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

Date/Time: **Tuesday, 3 March 2015 at 2.00 pm**

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

Contact: **Mr. S. J. Weston (Tel. 0116 305 6226)**

Email: **sam.weston@leics.gov.uk**

Membership

Mrs. R. Camamile CC (Chairman)

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

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

Item		Report by
1.	Minutes of the meeting held on 20 January 2015.	(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 Petitions under Standing Order
     36.

8.   Preventative Mental Health Services in   Director of Adults   (Pages 9 - 14)
     Leicestershire.   and Communities

     The Cabinet Lead Member for Adult Social Care, Mr. D.
     W. Houseman MBE CC, has been invited to attend for this
     item.

9.   Quarter 3 2014/15 Performance Report.   Chief Executive   (Pages 15 - 26)
                                                        and Director of
                                                        Adults and
                                                        Communities

     The Cabinet Lead Member for Adult Social Care, Mr. D.
     W. Houseman MBE CC, has been invited to attend for this
     item.

10. Date of next meeting.

     The next meeting of the Commission is scheduled to take
     place on 2 June 2015 at 2.00pm.

11. 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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Leicestershire County Council

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 20 January 2015.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. M. H. Charlesworth CC
Mr. S. J. Hampson CC
Mr. J. Kaufman CC
Mr. P. G. Lewis CC

Ms. Betty Newton CC
Mr. A. E. Pearson CC
Mr. R. Sharp CC

60.   Question Time.

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

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

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

62.   Urgent Items.

There were no urgent items for consideration.

63.   Declarations of Interest.

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

No such declarations were made.

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

There were no declarations of the party whip.

65.   Presentation of Petitions under Standing Order 36.

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

66.   Medium Term Financial Strategy 2015/16 - 2018/19

The Committee considered a joint report of the Director of Adults and Communities and Director of Corporate Resources which provided information on the proposed 2015/16 to 2018/19 Medium Term Financial Strategy (MTFS) as it related to the Adults and Communities Department. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

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

In introducing the report the Director of Adults and Communities and Cabinet Lead Members advised that the Department was facing unprecedented budget pressures as well as demand pressures. In response to the challenge the Department was focused on:-

- Reducing demand by investing in early intervention and prevention;
- Ensuring care was provided in the most cost effective way which would mean some restriction on choice;
- Closer working and commissioning of services with partners, particularly the NHS.

There were some key risks facing the Department particularly in relation to resources required to implement the Care Act and the level of fees payable to care providers. In addition, the Committee was advised that monies from the Better Care Fund coming into the County Council were subject to the achievement of challenging targets for reducing hospital admissions.

General

In response to comments from members the Director undertook to provide:-

- Figures for departmental income over the last three years (*copy attached as an appendix to this minute*);
- Figures for the overall spend on learning disabilities, mental health and physical disabilities to enable members to see the proposed growth outlined at G6, G7 and G8 in context (*work on this is being undertaken and details will be provided to members shortly*);
- An analysis of the transformation savings outlined in paragraph 29 to 34 of the report and the impact of these programmes on service users to a future meeting of the Committee.

Arising from discussion the following points were raised:-

Communities and Wellbeing Savings

(i) In relation to the departmental saving D28 – Reduction in funding for Community Museums, members noted the proposals to develop community partnerships to operate community museums. Whilst this was generally welcomed, concern was raised regarding community capacity given that there were already proposals for communities to operate local libraries. Officers noted concerns expressed and advised that the County Council would work to build capacity in local areas which would include working with parish councils, schools and community groups. The County Council would provide some professional museum support as well as access to museum collections;

(ii) With regard to the reduction of the overall Communities and Wellbeing budget which would reduce to approximately £3 million by 2017/18, the Director advised that work was underway to consider the future shape of the service with a view to understanding how to achieve best value for that level of investment. This work would cover both libraries and museum services, explore options for future delivery and consider how to maximise income;

(iii) Members were advised that savings targets for Communities and Wellbeing services for 2015/16 totalled £710,000, of this a total of £180,000 had been identified. The balance of £530,000 remained unallocated pending further consideration of business cases and outcomes of consultations currently underway;

(iv) In relation to the savings requirements for libraries members were advised that £180,000 was to be achieved by a reduction in the opening hours at the 16 main libraries;

Adult Social Care Savings

(v) Members welcomed the work undertaken in developing the Shared Lives service which had not only delivered savings but improved quality of care as evidenced by the high level of satisfaction from service users;

(vi) With regard to proposals for outcome based commissioning for domiciliary care members were advised that a Scrutiny Review Panel was looking at new models of commissioning including a proposal to reduce the number of service providers. The outcome of the Panel would be reported to the Committee at a future meeting;

(vii) In relation to the new model for early intervention and prevention support the Committee was advised that existing contracts were being decommissioned and new services commissioned under the new model. A report would be made to a future meeting of the Committee on the outcomes expected from this new approach;

(viii) In relation to an issue concerning outsourcing of services, members were advised that the Adults and Communities Department was operating within the framework set out in the County Council's Commissioning and Procurement Strategy. The Adults and Communities Department had developed a robust mixed economy for the delivery of care services and had demonstrated that better value could be achieved in a number of areas through commissioning from external providers;

(ix) It was explained that work was underway to look at the development of Extra Care schemes in the Melton area. The site for Catherine Dalley House was one potential area for development. A report would be submitted to the Committee once an outcome of evaluation of potential sites was completed;

(x) With regards to the review of the reablement programme, the Director advised that reablement was increasingly a mainstream function. The review would seek to identify better ways of targeting provision which might include some externalisation. In undertaking the review consideration would be given to ensuring that the service delivered on the prevention and early discharge agenda;

(xi) With regard to day service placements and reduction in day centres, members were advised that this formed part of the ongoing strategy of promoting independence and reducing institutionalised care. Research in this area had indicated that offering community based solutions was preferable;

(xii) The proposed reduction in equipment and adaptations would not impact on priority cases as the aim was to reduce spend on low value equipment. Savings would be achieved by reviewing all areas of expenditure. Priority would be given to those people in most urgent need;

(xiii)   The Department had undertaken a robust analysis of the requirements it would face under the Care Act. The Director indicated that he was reasonably confident that the resources identified would provide the capacity necessary to carry out new assessments;

(xiv)   Every effort was made to maximise income within the Adults and Communities Department. In doing so the Department needed to have regard to the Government guidance on Fairer Charging as well as adopting a firm but reasonable way to collect fees and charges recognising that many service users were vulnerable;

Capital Programme

(xv)   Members welcomed the Capital Programme. With regard to the investment of £200,000 per annum in mobile library services this would provide for one new mobile library per year. The Department currently operated six vehicles which carried out 340 visits per fortnight;

(xvi)   Members were advised that the County Council policy on Section 106 agreements included provision for library services to service new developments.

RESOLVED:

(a) That the report and information now provided be noted;

(b) That the comments made at the meeting be forwarded to the Scrutiny Commission for consideration at its meeting on 28 January 2015.

67.   Date of next meeting.

It was noted that the next meeting of the Committee would be held on Tuesday, 3 March at 2.00pm.

2.00 - 3.50 pm   CHAIRMAN
20 January 2015

Agenda Item 8

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 MARCH 2015

PREVENTATIVE MENTAL HEALTH SERVICES IN LEICESTERSHIRE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1 The purpose of this report is to provide an update for the Committee about the new model of preventative mental health services to the citizens of Leicestershire, with particular reference to Black and Minority Ethnic (BME) communities and other hard to reach groups. This update was requested by the Committee at its meeting on 3 September 2013.

Policy Framework and Previous Decisions

2 A strategic review of adult preventative mental health services was undertaken in 2012-13 by the Adults and Communities Department. Commissioning options were identified with the aim of preventing an individual from requiring intensive support from health and social care services, and these were subject to public consultation from July to October 2013.

3 The strategic review identified:

   a) Services were geographically inequitable: some areas of the County had little or no provision;
   b) Services were not providing for older people (over 65);
   c) Large variations in costs between the contracted providers;
   d) Inequitable provision of BME specific services across the County.

4 Commissioning options were developed to ensure that services meet demand, provide equitable access (both demographically and geographically), focus on positive outcomes, and provide value for money.

5 On 3 September 2013, the Committee received a report to the Cabinet dated 9 July 2013 relating to the strategic review, and commented on issues relating to BME and hard to reach group engagement as follows:

   a) The Committee queried the comparatively high costs for services provided by the Adhar Project. The purpose of the Adhar Project was to promote mental health access for BME groups and it was likely that this was why individual costs were higher;

b)   It was noted that befriending services were only accessed by a small number of service users and were not cost effective. However, there was a lack of direct feedback from service users regarding the benefits of the service which made it difficult for the County Council to be sure that the new service would provide the same benefits. The Committee was assured that service users would be assisted during transition to the new service by the Inclusion Support Service and mental health facilitators. The new outcomes framework for prevention services would also identify where services were not working and enable officers to consider different ways of delivering the service to meet people's outcomes;

c)   The Committee was of the view that, despite the challenges, it would be important to ensure that BME communities were able to access a more inclusive service. Most service users had welcomed the proposals for a more integrated approach to services. Integrated services would ensure that all areas of the County had access to the same level of services and would cut across cultural boundaries. All communities and groups would need to be encouraged to use the new services. It was suggested that the Committee receive further information on engagement with BME groups at a future meeting;

6   It was resolved that these comments should be drawn to the attention of Cabinet, and that this Committee should receive a report on BME engagement at a future meeting.

7   In November 2013, the Cabinet granted approval to proceed with the preferred commissioning option for social drop-in services.

8   An Equality Impact Assessment was undertaken, and an action plan developed, to ensure that inequalities would be addressed through specification requirements and ongoing monitoring of the new service model.

Status Update

9   A service specification was developed to reflect the findings of the review and contains three elements:

- social drop-in groups,
- in-reach support (for people who experience barriers to accessing either drop-ins or the Inclusion Support Service - eg age, gender, culture, rurality, disability or other);
- development of peer support.

10   All elements of the service must be available to adults over 18 with a diagnosed mental health condition, and must be accessible to people with protected characteristics.

11   Following an open tender in Spring 2014, offering six lots (based upon County districts), the Richmond Fellowship were the successful bidders to win the contract to deliver social drop-ins, peer support and in-reach services in all six areas of the County as defined in the service specification.

12   A transition process was put in place (June to September 2014) and former services were decommissioned, ending on 30 September 2014. During this transition period all users of the mental health befriending services were contacted and offered a referral to the in-house Inclusion Support Service for one to one meetings which included assessment of future support needs. The social drop-in groups that had participated in the strategic review and consultation were visited.

13   The contract with Richmond Fellowship proceeded on 1 October 2014 and a significant amount of implementation work has been undertaken during the first quarter of the contract.

14   All of the former social drop-ins have continued to operate; some have now moved to different premises after consultation with drop-in users, which included visits by service users (with staff support) to view, assess and choose new venues. Work is ongoing to identify the potential and demand for additional drop-in sessions as offered by Richmond Fellowship in their winning tender bid (up to an additional 18 sessions per week).

15   A group of people who had used services from one of the former providers made a complaint about the restructure of the staffing model and subsequent redundancy of some staff members who had transferred under Transfer of Undertakings (Protection of Employment). Richmond Fellowship and Council officers were able to jointly resolve this by meeting with the service users involved and explaining the process and rationale. There are regular and ongoing opportunities for service users to voice concerns or become more involved, including a national forum with support from Richmond Fellowship staff and paid expenses.

16   All groups now have a number of service user representatives to manage the finances, and have opened bank accounts with staff support. There have been applications from members of groups from three of the former providers to become volunteers for Richmond Fellowship, and two former volunteers have become paid members of staff. All groups have nominated service user representatives, who also have the option of becoming formal volunteers.

17   Richmond Fellowship has supported the two former BME-specific drop-in groups in Loughborough to successfully integrate and become 'open' groups (accessible to all). The Richmond Fellowship Communications Manager is engaging with the groups in Loughborough to co-produce information and resources in languages other than English, and alternative formats. They have also signed up with Language Line to be able to respond to telephone calls from people whose first language is not English.

18   There are currently 50 BME drop-in members (service users), the majority of whom (45) attend the Loughborough area groups. The Richmond Fellowship report that the BME groups have embraced the change in service provision and have been very forward thinking in order to progress the groups. It has been identified that the needs of men from BME communities are not currently being met, and work is underway to develop a group as specific provision. It is intended that this group will be operational within the next three months.

19   Staff in all districts are working with their group members to map their communities, identifying local resources and opportunities. There is a designated volunteer co-ordinator who is undertaking outreach work into diverse communities, and

partnership work has begun with a women's BME group that has lost other funding sources. The organisation has made links with the People's Forum (service user organisation), Akwaaba Ayeh (BME mental health advocacy project) and Support for Carers.

20   Where a transport need has been identified, work is undertaken to recruit volunteer drivers – these can be people from the community who wish to volunteer, or drop-in members who are able to offer some peer support in this way.

21   Future contract monitoring will include data about the numbers of people with any protected characteristic accessing the services, as well as feedback on any specific needs identified and the outcomes achieved. This data will be reviewed on an ongoing basis by the Adults and Communities Department's Compliance Team.

Conclusion

22   This report provides an update on the current status of the newly commissioned Adult Social Care Preventative Mental Health Service. Progress will continue to be monitored with particular focus on services provided to BME and hard to reach communities.

Background Papers

- Report to Cabinet, 9 July 2013 - Strategic Review of Adult Preventative Mental Health Services in Leicestershire
  http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf

- Report to Scrutiny Committee 3 September 2013
  http://politics.leics.gov.uk/Published/C00001040/M00003886/AI00035544/$BStrategicReviewofAdultPreventativeMentalHealthServicesinLeicesteshire.docxA.ps.pdf

- Report to Cabinet, 20 November 2013 - *Strategic Review of Adult Preventative Mental Health Services in Leicestershire*
  http://politics.leics.gov.uk/Published/C00000135/M00003636/AI00036274/$5strategicreviewadultpreventativementalhealthservices.docxA.ps.pdf

- Equality Impact Assessment
  http://www.leics.gov.uk/sdi_and_bf_report_eia.doc

Circulation under the Local Issues Alert Procedure

None

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Relevant Impact Assessment

Equality and Human Rights Implications

23 A full Equalities Impact Assessment was completed and presented to the Cabinet in November 2013. The majority of actions highlighted in the Equality Improvement Plan have been addressed through the specification development and procurement process. Ongoing actions are being undertaken by the Compliance Team through regular monitoring of the new service.

24 Progress on the Equality Improvement Plan is due to be reviewed by the Adults and Communities Department's Departmental Equalities Group in April 2015.

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Agenda Item 9

Leicestershire
County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 MARCH 2015

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

QUARTER 3 2014/15 PERFORMANCE REPORT

Purpose of Report

1.   The purpose of this report is to present the Adults and Communities Overview and Scrutiny Committee with an update of Adults and Communities Department performance at the end of quarter three of 2014/15.

Policy Framework and Previous Decisions

2.   The Adults and Communities Department's performance is reported on a quarterly basis to the Adults and Communities Overview and Scrutiny Committee in accordance with the Council's corporate performance management arrangements.

Background

3.   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 through the annual Business Planning process to reflect the key priorities of the Department and Council. The appendix is structured in line with the County Council Strategic Plan 2014-18 and its supporting indicators and targets.

4.   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.

5.   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.

6.   At its meeting on the 17 November 2014, the Committee agreed that the thresholds for the Red/Amber/Green (RAG) rating of performance indicators would be reviewed. Appendix 2 sets out a description of each category used in this report.

Performance Update

Integrating Health and Social Care – Better Care Fund

7.   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 period April to December 2014 there were 45 permanent admissions to either residential or nursing care of people aged 18-64. This is comparable to 42 permanent admissions during the equivalent period last year. For people aged 65 or over there were 654 permanent admissions to either residential or nursing care during the same period. This is, coincidently, exactly the same as the similar period last year. The measure is currently on track to meet the Better Care Fund (BCF) target.

8.   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). Overall numbers using the service have fallen between April and December 2014 when compared to the similar period last year; this is 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. In addition, the adjustment to the service to focus on people with most need has meant referrals to the service of people discharged from hospital now constitutes 62% of activity, a slight increase from 59% last year.

9.   A key measure in the BCF is the ASCOF metric that measures the proportion of people discharged form hospital via reablement services and are still living at home 91 days later. For those people discharged between July and September 2014, the proportion was 79.9%, slightly short of the BCF target of 80.3%, although an improvement on 2013/14. The final figure for 2014/15 will be based on discharges during the period October–December 2014.

10.   Two key measures in the ASCOF relate to **delayed transfers of care (DToCs)** from hospital. 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 throughout the first half of the year although held steady during October to December (a figure of 17.24 per 100,000 population).

11.   The second part of monitoring delayed transfers of care relates to only those delays which involve adult social care, either solely or jointly with the NHS. As such numbers are a lot lower than the first part of the measure. However, the general trend is similar to all delays noted above - an increase during the first half of the year then holding steady in the last quarter albeit higher than preferred (the position in December was 4.17 per 100,000 population).

12.   In addition to the above two measures of DToCs, the number of delays *solely attributable to adult social care* is also tracked - for the same time period as above the figure was lower again at 2.14 per 100,000 population. In comparison to similar and regional authorities this is slightly better than average.

13. Overall, the number of delays reduced through quarter three with the number in December for all three attributable aspects below the respective year-to-date averages.

14. Adult social care is working with the Urgent Care Board and University Hospitals of Leicester (UHL) and Clinical Commissioning Groups staff to put in place actions that accurately record delays and will enable timely and speedy transfer of people from hospital. Adults and Communities have dedicated a Head of Service to manage the urgent care action plan and have devoted significant resources to keeping delays at a minimum in a climate of increasing pressure on the NHS. These include:

   - A dedicated 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.
   - Incentivising providers to pick up cases at times of pressure within the system.
   - Work with hospitals to reduce over prescribing of packages of care at the point of discharge.

15. 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, noted in the previous performance report have resulted in a surge of discharges from UHL which is having a short term impact on achieving the DToC metric, while the new changes become embedded as business as usual.

16. 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 explained by a requirement for targeted reviews due to service changes and a focus on hospital discharge.

Better Adult Social Care

17. 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 linked to a new externally provided computer system, as noted in the quarter two report. The comprehensive set of changes to reporting and associated measures has affected the reporting of personalisation data more than other areas and work is ongoing to establish the new reports. The deadline for this work is the end of May.

18.   The number of safeguarding adults' referrals is estimated to reach 979 by the end of 2014/15. This is 28% lower than the year before which is partly to be expected due to a review of safeguarding thresholds in November 2013. The outcomes of the investigations remain similar to last year with 50% substantiated or partly substantiated.

19.   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, 67% have commenced within this timescale and an additional 13% commenced between two and seven days following the referral. Further analysis will take place into understanding why the remainder took more than seven days. Reporting of this figure is new and there is no comparable data for 2013/14.

20.   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 December 42% were in settled accommodation although this will be significantly higher once data recording is updated.

Leicestershire's Cultural Environment

21.   Overall visitors to heritage sites during the period April to December 2014 is 2% higher than the comparable period in the previous year.

22.   Library visits and issues have both shown a reduction from the previous year. Although every effort is being made to maintain visits and loans, reductions in service delivery continue to have a detrimental effect on these traditional areas of performance. It should also be noted that the service is targeting those most vulnerable as a priority area for service delivery. Outcomes from this prioritisation will not necessarily result in high volume performance.

23.   Leicestershire Adults Learning Service (LALS) were very successful in 2013/14 with an 88% success rate, up 5% on the previous year. This is the proportion of learning aims due to be completed in a period successfully achieved. In the new academic year current performance is 91%.

Conclusion

24.   This report provides an update on Adults and Communities performance at the end of quarter three of 2014/15. Details will continue to be monitored on a monthly basis with particular focus on the BCF 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.

Recommendations

25.   That the report and performance update at quarter 3 be noted and the Committee highlight any particular issues where they would like further information or action required

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

Officers to Contact

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Appendix

Appendix 1 - Adults and Communities Department performance dashboard for Q3 2014/15
Appendix 2 – Red/Amber/Green (RAG) rating - explanation of thresholds

Relevant Impact Assessments

Equality and Human Rights Implications

26.   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. Data relating to equalities implications of service changes are assessed as part of Equality and Human Rights Impacts Assessments

Environmental Impact

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

Partnership Working and Associated Issues

28   BCF measures and associated actions are overseen and considered by the
        Integration Executive and Health and Wellbeing Board.

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-group	Number of permanent admissions to care (18-64)	Low	A	⟷	Reduce from 13/14	45	42
65+ Age-group	Number of Permanent admissions to care (65+)	Low	G	⟷	Reduce from 13/14*	654	654

*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	R	⟷	Improve on 13/14	2,631 (Apr-Dec)	2,962 (Apr-Dec)
Local	Proportion of HART cases completed with no further need	High	G	⇧	44%	47% (Apr-Dec)	51% (Apr-Dec)
ASCOF **2B pt 1**	Proportion of people living at home 91 days after hospital discharge	High	A	⟷	80.3% **(BCF)**	79.9%	78.6%
ASCOF **2C pt 1**	Delayed transfers of care (rate per 100,000 pop.)	Low	R	⇩	Reduce from 13/14	17.4 (Apr-Nov)	11.2 (Full year)
ASCOF **2C pt 2**	Delayed transfers of care (rate per 100,000 pop.)	Low	R	⇩	Reduce from 13/14	4.2 (Apr-Nov)	2.4 (Full year)
BCF	Delayed transfers of care (*days*) – rate per 100,000 pop.	Low	R	⇩	288.2 (Apr-Dec 14) **(BCF)**	403.2 (Apr-Nov)	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	R	⬇	65%	38% (12mth to Dec-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	979 (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	50% (Apr-Dec)	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	67%	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%	41.7%	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	190,593 (Apr-Dec)	187,765 (Apr-Dec)

Remodelled Library Service

Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
Local	Number of library Visits	High	R	⬇	Sustain 13/14	1,167,122 (Apr-Dec)	1,466,961 (Apr-Dec)
Local	Number of library issues	High	R	⬇	Sustain 13/14	1,927,063 (Apr-Dec)	2,168,859 (Apr-Dec)

Investment in People – Employment and Skills Support

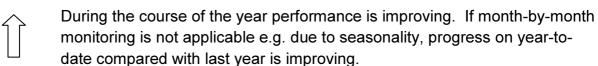| Support People into Employment							
Measure	Description	Aim	RAG	In-year Progress	Target	2014/15	2013/14
Local	Leicestershire Adult Learning Service (LALS) Success Rate	High	G	⬆	85%	91%	88.1%

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

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.

Explanation of RAG Rating

RED	Close monitoring or significant action required. This would normally be triggered by any combination of the following: • Performance is currently not meeting the target or set to miss the target by a significant amount. • Actions in place are not believed to be enough to bring performance fully back on track before the end of the target or reporting period. • The issue requires further attention or action
AMBER	Light touch monitoring required. This would normally be triggered by any combination of the following: • Performance is currently not meeting the target or set to miss the target by a narrow margin. • There are a set of actions in place that is expected to result in performance coming closer to meeting the target by the end of the target or reporting period. • May flag associated issues, risks and actions to be addressed to ensure performance progresses.
GREEN	No action required. This would normally be triggered when performance is currently meeting the target or on track to meet the target, no significant issues are being flagged up and actions to progress performance are in place.

The degree to which performance is missing a target is open to debate. A common way of overcoming this is to use a precise percentage threshold between current performance and the target. However, a blanket approach (such as plus or minus 10%) is not appropriate due to the varying ways that metrics are reported. E.g. small numbers, rates per capita, percentages.

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