the social care services they receive from the Department do help them to feel safer.



During 2013/14 a total of 1,361 safeguarding referrals were made to the department. Of these, 988 referrals were for people already known to the department (e.g. existing service users) whilst the remainder (373 people) were previously unknown to the department.

Other activities

Other activities that the Adults and Communities department have undertaken to safeguard people whose circumstances make them vulnerable and protecting them from avoidable harm in 2013/14 include:

- The department's safeguarding team continues to investigate allegations and safeguarding referrals from people living in residential and nursing homes. The team, which comprises qualified social workers, community care workers and an occupational therapist, have developed a consistent approach and clear working practices within the residential and nursing care sector and work closely with other teams within the department, such as the Quality Improvement Team (QIT), Deprivation of Liberties (DOLs) team and Compliance Officers.
- The Home Safety Action Group (HSAG), which includes representatives from the department, other statutory bodies and the voluntary sector, continues its work to promote safer communities and safeguarding vulnerable people. In 2013/14 the group worked to improve health and wellbeing with a focus on prevention services, including specialist work around people with dementia.
- The department has developed a strong relationship with the Community Safety Team which forms part of the Council's Chief Executives department. This has included representatives from the department sitting on a Hate Incident Reduction and Monitoring Steering group, the use of libraries as reporting centres for hate incidents (backed-up with appropriate training for library staff), and the roll-out of training about community safety to all Adults and Communities staff.

These achievements are consistent with, and demonstrate progress towards the strategic aims and priorities set out in the Adults and Communities Business Plan, 2013-14, including:

- Shift more of our investment from traditional services to services that promote independence and support communities to find solutions for themselves.
- Work closer with our partners, customers and communities to plan and deliver our services.
- Working closer with our communities
- Working in communities and out partners to promote community solutions
- Working together to deliver our joint plans
- Ensure we have a competent and trained workforce both in the services we provide and those we commission.



We are performing well in this area



Please tell us what you think about our performance by visiting www.lecis.gov.uk/our_performanceyourfeedback2013-14

Effective and Efficient Management of Resources and Workplace Development



Public services are provided in the most efficient and effective way – this relies on partnership working. Benefits of this approach include the potential for joined up effort and reducing areas of duplication and effectively targeting efforts. Our key partners include other departments within the Council, the local Borough and District councils as well as colleagues in health, Public Health and the voluntary sector. The development of the Health and Wellbeing Board has provided a good basis for delivering joined up services and integrated approaches.

The current financial climate, whilst presenting challenges, offers new opportunities to look at different solutions and develop new strategic partnerships. Examples of how this will be delivered in practice include the development of a Unified Prevention Board, active involvement of staff in the Council's Transformation programme, strengthening

the approach to transitions with children's services and the NHS, and the development of the Better Care Fund Plan.

The department is supported by a new Director of Health Care Integration. The role was created in recognition of the requirements of the Better Care Fund (BCF) and the move towards integration between adult social care and health.

Efficient and effective workplace planning – supporting and developing an effective workforce, both internally and externally, is important in delivering a sustainable social care market. The Department continues to support workforce development through the Personal Development Review (PDR) process.

Professional leadership is offered to social workers and the department is actively supporting their professional development through an action plan following the Social Work Health Check. These changes have resulted in increased support and development opportunities to social workers across the Council.


Customer Engagement in 2013/14

The Adults and Communities department understands and values the importance of listening to citizens. This is critical to understanding people's needs and aspirations and what they think about the quality and effectiveness of services and, in this way, the department can make sure that it is meeting the needs of the people of Leicestershire. This process is known as 'customer engagement' and the department has an 'Engagement Framework' which includes a set of principles that we should follow when trying to obtain people's views and thoughts.

The department currently commissions a provider, 'Communities in Partnership' (CIP), to help us with engagement activity. This helps to ensure that all engagement is inclusive, and that people are supported to share their views.

This section includes some information about what customers and the public have said between April 2013 and March 2014:

- There were a series of engagement events with families, professionals and young people to continue to inform our Transitions strategy and action plan. Strong and sustainable links have been developed with the special school student councils and parent partnership forum to support the delivery.
- As part of the strategic review of adult preventative mental health services the Department commissioned SUCRAN (Service User and Carer Audit Network) to undertake research with current service users accessing mental health services. This engagement work was followed by further consultation with providers, stakeholders, the general public as well as further targeted engagement with current service users. This ensured that the review of these services took into account the views of a wide range of people.
- The recent Prevention review included a wide range of consultation activities ranging from workshops with the public and providers to assist in the development of a new Prevention Model which has informed commissioning proposals.



Engagement Framework' includes a set of principles that we should follow when trying to obtain people's views and thoughts

Healthwatch Leicestershire

The department has continued to develop its relationship with Healthwatch Leicestershire (who replaced Leicestershire LINK), formalised in a protocol. As a result, during 2013 Healthwatch have added valuable input into the department's Annual Business plan. Healthwatch are the local consumer champion for health and social care and make sure that the views of the public and people who use services are taken into account.

The department recognises that Leicestershire Healthwatch are a key partner and have worked closely with them over the last year in order to engage with our customers in the following ways:

- Quarterly meetings – where members of the public can submit their questions directly to the Director of Adults and Communities
- Social Care Task Group and Carers Task Group – working in partnership to find solutions to issues identified by members of the public
- Engagement events across the County – Healthwatch have been informed of all consultation events held by the department and have conducted engagement activities to identify key priorities from a customer perspective.



healthwatch
Leicestershire

Complaints and Commendations



The Adults and Communities department have a complaints and commendation procedure which provides guidance for customers about what to expect when making a complaint. The department uses complaints and commendations as a way of identifying and understanding our customer's perspectives about things that are working well and things that we need to improve and change.

In 2013/14 the department received 154 complaints from customers, which is an 11% increase from the previous year (2012/13 – when 139 complaints were received). This is thought to relate partly to better efforts to record complaints and making it easier for people to complain. This will need to be monitored in 2014/15, particularly as financial pressures mean further cuts to social care services. Of the 154 complaints received, 27% were upheld, 25% partly upheld and 39% not upheld. A further 9% were either withdrawn or outside the scope of the Department to deal with (known as 'outside of jurisdiction').

The highest area of complaint is associated with Community Care Finance (accounting for 25% of all complaints received by the department). In addition, thirteen joint complaints were made, complaining about both health and social care services. This type of joint complaint is likely to increase as health and social care services work closer together and it will be important to make sure that joint working arrangements around complaints can address issues raised about health and social care.

In terms of the specific nature of complaints, 22% of complaints (34 complaints) were received about the accuracy and clarity of information, whilst a further 20% concerned the quality of work (32 complaints). Other concerns were raised about professional judgment, delays in providing support, keeping people updated and collaborative working. This feedback, although negative, provides the department with an opportunity to review its working practices and to make improvements. Specific actions as a result of complaints received include:

- Direct staff supervision to address performance or procedural concerns and a reminder to all staff to deliver the outcome of assessments in order to provide an opportunity for the outcomes to be discussed
- Implementation of an auto-acknowledgement system within Community Care Finance to give confidence that referrals have been received.
- Review of letter templates used by the Department to ensure that they are clear, concise and fit for purpose
- Training to staff around support available to carers.

Statutory guidance tells us that we should try and respond to complaints within ten days. In 2013/14, 69% of complaints were responded to within 10 days and 89% of complaints were responded to within 20 days. We are responding to slightly more complaints within 10 days than in 2012/13.



Two hundred and sixty compliments were received in 2013/14 which is a 47% increase in the number of complaints as compared to 2012/13. This is encouraging news. The Homecare Assessment and Re-ablement Team (HART) are responsible for a large number of compliments, with 149 being made during 2013/14.

Things that we are doing well:

- Provision of correct equipment and adaptations and aides to customers
- Treating customers with dignity and respect
- Strong performance in terms of response times to complaints
- The continued relatively low numbers of complaints being escalated to the Ombudsman (with no findings of maladministration being found)

Things that we need to improve:

- Continuing to ensure that the complaints procedure is accessible and advocacy arrangements are in place and used appropriately
- Continuing to improve the process where complaints relate to both health and social care (The Joints Complaints Protocol)
- Production of a Customer Feedback Framework setting out the principles for all Departments across the Council to adopt
- Ensuring that all new managers are aware of the statutory complaints procedure and the support and guidance available to them
- Address issues being raised around invoicing for care and support. The introduction of a new Integrated Adult System (IAS) for recording information about customers, including financial information, should help address some of these issues.

Our Performance – Please give us your feedback!

We are working towards a partnership approach to *Our Performance* by asking citizens and people who use social care services, your views on how we think we have performed, as well as your feedback on the content and presentation of *Our Performance*. We have worked with Leicestershire Healthwatch to develop this year's *Our Performance* and will continue to work with them to promote customer interest and feedback on the report. We hope that you find this years' Our Performance informative and we would like to hear your views.

Weblink to report

Weblink to how to respond

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE:
17 NOVEMBER 2014

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

AUDIT AND MONITORING PROCESS FOR DIRECT CASH PAYMENTS
FOR PERSONAL BUDGETS

Purpose of Report

1. To inform the Adults and Communities Overview and Scrutiny Committee of current processes and procedures within the Adults and Communities Department for auditing and monitoring cash payments for personal budgets and to advise members on future plans.

Policy Framework and Previous Decisions

2. On 26 November 2013, the Adults and Communities Overview and Scrutiny Committee considered Personal Budgets and in particular cash budgets as part of a report on the Medium Term Financial Strategy which updated the Committee on the in-year financial pressures experienced by the Adults and Communities Department. Arising from this discussion a request was made for a paper to be prepared to the Adults and Communities Overview and Scrutiny Committee providing information regarding how the Adults and Communities Department is fulfilling its responsibilities for monitoring and reviewing Cash Payments.

Background

3. The Community Care (Direct Payments) Act 1996 gave Local Authorities the power to provide Direct Payments so that people can purchase their own community care services. There has been subsequent legislation which has further strengthened the rights of service users to receive Direct Payments to allow the purchase of individualised services. In 2007, the concordat 'Putting People First' was published which introduced Personal Budgets and the vision that there would be increased use of Direct Payments as part of service users' Personal Budgets.
4. In April 2015 the Care Act will come into force, and this will replace existing Direct Payments legislation. The guidance states that Councils' must ensure that "processes involved in administering and monitoring the payment should incorporate the minimal elements to allow the local authority to fulfil its statutory responsibilities. These processes must not restrict choice or stifle innovation, and must not place undue burdens on people to provide information to the local authority. An effective monitoring process should go beyond financial monitoring, and include aspects such as identifying wider risks and issues, for example non-payment of tax, and provision of employers' liability insurance."

5. The Care Act introduces the opportunity to have Direct Payments for permanent residential care placements but this will not be implemented until 2016. In Leicestershire a decision was taken in 2011 to rename Direct Payments to Cash Payments to help alleviate the confusion regarding what this service encompassed. Hence, Cash Payments in Leicestershire equate to Direct Payments.
6. There are approximately 1,600 adults in Leicestershire who receive a cash payment from Leicestershire County Council; this is 30% of the total number of people receiving a Personal Budget. Almost half of the cash payment recipients receive their cash payment as a Provider Managed Account (PMA); this is where the cash payment is paid to the provider of the service user's choice directly and the provider either organises or directly provides the services. In PMA situations the contract is between the service user and the provider and whilst the Council is funding the provision it does not have a contractual role.

Current Arrangements

7. Operational staff discuss the option of accessing a Cash Payment with service users when eligibility for community care services has been determined. Staff will determine if the service user has capacity to understand what a Cash Payment means and to understand the legal agreement that is required with the Council. For service users who do not have capacity to understand a Cash Payment and agree to it, there is the possibility of the Council to identify a suitable person who could manage the Cash Payment on behalf of the service user; this person assumes significant responsibility to manage the Cash Payment with the 'best interests' of the service user at the forefront of their practice. The Adults and Communities Department has legal agreements and guidance for both service users and the suitable person as appropriate – these set out the roles and responsibilities of the person and the Council, with both parties signing to reflect their agreement.
8. For new Cash Payment agreements the expectation is that operational staff will provide a 'light touch' review within three months of the Cash Payment being established following which annual reviews would be expected to take place.
9. Regarding the monitoring and auditing of Cash Payments the information below sets out the current roles and tasks of Community Care Finance (CCF), Learning and Development and Review Officers/Allocated Care Manager.
10. Cash Payments are made to service users' designated Cash Payment bank accounts by CCF following the support plan completion by allocated care managers. The support plans set out the payments to be made, the support that this is providing and identify who is managing the Cash Payment.
11. CCF carry out some financial auditing for those service users who are ending their Cash Payment; either due to the fact that they are changing the way they receive their support or possibly because they are deceased/admitted to residential care. In such circumstances, where a service user is no longer going to receive a Cash Payment, the following is instigated by CCF:
 - Up-to-date bank statement requested and compared against the CCFs understanding of what the balance should be;

- If the statement appears satisfactory and in line with CCFs assessment of what the balance should be then a calculation of money that is not spent is made and an invoice is raised;
 - If the statement balance is unsatisfactory or it appears from the bank statement that funds have been used inappropriately CCF will assess what monies are owed to the Council and attempt to claw these funds back, an invoice will be raised accordingly.
12. Service users have regular reviews of their care needs. This review determines the person's eligible needs and evaluates the extent to which the support plan has delivered the agreed outcomes. The Review Officer will view key documents and evidence to see what has been received by the service user, what has been paid out and identify any surplus money to be returned to the department.
 13. An audit tool has been developed for the Council which review staff will use to assist them with this task. At a minimum Review Officers will view the following:
 - Bank statements (at least three months);
 - Receipts of expenditure from the Cash Payment;
 - Pay slips where they are employing staff;
 - Evidence of service user Fairer Charging contributions being made into the Cash Payment bank account.
 14. The audit tool is completed and scanned onto the service user's records and the Review Officer will note the closing balance of the bank statement in the case records as well as the regular payments being made from the bank account.
 15. Any irregularities or cause for concern are raised with the Team Senior and a judgement made regarding whether it constitutes a major or minor breach.
 16. For minor breaches, where it is clear that it is due to a misunderstanding/human error the Review Officer will provide guidance and alter the Cash Payment if the funds need to be reduced. This will be documented for consideration at the next review. The Review Officer will liaise with CCF if there needs to be an invoice raised to reclaim any unspent funds.
 17. In a small number of cases a decision may be made that the Cash Payment should end due to the level of irregularity and alternative arrangements (such as a managed service) for meeting the social care needs are made. This has tended to have happened in circumstances where the Council does not have sufficient confidence that the Cash Payment can be managed appropriately. There are a few instances of misuse of the cash payment fund and staff will consider in each situation whether it has been fraudulently managed. To date there have been no cases that have resulted in a referral to the Police. A recent example of misuse involved a service user allowing his daughter to access the cash payment; she subsequently used it to purchase items for herself. As a result CCF is recouping some funds from the service user and an alternative mechanism for service provision has been organised. CCF will make all reasonable attempts to get monies repaid including debt recovery processes.
 18. CCF estimate costs to the Council of debt recovery processes as £65 per person at the minimum – this will rise if the debtor resists repayment. Court proceedings accrue

additional costs ranging from £35 to £455 on a sliding scale (subject to the amount of debt being recovered) and in addition there will be a requirement for legal representative resources.

19. During 2012/13, the Council's Learning and Development Service carried out a training course for Review Teams and operational staff which provided extensive knowledge and guidance on cash budgets and how they should be audited and reviewed. As the number of people receiving a Cash Payment has grown, the complexity of monitoring has increased and a more proportionate and simplified process is required. Staff receive training through the following courses:
- Half day Induction training on Cash Payments;
 - One day employment guidance for Cash Payment employers.

Future Developments

Employment Support

20. During 2013/14 the Adults and Communities Department considered alternative employment support options for service users and/or their representatives. This was in recognition that the employment of staff using a Cash Payment can feel overwhelming and people may not choose this option due to concerns that they do not hold the relevant knowledge. Some employment advice is available from Adults and Communities staff, but it is recognised that employment law is complex and requires specialist support. The Adults and Communities Departmental Management Team approved the procurement of employment advice providers who can support service users to receive a Cash Payment and carry out the various employment/recruitment tasks. This procurement process is due to commence and the framework should be available mid-2015.

Direct Payment Cards

21. The option of providing direct payment cards has been considered and approved recently by the Adults and Communities Department which would provide a different mechanism for people to receive a Cash Payment and potentially provide significant benefits to the Council and service users. This would mean that the Council could provide the option of a direct payment card to service users which would be used to fund their support plan rather than the current requirement of a separate bank account to be opened by the service user with funds being paid in by the Council. Procurement processes are due to begin and it is hoped that direct payment cards will be available in Leicestershire by May 2015. The potential benefits identified by this approach include:
- No need for service users to open a separate bank account for the cash payment;
 - Spend data can be analysed to advise future market mapping which will help with market development and shaping;
 - Analysis can inform on trends and changes in spend on personal budgets;
 - Surplus monies can be clawed back automatically preventing excessive build-up of unspent cash payment funds;
 - Auditing can take place without the need for handling lots of paperwork reducing stress for service users associated with having to retain receipts and bank statements until requested at the annual review;

- Auditing can take place on a more frequent basis and can more easily highlight mismanagement of the account;
- Online banking can be blocked if considered necessary;
- Certain Merchant Categories can be blocked (eg for gambling or off-licences);
- Instant access to the account by the Finance Monitoring Officer;
- Card supplier operates a 24 hour helpline for customers.

Resource Implications

22. The total forecast spend on cash payments at the present time is £24.4m. Review Officers have recently carried out some targeted reviews of cash payments involving a PMA which has resulted in a significant claw back of funds for the Council; for 30 service users who were reviewed there was a total of £136k per annum identified for claw back. These reviews will continue as it identifies a significant opportunity to reduce the cash payment spend. The position will be further improved when direct payment cards are available as these will be encouraged for both new cash payment recipients and for those who have received their cash payment in a traditional way. In particular, it will allow a different option for service users who are not operating their cash payment account in an appropriate way and reduce the risk of build-up of inappropriate funds.

Conclusions

23. The processes used within the Adults and Communities Department and by the external agencies who will be working with service users who have chosen to receive a Cash Payment will be reviewed in the light of the Care Act. In particular, that there are robust methods to ensure that service users, or their representatives, are paying the relevant statutory payments to Inland Revenue and have appropriate insurance protection.
24. Members of the Adults and Communities Overview and Scrutiny Committee are asked to note the information in this report regarding current auditing and monitoring processes as well as the changes ahead as a result of changing legislation requirements, the procurement of an employment support service and direct payment cards.

Background Papers

Public information on cash payments and associated guidance and agreements;
http://www.leics.gov.uk/index/social_services/adults/adult_srv_money/direct_payments_sc_heme

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee, 26 November 2013 – minute 21 refers;
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MIId=3887&Ver=4>

Circulation under the Local Issues Alert Procedure

None.

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Relevant Impact Assessment**Equality and Human Rights Implications**

25. Regarding the provision of direct payment cards a positive impact has been identified for service users and their carers as receiving a cash payment will become easier with no need to open a second bank account, which for some people is difficult. In addition, there will be the benefit of the council being alerted in a timely manner to any situations where the cash payment is not being managed appropriately and opportunities to offer support at an earlier point than the current arrangements allow.



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE:
17 NOVEMBER 2014

JOINT REPORT OF THE CHIEF EXECUTIVE AND
DIRECTOR OF ADULTS AND COMMUNITIES

QUARTER 2 2014/15 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 two of 2014/15.

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 Overview and Scrutiny Committees conducted in early 2013.
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 2014/15. These are reviewed annually against the Annual Business Plan to reflect the key priorities of the Department and Council. The appendix is structured in line with the County Council Strategic Plan 2014-18.
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. The full set of results from the 2013/14 ASCOF were reported to the Committee on 17 September 2014.
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.

Timetable for Decisions

7. The report is for information and no decisions are required.

Performance Update

Integrating Health and Social Care – Better Care Fund

8. Avoiding permanent placements in residential care homes is a good indication of delaying dependency; research suggests where possible people prefer to stay in their own home rather than move into residential care. During the six-month period April to September 2014 there were 27 permanent admissions to either residential or nursing care of people aged 18-64. This is comparable to 26 permanent admissions during the equivalent period last year. For people aged 65 or over there were 414 permanent admissions to either residential or nursing care during the same six-month period. With the aim to reduce permanent admissions, this is an excellent 5% reduction on the comparable period last year (434 admissions).
9. Services that promote independence are a key priority of adult social care and at the forefront of this are the in-house Home Care Assessment and Reablement Team (HART). Recent adjustment to the service to focus on people with most need has resulted in a 2% increase in people discharged from hospital starting with HART. However, overall numbers using the service have fallen slightly, partly due to the team holding on to cases for longer as they await transfer to the independent sector which is currently close to capacity.
10. A key measure in the Better Care Fund (BCF) is the ASCOF metric that measures the proportion of people discharged from hospital via reablement services and are still living at home 91 days later. For those people discharged between April and June 2014, the proportion was 83%, above the BCF target of 80%.
11. Two key measures in the ASCOF relate to delayed transfers of care from hospital and are reported a month in arrears. These are calculated by taking an average of the number of delays on 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, ie those attributable to both the NHS and adult social care. These increased at the start of the year and have remained high throughout the first five months of the 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 the first five months of the year; to 3.4 per 100,000 population, higher than preferred. Over half the delays attributable to adult social care are due to patients awaiting a package of care in their own home, primarily due to capacity issues noted at the end of paragraph 9. The Adults and Communities Department is working with the Urgent Care Board and University Hospitals of Leicester (UHL) and Clinical Commissioning Group staff to put in place actions that accurately record delays and will enable timely and speedy transfer of people from hospital. These include:
- Adult Social Care team based at the Leicester Royal Infirmary;
 - Dedicated staff to Emergency Medical Unit assessment wards;

- Daily case conference calls and a bed census;
 - Early review to free up capacity in independent sector;
 - An Accident and Emergency based social worker in order to prevent admissions to acute care;
 - Direct access to reablement services over weekends and bank holidays;
 - Seven day working over winter;
 - Working with hospital based staff to ensure the right messages and assessments at the right time;
 - Dedicated continuing health care social care posts;
 - An audit of those cases waiting in the system to identify blockages and reduce waiting times.
13. Reducing delayed transfers of care is one of the priorities within the BCF; UHL and partners through the Urgent Care Working Group are focusing on the changes needed to local discharge pathways, with a focus on tackling hospital length of stay. These changes are likely to result in a surge of discharges from UHL which could have a short term impact on achieving the Delayed Transfer of Care metric, while the new changes become embedded as business as usual.
14. The proportion of people who have received services for 12 months or more and were reviewed during that period is lower than last year. This is a change from the improving performance during 2013/14 and may be as a result of recording and/or reporting from the new IT system. Further analysis is required to understand this change in more detail.

Better Adult Social Care

15. The Council remains committed that everyone eligible for long-term, community-based care should be provided with a personal budget, preferably as a direct payment. However, reporting of personalisation is tied up with the development of new statutory reporting to central government due for completion ahead of full year reporting. The comprehensive set of changes to reporting and associated measures has affected personalisation more than other areas and as such performance for the half-year period is currently unreported.
16. The number of safeguarding adults referrals is estimated to reach 1,136 by the end of 2014/15. This is 17% lower than the year before which is to be expected due to a review of safeguarding thresholds in November 2013. The outcomes of the investigations remain similar to last year with 52% substantiated or partly substantiated.
17. The multi-agency policy and procedures 'No Secrets' sets out a code of practice for the protection of vulnerable adults. It states that a strategy discussion to plan the multi-agency investigation should commence within 24 hours of the referral. Since April, 64% have commenced within this timescale. Of the remaining 36%, 17% of cases have a strategy meeting/discussion within 1-2 days and a further 10% within 3-5 days. Most of these are as a result of operational delays outside of the department's control related to contacting relevant partner agencies. Therefore only 9% of cases identified were over 7 days and the vast majority of these related to recording issues as a result of transfer from SSIS to IAS. Reporting of this figure is new and there is no comparable data for 2013/14.

18. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion. One of the ASCOF measures monitors the proportion of service users aged 18-64 with a learning disability who are in settled accommodation. At the end of September 41% were in settled accommodation although this will be significantly higher once data recording is up to date.

Leicestershire's Cultural Environment

19. Continued interest in King Richard III has helped ensure that the number of visitors to heritage sites remains slightly higher than the same period last year.
20. Library visits and issues have both shown a reduction from the previous year. Service reductions in bookfund, opening hours and staff hours continue to have an effect on overall performance.
21. The Leicestershire Adult Learning Service (LALS) were very successful in 2013/14 with a 94% success rate. This is the proportion of learning aims due to be completed in a period successfully achieved. The new academic year has only just begun and the figure of 41% for 2014/15 will be affected by this early calculation.

Conclusion

22. This report provides an update on Adults and Communities performance at the end of quarter two of 2014/15. Details will continue to be monitored on a monthly basis with particular focus on the Better Care Fund measures and areas requiring improvement. In addition, the monthly reporting will continue to highlight areas of good performance including permanent admissions of those aged 65 or over, and reablement.

Resource Implications

None.

Background papers

The Adult Social Care Outcomes Framework 2014/15

<http://www.hscic.gov.uk/catalogue/PUB14402>

Leicestershire County Council Better Care Fund Submission – September 2014

<http://www.leics.gov.uk/healthwellbeingboard/bcfsubmission.htm>

Leicestershire County Council Strategic Plan 2014-18

http://www.leics.gov.uk/index/your_council/council_plans_policies/our_priorities_and_objectives.htm

Circulation under Local Issues Alert Procedure

None.

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Appendix

Appendix 1 - Adults and Communities Department performance dashboard for Q2 2014/15

Relevant Impact Assessments

Equality and Human Rights Implications

23. 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.

Environmental Impact

24. Environmental performance is reported to the Environment and Transport Overview and Scrutiny Committee.

Partnership Working and Associated Issues

25. The BCF measures are overseen by the Integration Executive.

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Integrating Health and Social Care – Better Care Fund

New Unified Prevention Offer							
Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
18-64 Age-grp	Number of permanent admissions to care (18-64)	Low	A	↑	Reduce from 13/14	27	26
65+ Age-grp	Number of Permanent admissions to care (65+)	Low	G	↔	Reduce from 13/14*	414	434

*The 65+ permanent admissions **BCF** target is linked to ASCOF 2A and is a specific rate per 100,000 population. The report for the source data of this measure is not yet available in IAS and hence the basic 'reduction' target noted above.

Improved Hospital Discharge and Reablement							
Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
Local	Number of people starting HART support service	High	A	↔	Improve on 13/14	1,892 (Apr-Sep)	1,982 (Apr-Sep)
Local	Proportion of HART cases completed with no further need	High	A	↔	Sustain 13/14	46% (Apr-Sep)	51% (Apr-Sep)
ASCOF 2B pt 1	Proportion of people living at home 91 days after hospital discharge	High	G	N/A (New this Qtr)	80.3% (BCF)	83.0%	78.6%
ASCOF 2C pt 1	Delayed transfers of care (rate per 100,000 pop.)	Low	A	↔	Reduce from 13/14	16.1 (Apr-Aug)	11.2 (Full year)
ASCOF 2C pt 2	Delayed transfers of care (rate per 100,000 pop.)	Low	A	↓	Reduce from 13/14	3.4 (Apr-Aug)	2.4 (Full year)
BCF	Delayed transfers of care (days) – rate per 100,000 pop.	Low	A	↔	288.2 (Apr-Dec 14) (BCF)	366.8 (Apr-Aug)	292.7 (Apr-Nov13 Baseline)

Integrated Proactive Care for people with Complex Long-term Conditions							
Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
Local	Percentage of people receiving services >12mths reviewed in the past year	High	A	↓	65%	43% (12mth to Sep-14)	56% (12 mth to Mar-14)

Better Adult Social Care

Greater Personalisation of Services							
Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
ASCOF 1C	Proportion of people receiving community based services via a personal budget	High	N/A	N/A	N/A	No current data	51.3%

Strong Adult Safeguarding – ensure local agencies work together to prevent abuse and protect vulnerable people							
Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
LOCAL	Number of people for whom a safeguarding referral has been made.	N/A	N/A	N/A	N/A	1,136 (Full year forecast)	1,361 (Full year)
LOCAL	Proportion of safeguarding investigations either substantiated or partly substantiated	N/A	N/A	N/A	N/A	52% (Apr-Sep)	53% (Full year)

Strong Adult Safeguarding – ensure local agencies work together to prevent abuse and protect vulnerable people

Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
LOCAL	Percentage of safeguarding cases where the strategy discussion commenced within 24 hours of the referral	High	N/A	↑	2014/15 to be used as a baseline year for potential future target	64%	Not available

Effective Support for People with Learning Disabilities

Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
ASCOF 1G	Proportion of people aged 18-64 with a learning disability living in settled accommodation	High	A	↑	73%	40.7%	61.1%

Leicestershire's Cultural Environment

A Better Place and Visitor Offer

Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
Local	Number of visitors to heritage sites	High	G	↑	Sustain 13/14	140,939 (Apr-Sep)	140,661 (Apr-Sep)

Remodelled Library Service

Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
Local	Number of library Visits	High	A	↓	Sustain 13/14	814,262 (Apr-Sep)	899,105 (Apr-Sep)
Local	Number of library issues	High	A	↓	Sustain 13/14	1,371,732 (Apr-Sep)	1,517,765 (Apr-Sep)

Investment in People – Employment and Skills Support

Support People into Employment							
Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
Local	Leicestershire Adult Learning Service (LALS) Success Rate	High	A	New term	85%	41%	94%

Key to Columns

Measure ASCOF A metric within the national performance framework known as Adult Social Care Outcomes Framework (ASCOF)

Local A measure defined and calculated for Leicestershire County Council only


Aim High The aim of performance is to be high


Low The aim of performance is to be low


RAG Red Performance is short of the target to the extent that it cannot be achieved

Amber Performance is short of the target although may be achieved by year-end

Green Performance is on track to meet the target.

In year progress  During the course of the year performance is improving. If month-by-month monitoring is not applicable e.g. due to seasonality, progress on year-to-date compared with last year is improving.

 During the course of the year performance is neither improving nor declining. If month-by-month monitoring is not applicable e.g. due to seasonality, progress on year-to-date compared with last year is similar.

 During the course of the year performance is declining. If month-by-month monitoring is not applicable e.g. due to seasonality, progress on year-to-date compared with last year is declining.