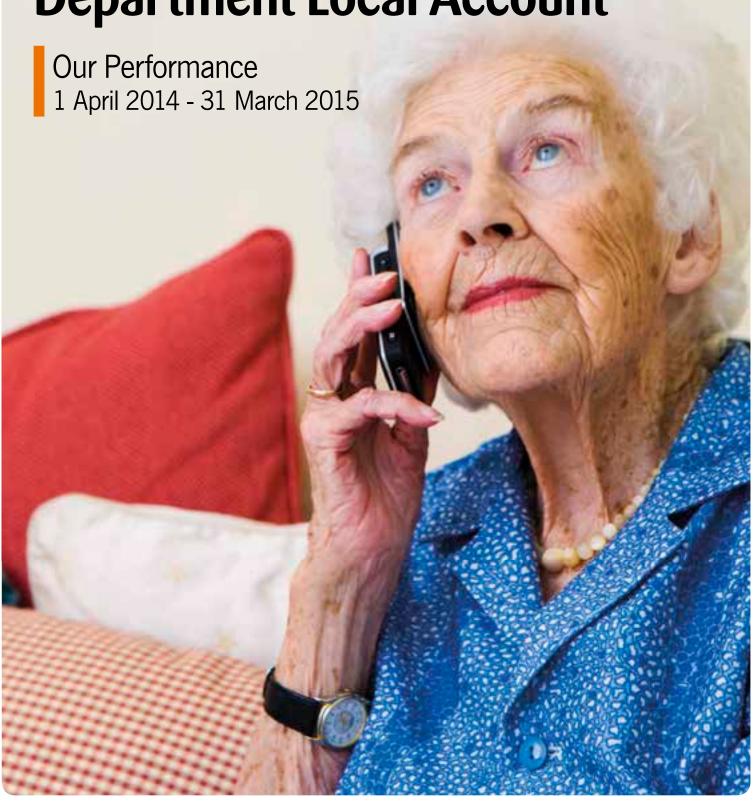


Adults & Communities Department Local Account



Introduction

Welcome to Our Performance 2014-15, our Local Account which sets out our achievements during the twelve months from 01 April 2014 to 31 March 2015. It informs the citizens of Leicestershire how we have met the needs of local people during that time, about our priorities and plans for the coming year, and also about the challenges we face.

The Adults and Communities Department provides a wide range of support services to people with social care needs (Adult Social Care services), and supports the health and wellbeing of the whole population through activities, cultural and learning opportunities (Communities and Wellbeing services). These services encompass all levels of need and provision, from people who want to find activities and use community resources, those in need of information and advice, through to high levels of social care for people with complex, long term needs, and support for carers. The Communities and Wellbeing services delivers a wide range of heritage, learning, library and archive services and also includes Leicestershire Adult Learning services (LALS) and Care Online that help vulnerable people develop confidence with the use of IT.

This report of our performance is set within the context of the Adult Social Care Outcomes Framework (ASCOF), which is a national framework from the Department of Health against which our progress is measured. Communities and Wellbeing no longer have such a formal structure for performance monitoring at a national level, but have determined local priorities. The report also reflects our achievements against the priorities identified in the Adult Social Care Business Plan 2014/15.

In 2014-15 we have:

- achieved savings targets without significant reduction in services to people at risk
- prepared for the implementation of the Care Act 2014
- continued to improve our performance across the range of services we provide
- identified the changes that we need to make to work more effectively and efficiently in the future, and begun development of a new Adult Social Care Strategy

Our aim is that future services and support will help people stay more independent and be a part of their local communities, through a health and social care system that improves health, puts people in control of their care and support and protects those people who are most at risk.



Dave Houseman Lead Member, Adult Social Care



Richard Blunt Lead Member, Heritage, Leisure and Arts



Jon Wilson Director, Adults & Communities

Where we are now, and the challenges we face

During 2014/15, work commenced in preparation for the Care Act in 2014 to ensure that the Department was ready and able to implement the requirements from 1st April 2015. This included development of a new carers policy, procedure and guidance, a new eligibility policy and procedure, new assessment tools for assessing carers, creation of the carers resource allocation system, arrangements with NHS England for delivery of social care in prisons, recruitment of additional staff to deliver the changes, and an update of web pages to ensure that advice and information is available and appropriate. A comprehensive staff training programme was delivered, together with staff and elected member briefings.

The Council is actively involved in work to integrate health and social care at a national and local level through the Better Care Together Programme, a significant programme of change and integration across the health and care economy. Relationships with key NHS partners are positive at both strategic and operational levels, and we are working together to develop integrated services to help us understand people's health and care needs, and to avoid duplication and prevent people from needing longer-term or more intensive, costly support.

Challenges

The scale of the financial reductions required by the Council and the local challenged health economy has required Adult Social Care to be carefully controlled through budget savings, transfer of funding from the NHS (the "Better Care Fund") and savings from other council services. As the requirement for budget reductions continues, current models of delivery will not be sustainable and steps must be taken to reduce demand and promote independence.

The focus of service provision needs to shift towards prevention and well-being. By focusing on preventive services, and avoiding the development or deterioration of long-term conditions, expensive treatment and care options can be avoided in the future. This will decrease demand on social care services and free up resources for those who really need them. Shifting towards prevention will be a key challenge for a system that has always focused on addressing people's "deficits" and directly meeting those needs, rather than helping people to identify their own solutions and resources, and remain as independent as possible.

We need to measure the effectiveness, efficiency and quality of care, so it is possible to demonstrate improvements in the system. For example, how do we know this way of doing it is better? This will need to include quality standards (what is 'good'), how they are measured, and how to demonstrate the value of the workforce. We need to make sure that the information we gather is sound and gives us the right data to measure quality and tell us how services are performing.

In line with the position nationally there are difficulties in ensuring that the workforce across the sector can expand to meet rising levels of demand driven by demographic changes. Recruitment and retention of skilled staff is a particular issue in domiciliary care services.

In order to work together successfully in new partnerships, we will need to make sure that staff understand and are committed to our aims and desired outcomes. In particular, health and social care professionals need to understand why information needs to be shared, appreciate how this benefits people who use services, and have confidence in processes for doing so.

Our population

The population of Leicestershire is growing, and the increase in the older population is proportionately higher than the overall population increase. By 2015, the population aged 65 years and over is projected to have grown to 134,000 since 2011, an increase of 6%. By 2020 this population is projected to grow to 149,500 people, an increase of 18%. The population aged 85 years and over is growing even more quickly. By 2015, this population is projected to grow to 17,700, an increase of 8%. By 2020 this population is projected to grow to 21,200 people, an increase of 29%.

The number of older people with learning disabilities is expected to increase, due to increased life expectancy, and people with other complex needs are also living longer – both creating further additional demand upon social care. There is an expected increase in the numbers of young people coming into adult social care services. All these factors contribute to the pressure on existing services.

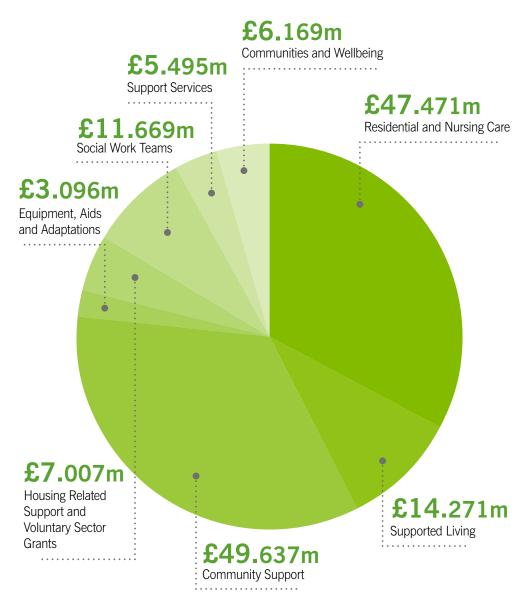
By 2020 the population aged 65 and over is projected to grow to 149,500 people, an increase of 18%.



How we spent our money in 2014/15

In 2014/15, the Department spent £137.6 million on Adult Social Care and Communities and Wellbeing, in the following ways:





Budget Reductions

For the four-year period 2011-12 to 2014-15, budget reductions of £45 million have been secured. This has been achieved through:

- Increasing income: Health transfers and increased service user contributions
- Service reductions: Increasing the eligibility threshold (from moderate to substantial) and early intervention and prevention
- Efficiency savings: A wide range of initiatives, but the biggest part comes from implementation of revised eligibility criteria (i.e. only people with substantial and critical levels of need were eligible for services).

What did we achieve in 2014/15?

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

Business Plan 2014/15 Priority:

"We will endeavour to enhance the quality of life for citizens of Leicestershire"

Our Performance Measure: Increased proportion receiving cash personal budgets

- We have improved the proportion of people receiving Self Directed Support: 91% of service users have a Personal Budget, and 36% have a direct payment.
- 98% of carers receiving services have a Personal Budget, and 95% have a direct payment
 – these are new measures in 2014/15 and therefore cannot be compared to the previous
 year's performance however this is comparable with average national performance for
 Carer's Personal Budgets, and better than the national average for carers direct payments.

Other achievements:

- The social care survey shows an increase in the levels of satisfaction of people who use services, up from 60% to 66%.
- The number of service users with a learning disability who live in their own home or with their family has risen, from 61% to 65%.

Case example

Liz had been living in residential care for 12 years, but decided she wanted to rent her own flat near her boyfriend, in a place where she could feel safe. Liz moved to sheltered housing with a community alarm system, and 6 weeks after moving in reduced her support from 2 visits per day to 1 per day.

- A 6% reduction in the number of complaints, which mainly relate to the accuracy of records (notably invoices) and delays in providing a service.
- 95% of complaints were resolved within 20 working days.
- 88% of people who attended adult learning programmes successfully completed their learning outcomes (up from 83% the previous year).
- The Shared Reading Scheme created 8 local groups in libraries for people with low level mental health issues.
- The number of apprenticeships within the Council rose by 31%, from 51 in 2013/14 to 67 in 2014/15.
- The Pathway to Supported Living Project has helped 42 vulnerable adults to become tenants in their own accommodation and live more independently.

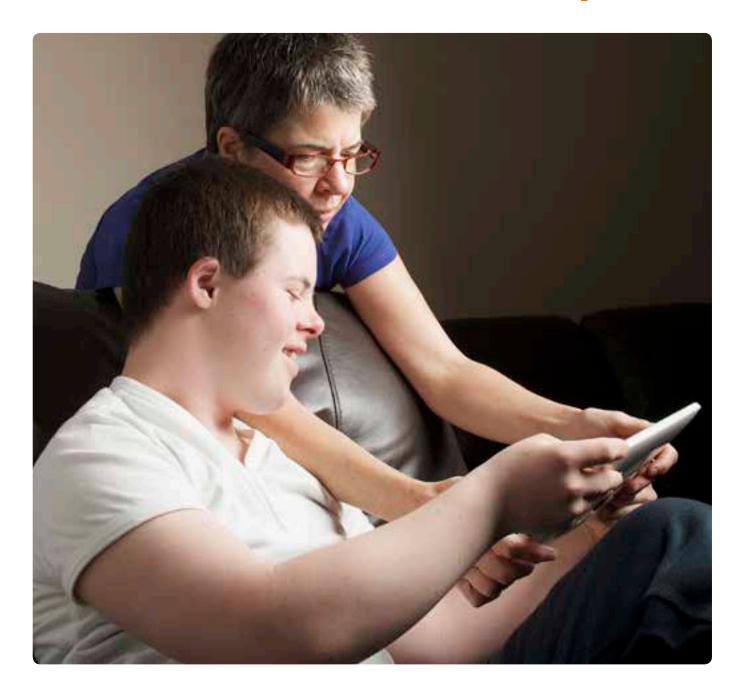
Liz says "I like having my own space, I can come and go when I want. I can eat when I want, have a packet of crisps when I want to. I have freedom to do what I want, when I want".

Case example

Martyn had been living in residential care all of his adult life. He met June who was a fellow resident and the couple decided they wanted to live together. With the support of the project Martyn moved into a flat, soon followed by June. They are getting on well, love living together and everyone who knows them are very happy with how well they are doing with just one hour of support per day.

- New carer support service contracts were issued, offering support through a one-off payment or a regular personal budget.
- People with learning disabilities have been trained to be Quality Checkers of services and will start their work in the summer of 2015.
- Our Customer Service Centre has increased efficiency by 10%, and dealt with almost 95,000 calls and 37,000 emails last year.

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ASCOF 2: Delaying and reducing the need for care and support

Business Plan 2014/15 Priority:

"We will work with partners to delay/reduce the need for care and support"

Our Performance Measure: Reduced permanent admissions to residential care

- In 2014/15 there were 35 fewer people (aged 65 and over) than in 2013/14 who moved into permanent residential care.
- The proportion of people discharged from hospital who had a reablement service and remained at home for at least 91 days increased from 78.6% to 83.1%.
- 76% of people who received a reablement service did not require a long term service.
- First Contact Scheme referrals increased by 31%. First Contact supports people to access low level preventative services, and works with around 90 partner agencies.

Other achievements:

The new model for low level mental health support increased drop-in use by people from BME communities by 11% in its first 6 months of operation.

We have contributed to the model for Local Area Co-ordination, which is a model of support for vulnerable people, focused on identifying and supporting people who need help before they reach crisis, and working towards building an inclusive resilient community around them. Local Area Co-ordination in Leicestershire is ready to start in 8 pilot areas in 2015 with the aim of building individual, family and community resilience by working alongside local people, community organisations and the voluntary sector.

Case study

A local chemist has adapted its premises to provide more than its pharmaceutical services, offering a wellbeing centre which will deliver a series of formal sessions about positive psychological, emotional therapies including Mindfulness and Cognitive Behaviour Therapy alongside social interaction, to increase positive emotional and physical wellbeing.

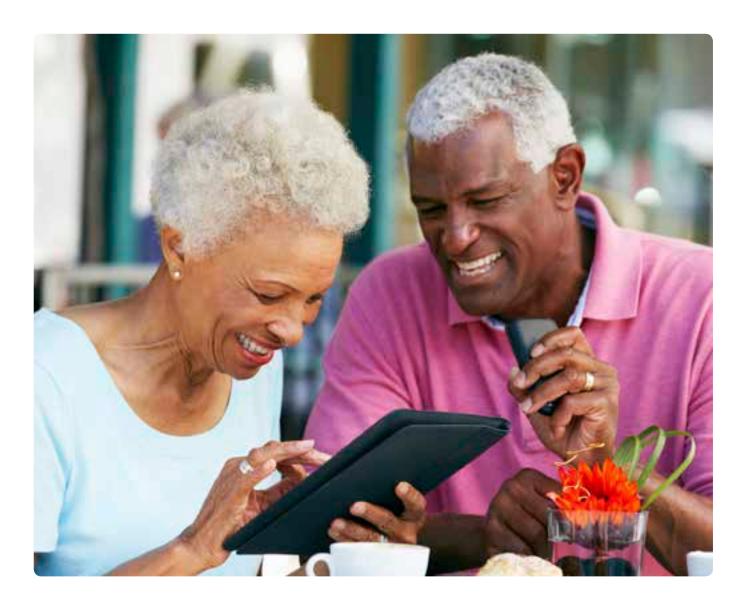
- The Innovation Fund is working with 15 projects to test ideas and ways of "doing things
 differently" for example, Community Links worked with people with dementia in residential
 homes to identify their areas of interest and connect with those activities in their natural
 communities
- We have contributed to the development of the Lightbulb Project, where we will work with health, district and borough housing teams to provide practical support in people's homes through a single point of access.

76% of people who received a reablement service did not require a long term service.

Local Area Coordination in Leicestershire is ready to start in 8 pilot areas in 2015

- Books on Prescription has collections in major county libraries targeting people at risk of poor mental health. County libraries loaned 40,000 health-related books in 2014.
- The Crisis Response Service which started in the autumn of 2014 provides short-term support at home to prevent admissions to hospital or to support people to leave hospital as soon as possible. In 2014/15 (its first full year of operating) the service worked with 976 people.
- In 2014/15 the Assistive Technology Team organised supply and installation of 1573 items of telecare (lifeline) equipment and 1662 items of standalone equipment (this is an increase of almost 8% on the number of instances of Assistive Technology support during the previous year
- We remodelled service delivery in a mental health recovery hostel, which now delivers time-limited stays, flexible night-time support and short-term follow up support to people moving on to independent living.
- First contact referrals increased by 31%, working with around 90 partner agencies to deliver low level preventative services (eg smoke alarms, warm homes advice).
- There was a successful pilot of a reablement service delivered in a residential care setting, for people medically well enough to leave hospital but needing some support to regain daily living skills.

First contact referrals increased by 31%, working with around 90 partner agencies to deliver low level preventative services



ASCOF 3: Ensuring that people have a positive experience of care and support

Business Plan 2014/15 Priority:

"We will ensure that people have a positive experience of our services"

Our Performance Measure: Improved service user and carer experience

In 2014 Leicestershire took part in the Personal Outcomes Evaluation Tool (POET) survey, with results broadly similar to other parts of England. Service users, carers and staff were surveyed separately

- The social care survey shows that there has been an increase in levels of satisfaction of people who use services, from 60.1% in the previous survey, up to 66%.
- The satisfaction of carers with social services has fallen slightly, from 43% two years ago, to 41% this year.
- The proportion of carers consulted in discussion about the person for whom they care has also fallen slightly from 76% two years ago to 73% this year.
- The proportion of people who use services and carers who reported that they find it easy to find information about services was 71% a slight improvement on two years ago when the two were last combined for this measure.

Other achievements:

- ASC and Health pages on the Council's website have been reviewed and redeveloped to be more user-friendly and customer-focused.
- Care Act 2014:
 - Staff were trained on new requirements and responsibilities
 - A Customer Reference Group has supported development of information and advice requirements
- A new Memory Support Service was contracted in partnership with health, promoting early diagnosis of dementia. In its first 6 months the service supported 227 people.
- In 2014-15 the Advocacy Service dealt with 428 individuals and worked to revise eligibility criteria to ensure compliance with Care Act requirements.
- The Carer's Health and Wellbeing service has been extended across the whole County, supporting self-identification for carers and working with GP practices to identify and support carers within primary care settings.
- The Museum Education team has delivered training programmes for 60 care home staff to support them in working with those suffering with dementia. This work has been evaluated by the Institute of Mental Health and shown to have a positive impact.

there has been an increase of 5.9%, up to 66%, in the levels of satisfaction of people who use our services

The Council's website has been reviewed and redeveloped to be more user-friendly and customerfocused.

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

Business Plan 2014/15 Priority:

"We will safeguard vulnerable adults and protect them from avoidable harm"

Our Performance Measure: Improved safeguarding referral outcomes

- The proportion of people stating that the services they receive help them to feel safe remains very high at 89%.
- There has been a small reduction (-2.3%) in the percentage of service users who feel safe.
- Fifty-eight percent (58%) of people with a learning disability who are known to adult social care have had a review an increase of 7% on the previous year.
- The number of people for whom a safeguarding referral was made was 33% lower than 2013/14, due to changes in safeguarding thresholds intended to ensure a greater focus upon those most at risk of harm.
- The majority of referrals relate to people within residential care settings (63%), with the main cause being due to Neglect and Omission (43%).

Other achievements:

- An information sharing agreement was put in place with partners across the local region relating to people in residential care with learning disabilities and challenging behaviours.
 We also led on a successful capital grant application to Department of Health to develop accommodation including a step up/down provision to support discharge back into community setting.
- New relationships have been built with the Governors of HMP Gartree and HMYOI Glen
 Parva to facilitate delivery of social care in prisons. A number of Prison Officers are
 being trained to deliver Safeguarding and other social care practice training to their peers.
 Arrangements have been made to ensure access to independent advocates for prisoners.
- Three half-day events about Lasting Power of Attorney have been hosted in public libraries in the county, in partnership with the Office of the Public Guardian, to offer people an opportunity to get personal expert advice.
- The Quality Improvement Team work with providers of social care services to continuously improve the quality of services delivered in all settings. The team works closely with a range of providers, aiming to raise awareness and standards, and reduce the number of contractual breaches and in-care safeguarding investigations.

Residential care provider: "Lorraine and Simon went over and above to help embed and reiterate dignity in a positive and fun way"

Community care provider:
"Bev was able to explain areas of weakness in a gentle way, giving reasons for the need to improve and the risks of not changing methods, ways and approaches in particular areas.

Working Together

Business Plan 2014/15 priority:

"We will work with customers, partners, and carers to minimise the impact of funding pressures and increasing demand"

Managing our resources

- All managers (grade 13 and above) have attended "Leading for High Performance" training to focus on delivering high quality services during austerity.
- When budgets are agreed, they take account of the growth needed to meet increasing demand, and of inflation.
- There has been development of a new Cost Effective Care policy to define how resources are targeted to provide care that is cost-effective, provides good value for money and meets statutory duties.
- Net expenditure by the department was maintained at the same level in 2014/15 as 2013/14 despite significant cost pressures from increasing service user demands.

Net expenditure was maintained in 2014/15 at the same level as 2103/14 despite increasing service user demands

Finding out what our customers think

In 2014 Leicestershire took part in the Personal Outcomes Evaluation Tool (POET) survey, with results broadly similar to other parts of England. Service users, carers and staff were surveyed separately:

- 82% of service user respondents said their views were taken into account in planning
- 80% of personal budget recipients said their views were taken into account in their assessment
- 90% reported that they had received help to plan their personal budget.
- A majority of people reported their personal budget had made a positive difference to them, and less than 10% of personal budget recipients reported a negative impact.
- More than 60% of carers felt their views were included in the personal budget process
- A higher proportion of Leicestershire carers reported that personal budgets had improved their ability to work or volunteer (50% compared to 43% in other parts of England).
- Just 11% of carers in Leicestershire reported that personal budgets for the person they
 care for had made their life as a carer worse in relation to their choice and control over the
 important things in life.

This was the first time that the POET survey has been undertaken in Leicestershire, and the results are seen as a benchmark. During 2015/16 Adult Social Care will be considering how feedback can be embedded within processes to ensure ongoing improvement.

Over 60% of carers felt their views were included in the personal budget process

Compliments and Complaints

- During 2014-15 there were 145 complaints recorded under the statutory complaints procedure. This marks a 6% reduction from 2013-14.
- The main causes of complaints were accuracy of records (notably invoices) and delays in providing a service.
- 95% of complaints are resolved within 20 working days.
- Key areas for improvement for 2015/16 are improving accuracy of record keeping and continuing to roll out complaints training for all locality managers, including "surgery" sessions for managers to raise any issues in relation to complaints handling.
- During 2014-15 there were 145 compliments recorded for social care services.
- The main theme prompting service users / families to make a compliment was around staff behaviour and their positive ethos towards working with them.
- A selection of the compliments received will appear in the annual complaints report to be published this autumn.

In 2014-15 there were 145 complaints recorded. This was a 6% reduction from 2013-14.

Co-production

The Department held an initial event to consider future use of the Government's Think Local Act Personal (TLAP) - "Making It Real" programme. This helps councils, providers and other organisations working with people to monitor their progress towards personalisation. It will be further developed in 2015/16.

The new model for social care prevention was co-produced with a focus group of service users and carers, and tested in customer workshops. Engagement included Healthwatch Leicestershire, and there was a full public consultation overseen by the Prevention Advisory Board, whose membership included representation from people who use social care services.

We worked in partnership with carers, health colleagues and voluntary sector partners to develop the new carers' pathway. A suite of new carer assessment tools was designed and co-produced with carers, staff and carer support services in time to ensure the department was Care Act compliant from 1st April 2015.

During 2014-15 there were 145 compliments recorded for social care services

The Future

The Care Act 2014 requires local authorities to ensure the provision of preventative services - that help prevent or delay the development of care and support needs, or reduce care and support needs.

For individuals in receipt of care, care planning needs to be more person-centred and focused on the prevention, reduction and delay of needs through encouraging them to access other local community based support. This will be in conjunction with any personal care they receive at home, as well as aids and adaptations, telecare and voluntary and community based services and assets as part of an integrated approach to prevention.

Our future strategy and commissioning model will aim to meet need and prevent higher levels of need, in order to ensure that adult social care is sustainable and can prioritise vulnerable people whilst managing demand and meeting our statutory responsibilities.

Looking forward, the challenges we face are expected to be similar to other councils and include uncertainty over government funding, legislative changes (including Care Act and welfare reforms), implications of NHS savings and the wider integration agenda, achievement of savings and income targets. This year we have spent time with staff, customers and providers developing a draft Adult Social Care Strategy which will aim to address the significant challenges, associated with new legislation, rising demand and decreasing resources, which are facing social care over the next four years.



