APPENDIX A

EMADASS PEER CHALLENGE PROGRAMME 2013

DASS INTERVIEW FEEDBACK REPORT

COUNCIL: Leicestershire DATE OF INTERVIEW: 29 May 2013

1. INTRODUCTION

This is a brief summary of the key points only from the interview. It should be used by the lead Director of Adult Social Services (DASS) and Challenge Team to consider areas of exploration and for the host DASS to consider as part of any review of key lines of enquiry (KLOES) or areas on which they wish to seek further information.

The key points are from the six areas and are a series of bullet points that arose in discussion at the interview. They focus mainly on areas for improvement.

Also attached are the collated briefing notes I used for each interview. Some of them are heavily abbreviated but each DASS should be able to follow them.

2. SUMMARY OF KEY POINTS

- The improvement areas noted for the last year were: moving towards fuller Personal Budget (PB) delivery with a new care pathway and customer service centre arrangement. Learning disability services were mentioned as regards improved personalised day opportunities; and a very effective efficiency change programme which was evidencing savings – there was a £4.5m underspend last year
- For 2013/14 the main areas of focus for improvement are:
    - Further PB progress and budget control;
    - Planning for the Care Bill and Dilnot;
    - Working with the NHS – proactive care and virtual wards, re-ablement etc.
- There was felt to be a greater momentum now. Other areas mentioned we getting extra care off the ground, improving housing related support and assistive technology, and improving the crisis response to people in the community
- On Personalisation it was said that the good performance on people with mental health needs being in employment may be over-stated and for people with a learning disability the low performance was expected to improve with some micro-provider development planned. There remain some traditional day services such as at Hinckley but others are more like resource centres. There is work being undertaken with care managers to develop the market
- PBs had improved to 52.5% but are below the target of 70% and DPs are at 15.8% which is quite low. It was stated that people find it challenging to

handle the cash side. There is no third party agency to act as the facilitated management for DPs. There are provider management accounts with domiciliary care agencies but these are not well used. Frontline staff were stated as risk averse. There is not a dedicated specific lead officer for personalisation and it stated that it was now business as usual. Overall there was some dissonance between the personalisation developments and the actual performance

- For Making it Real the three priorities are to be defined
- On Transitions there was a joint strategy with Children's Services with a team based in adult social care. Some good outcomes were stated. There has not been an assessment of any savings from the Team and any new personalised care planning. The Care Funding Calculator is used by the Council
- For Promoting Independence, the performance on older people at home 91 days after a rehab episode had improved slightly from 11/12 and may be better than the data reports. Delayed discharges had increased and were said to be related to non-acute hospital settings. Social care ones were low
- Admissions of older people to care homes had increased but it was stated that there was an overall downward trend over past years with the average length of stay reducing. UHL had a discharge to assess model and this may lead to an increase in long term care admissions. Self funder pickups are high
- The Prevention Model was not felt to be comprehensive or coherent across the whole County. It was work in development with Public Health and ChS on a primary prevention offer. There was felt to be a stronger service offer in secondary prevention, eg re-ablement, and there is work with the CCG on risk stratification. There is an Ageing Well Review which is a bigger piece of work than just prevention
- Assistive Technology had had a £1m investment and there is an in-house team. One CCG is starting a tele-health pilot
- For Access and Information, there was good performance on assessments completed within 28 days (66.8%). Also, 67% of contacts were resolved at the first point of access. There is an Advice and Information Strategy and mystery shopping is undertaken. The engagement framework was stated as needing to be more strategic and current mechanisms are "hit and miss". The Learning Disabilities Partnership Board was a strength. There are Older People's Forums in localities but these were not effective
- Case reviews had a low performance and this was because review staff had had to be involved in the eligibility change. There is some evidence of better outcomes and costs from reviews. There are case audits in safeguarding but not generally. This will be considered
- On safeguarding, the low performance on reviews had been noted. There was a Quality improvement Team in place which had come from discussions with Care Home Providers. One area of focus had been pressure care. The Safeguarding Adults Board has strong NHS engagement and its Annual Report goes to Cabinet. On Winterbourne and Francis there had been some work on Francis locally with an initial report to the Health and Wellbeing Board. On Winterbourne the local authority had been the lead agency for all reviews but the NHS now do their own. There is a need to look at the quality of commissioning. There is a big challenge with a large Private Finance

Initiative funded Assessment Treatment Unit resource (Agnes Unit) and the offer will be re-shaped with the NHS and Children's Services.

- For leadership, the local Provider Trust manages mental health and learning disability services. Mental health is co-located but not singly line managed. Learning Disabilities Social Workers operate from generic teams. There is an Integrated Commissioning Board which is a sub-group of the Health and Wellbeing Board. It oversees the NHS transfer monies and has a focus on carers, dementia, Learning Disabilities, and Continuing Health Care.
- There is no Joint Commissioning Unit but the joint approach with the Clinical Commissioning Groups is being looked at.
- The position on integration is that the Council is keen on being a Pioneer. However, it was stated that structures may not be the solution and support should be built around the person – a care co-ordination approach and maybe co-location
- Equality and diversity was generally not mentioned in the self-assessment. Equality Impact Assessments were utilised and service users were said to be broadly representative of the whole population
- For Use of Resources, the Directorate is to save £26m over four years. There had been a proportionate approach to savings across Directorates. There had also been £15.4m growth and NHS Transfer monies had been fully pass ported
- Main savings areas included "meeting outcomes for the most efficient cost" (£6.5m) and 5 other work-streams (£9.6m). Supporting People will be looked at (£7.7m). The Wiltshire outcomes based model will be looked at
- There was felt to be good synergies with the Directorate's priorities and those of the Health and Wellbeing Board
- The £4.5m underspend was not unusual as other Directorates also underspend
- The KLOES were confirmed with the main ones identified as Personalisation (fresh ideas and impetus) and Commissioning home based support for Older People

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