

Self evaluation/assessment template

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Narrative on process for completion of this form:	
This self-assessment form has been completed through consultation with service managers, project leads and members of staff as relevant to the areas covered and discussed. The content of the assessment was also subject to discussion and scrutiny at Senior Leadership Team meetings.	
Period covered by this self assessment	April 2012 – March 2013
Date self-assessment Completed	3 rd May 2013 (updated October 2013)
Signed/agreed on behalf of the Directorate	
Name	Mick Connell

Position	Director, Adults and Communities Department
Signature	<i>Mick Conell.</i>

ENABLING MAXIMUM CHOICE AND CONTROL

(Linked to ASC Outcome 1: Enhancing quality of life for people with care and support needs)

Indicator Ref	Measure	2011/12	2011/12 Quartile	2012/13	2012/13 Quartile	Quartile Trend
1A	Social care related quality of life	18.3	Bottom	18.9	Second	↑
1B	Proportion of people who use services who have control over their daily life	66.1%	Bottom	74.4%	Third	↑
1C (i)	Proportion of people using social care who receive self-directed support	39.2%	Third	50.5%	Third	→
1C (ii)	Proportion of people receiving self-directed support in the form of a Direct Payment	13.6%	Third	15.3%	Third	→
1D	Carer reported quality of life	Not collected	n/a	7.9	Third	n/a
1E	Proportion of adults with learning disabilities in paid employment	1.8%	Bottom	1.6%	Bottom	→
1G	Proportion of adults with learning disabilities who live in their own home or with their family	47.7%	Bottom	61.6%	Bottom	→
SLI Core: Personal Budgets	Proportion of eligible people using social care who receive self-directed support	Not collected	n/a	82.4%*		n/a
SLI Core: Reviews	% of people who use services who have received either an assessment or reassessment of their needs in the period	46.7%	n/a	46.5%		→
	* The figure of 82.4% relates to service users in receipt of home care, day care, mobile meals and direct payments only. It excludes services where a PB isn't offered such as major and some minor adaptations, and reablement services.					

Please rate (by highlighting) your Local Authority against the following areas of delivery 1 = inadequate, 2= adequate, 3= good, 4= outstanding

Theme

Commentary

ENABLING MAXIMUM CHOICE AND CONTROL (linked to ASC Outcome 1: Enhancing quality of life for people with care and support needs)

Evidence

Assessment of progress on Think Local Act Personal (TLAP)

<p>How well are outcomes being achieved?</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>Interpretation of Performance Data:</p> <ul style="list-style-type: none"> • Provision of personal budgets in Leicestershire (measured through ASCOF 1C) has increased from 39% in 2011-12 to 51% in 2012-13. There has also been a small increase in the proportion taking the budget as a cash payment. Both measures have remained in the third quartile compared nationally with other authorities. Monitoring a more realistic measure of personal budgets through a locally defined indicator, 82% of service users receiving home care, day care, mobile meals or direct payments did so through a personal budget. • The survey results for the 2013 adult social care survey showed a marked improvement on the previous year. Performance on the Quality of Life indicator (ASCOF 1A) has moved up from the bottom quartile in 2011/12 to the second quartile in 2012/13. ASCOF 1B (choice and control) also improved from the bottom quartile to the third. A paper presented to Departmental Management Team in September 2013 explained that achieving ASCOF 1C figures without a significant resource from ICT for adjustment to reporting; nonetheless, the majority of Service Users who are receiving ongoing community care services are on a personal budget in Leicestershire. Carer's quality of life is complied through combination of several questions in the carer's survey. The survey was conducted for the first time in 2012-13 and findings put Leicestershire in the third quartile nationally. • Service users who have received a service for 12 months or more and have been reviewed or reassessed in that period has remained consistent during the past two years. Some small improvement is being made in 2013/14.
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				<ul style="list-style-type: none"> • In respect of service users with learning disabilities, employment remains significantly low and in the bottom quartile in 2012/13 whilst settled accommodation has improved between the two years (despite remaining in the bottom quartile) <p>The Department recognises that there are areas for improvement in the delivery of outcomes for service users in respect of ‘enabling maximum choice and control’. An area for future work is greater and more effective engagement with service users and carers as part of the care pathway. Scrutiny of the adult social care survey and the carer’s survey will be essential to addressing this issue and a priority for the department. Similarly, the Department’s offer in respect of employment for service users with learning disabilities needs to be re-considered at a strategic level.</p> <p>However, positive outcomes in respect of giving service users choice and control over their care and support services can be demonstrated across the Departments work:</p> <ul style="list-style-type: none"> • Review of existing Community Opportunities in the Hinckley area has resulted in a large number of service users accessing alternative services, community-based services or services which are not funded by the Council. This project has been extended so that all service users attending Community Opportunity services can benefit from this initiative. • Delivery of ‘Wellbeing Wednesday Events’ as part of the Communities and Wellbeing Service. Offering a range of health and creative activity events based around the five ways to wellbeing, 160 cultural events were delivered during 2012/13 engaging with over 2,700 people in libraries, heritage and learning venues. • The ‘Shared Lives’ service (an arrangement where individuals and families in local communities provide accommodation and/or support for people who need some help to live the lives they choose) is now expanding to include a greater range of placements (including short and long term placements, day service placements) and to reach out to a greater range of individuals and client groups. • Development of the ‘My Outcomes’ tool within the care pathway, which allows service users to review their individual progress and achievements. The recording of outcomes will be improved by recent technical developments in information systems. Leicestershire has a range of self supported assessment forms (SSAFs) throughout the customer Self Directed Support (SDS) pathway which are outcome focussed. Service users can complete them independently or via support of their choice. The single Resource Allocation System (RAS) in Leicestershire is a well-tested tool that has worked
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				<p>well.</p> <ul style="list-style-type: none"> • Some health transfer monies have been used for a dedicated Carer Project Officer who will deliver actions highlighted in the Department’s Carer’s Strategy and Delivery Action Plan. A recent milestone was the procurement of a pilot Carer Health and Wellbeing Service, with a strong emphasis upon supporting unpaid carers to access the care and support available to them. • The Leicestershire Adult Learning Service (LALS) is now integrated within the Department and delivers a range of learning opportunities in community and learning venues (such as libraries and community halls). Notable is the delivery of 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. • Within Communities and Wellbeing is an established, exemplary approach to developing and supporting volunteering – the Volunteers, Internships and Placements programme (VIP). Currently there are over 1,000 volunteers working across the Home Library Service, collections, libraries, museums, the Record Office and LALS. 	
Working together, partnership	1	2	3	4	<p>The Department has established significant and effective links and working arrangements with a range of partner organisations with the aim of ensuring that all service users experience choice and control over their care and support. Specific examples include:</p> <ul style="list-style-type: none"> • Integration of the Adult Social Care and Communities and Wellbeing departments in 2010 has created a unique situation with the potential to integrate more closely a cultural and learning offer within adult social care as part of the Department’s core business. • The Department has supported the development of the local Health and Wellbeing Board and established a new Integrated Commissioning Board (ICB) with health and housing partners. This will ensure partnership working to plan and commission health and social care services in line with Leicestershire’s Joint Health and Wellbeing Strategy. • There is a well-established approach to engagement with service users and the wider public in the context of the development of strategies, service models, service specifications and the evaluation of tenders for new services. This helps to ensure that departmental strategies and commissioned services reflect the needs and aspirations of customers. This is distinct from engagement with service users as part of the care pathway, which is acknowledged (see above) as an area for improvement.

				<ul style="list-style-type: none"> • Launch of the 'ChooseMySupport' website which comprises an marketplace developed in partnership with Leicester City Council (and now includes Nottingham City and Nottinghamshire County Councils). It offers people living in Leicestershire choice and control to decide which social care support services and products will enable them to lead independent lives. Currently the website has 374 approved providers (258 approved for services in Leicestershire), 658 registered users (including individuals, brokers and carers) and a total of 1,197 services are advertised. • Providers are being supported to utilise cash payments by being provided with templates of good tools (for example, suggested contracts with service users). Additionally, the Market Development team has undertaken extensive work with independent and voluntary sector providers to encourage a meaningful and targeted market place, including hosting regular forums with micro and larger providers, networking events, and targeted work with groups of service users to establish their needs and match them with providers. Work will continue in this complex area. • The Compliance Team has developed a 'Quality Assessment Framework (QAF) for Older Person's Residential and Nursing Care' which encourages close working with independent providers of care homes to improve the quality of care and support, encourage continuous improvement and more positive outcomes for service users. • The Department has supported transitional arrangements for the Leicestershire Learning Disability Partnership Board – including setting new priorities, development of resources and re-shaping of locality groups and sub-groups. • Within operational services, Locality Managers are developing Locality Plans focussed on the needs of a particular locality, developing relations with partners and organisations in the community, and use of local knowledge to stimulate collaborative work to improve outcomes for communities. • Development of Personal Health Budgets (PHB) with health and local authority partners. The Department is represented on a multi-agency advisory group which is developing local policy and guidance and reports to the Continuing Health Care steering group. The Department has also worked on protocols for the delivery of PHBs for adults with a learning or physical disability in community settings who receive joint funding. Current proposals are to offer PHBs as direct (cash), managed or third party payments. A model for PHBs is expected to be ready (with input from all partners) by April 2014 and the ICB has established a PHB Steering Group. • In addition to other reminiscence work already undertaken by the Department, 'Memory Plus' has
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				<p>recently been developed initially in partnership with De Montfort University with care homes and the Council's Learning and Development service. It comprises a training and resource package enabling care staff to deliver a series of facilitated activities to people with dementia, utilising museum objects and other resource for reminiscence activities. This project has been acknowledged as being of national significance and received the Clore Learning Award in 2012.</p> <ul style="list-style-type: none"> Initial discussions have been held with the Leicester and Leicestershire Enterprise Partnership (LLEP) regarding the Structural Investment Fund and the allocation of resources to support access to employment. 	
Service delivery and effective practice	1	2	3	4	<p>Service delivery and effective practice can be demonstrated by the Department across a range of examples:</p> <ul style="list-style-type: none"> Continued implementation of the Self Directed Support (SDS) Pathway across the County, resulting in an increase in the number of people in receipt of SDS across the County (see performance data above). The SDS pathway supports outcome focused support planning underpinned by a well proven RAS. Ensuring positive outcomes for customers through effective contract monitoring of regulated and non-regulated services by the Compliance Teams – including reporting based on outcomes. Continued reduction in the number of big block contracts which makes it easier for customers with managed accounts to choose services and their support. Consequently, less of the Department's funding is tied up in long term services, providing greater flexibility for future commissioning activities. Launch of an Effective Support project which is demonstrating better outcomes for people with some savings in packages through detailed reviews and migration to Personal Budgets. A review of the Communities and Wellbeing Transformation programme is being undertaken to identify actions required to enhance the service offer to vulnerable people. In response to the local crisis in Emergency and Urgent Care, the Department launched a pilot for a Crisis Response Service in September 2013. This service aims to provide an urgent and responsive social care response to cases where an intervention would reduce or remove the risk of an inappropriate admission to hospital or emergency short stay placement. The service is available between the hours of 7am – 10.30p (seven days a week) and provides support in urgent situations for a period of 72 hours or less. Ultimately, this service will be integrated with community health

				<p>provision to provide an integrated health and social care service and work with the CCGs and Community Health services to achieve this is on-going.</p> <p>The Department believes strongly in the merits of continuing to challenge its own practice and to highlight areas for on-going improvement:</p> <ul style="list-style-type: none"> • The SDS process has been acknowledged as sometimes overly bureaucratic and the key to continued success within the care pathway is expansion of staff skills and knowledge. Accordingly the following improvements have been undertaken or are in progress: <ul style="list-style-type: none"> ○ Development of SDS guidance for staff to continue to develop their skills, knowledge and confidence. ○ Development of a Learning and Development programme to offer opportunities for staff to increase skills and knowledge – with a particular focus on the monitoring and review of Personal Budgets and employment issues. ○ Setting up of an ‘Operational Processes Group for Adult Social Care’ to improve SDS related processes to speed up the provision of Personal Budgets and support services. <p>Other areas of work for planned improvement within the Department in respect of enabling choice and control include:</p> <ul style="list-style-type: none"> • A new project has been launched called the ‘Customer Journey Simplification’ with a dedicated project worker. It aims to review the current SDS pathway and consider opportunities to simplify the process as well as to take forward recommendations for best practice from Think Local, Act Personal (TLAP). • The Department will continue to reassess the resources available to undertake reviews and transfer the remainder of existing service users to SDS and Personal Budgets. • The Department wishes to ensure that a variety of external support brokerage is available, so that individuals have as much choice as possible to plan and source their services. A remodelled pilot focusing on one geographic area will run from May to October 2013 to provide more evidence (both quantitative and qualitative) about what works well and its cost to the Council. • The Department is committed to exploring options such as ‘P’ cards for Direct Payments and specialist employment for Direct Payment recipients who become employers. This work aims to
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					<p>increase the number of people accessing Direct Payments and their choice and control.</p> <ul style="list-style-type: none">• Development of an implementation plan for the Department's Customer Service Strategy has not been progressed as far as anticipated during 2012/13. However, the strategy has been reviewed and key actions to implement it have recently been identified by the Strategic Planning and Commissioning Team. Progressing this work will be a priority over the next 12 months.
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HELPING PEOPLE TO STAY WELL AND INDEPENDENT

(linked to ASC Outcome 2: Delaying and reducing the need for care and support)

Indicator Ref	Measure	2011/12	2011/12 Quartile	2012/13	2012/13 Quartile	Quartile Trend
2A (i)	Permanent admissions to residential and nursing care homes, per 100,000 population (18-64)	13.7	Second	11	Second	
2A (ii)	Permanent admissions to residential and nursing care homes, per 100,000 population (65+)	690.8	Second	798.1	Third	
2B	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	77.9%	Bottom	78.6%	Third	
2C (i)	Delayed transfers of care from hospital per 100,000 population	6.5	Second	10.9	Third	
2C (ii)	Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	1.9	Second	2.1	Second	
SLI Core: Early Intervention	% of contacts for new clients signposted to other services (i.e. those contacts dealt with at or near the point of contact, which did not lead to a full assessment of need)	46%	n/a	44%		
SLI Core: Reablement	% of people who outcome on leaving reablement is no service required	41.5%	n/a	45.40%		

Please rate (by highlighting) your Local Authority against the following areas of delivery 1 = inadequate, 2 = adequate, 3= good, 4= outstanding

Theme

Commentary

HELPING PEOPLE TO STAY WELL AND INDEPENDENT
 (linked to ASC Outcome 2: Delaying and reducing the need for care and support)

Evidence

Early Intervention and Preventative services and strategies

<p>How well are outcomes being achieved?</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>Interpretation of Performance Data:</p> <ul style="list-style-type: none"> • Performance on permanent admissions to residential or nursing care varies according to age group in 2012/13. For those aged under 65 the number of admissions reduced from the previous year (and comparable performance with other authorities has remained in the second quartile). Admissions of older people (aged 65 and over) increased slightly and consequently the associated measure (ASCOF 2A, part 2) has dropped to the third quartile. • There have been increases in delayed transfers of care in 2012-13 resulting in a downward trend in both elements of the ASCOF measure. For all delays there has been a notable increase but these are likely to be attributable to the NHS. These have resulted in a drop in the national quartile. For delays involving adult social care, there was less of an increase, whilst delays purely attributable to adult social care have fallen slightly. • The proportion of new contacts dealt with at the point of contact has been just under half over recent years. Further work will be required to understand exactly what this means, particularly in relation to how the information is recorded. • The reablement service has had another successful year. Additional cases taken by the service have increased again by 4% and the proportion reabled to the extent that they do not receive further ongoing services has increased to 45%. The team has also worked closely with Integrated Commissioning Teams in Health to reduce re-admissions to hospital. Following a pilot, performance in 2012-13 met the target to reduce re-admissions within 30 days to 17%. <p>In respect of ‘helping people to stay well and independent’, the Department can demonstrate a range of examples in which positive outcomes for service users are being achieved:</p>
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				<ul style="list-style-type: none"> • An Innovation Fund Bursary programme (value £70,000) has been established from which housing related support providers may bid for up to £10,000 each per project. To date, seven providers have successfully bid for and delivered projects using innovative ideas, including: <ul style="list-style-type: none"> ○ Encouraging young and older people to work together to develop activities in their community; ○ Connecting people in rural villages and care settings; and ○ Arts and creative approaches to health and wellbeing for minority communities. • Health transfer monies have been used to commission targeted services, teams and initiatives, including: <ul style="list-style-type: none"> ○ A Quality Improvement Team (QIT) within the Department; ○ Development of an Autism hub; ○ A Memory Advisor Service (for dementia) and a Carers Health and Wellbeing service pilot; and ○ Increased investment in the Carers Support Fund (CSF). • Increase in the provision of lunch clubs (from 28 to 48 clubs) resulting in a 37.8% increase (or 11,013 meals) in the number of meals provided to vulnerable older people in the County since 2010/11. • Investment in ‘Hospital2Home’ services providing support to individuals being discharged but who are not supported by informal carers. During the first three months of service delivery over 70 people benefitted from extra help to settle in at home after a stay in hospital. • A ‘Hospital2home’ Hamper Scheme has been developed providing a basic food parcel and key supporting information to vulnerable adults unable to access food and drink supplies when leaving hospital to an empty/un-provisioned home in order to help reduce re-admissions after discharge. • Another pilot scheme led by the Department and funded by health transfer monies is the Health and Wellbeing Awareness scheme. This scheme aims to provide information and advice on nutrition, hydration as well as advice about staying warm and well in extreme weather conditions. The scheme is aimed primarily at vulnerable, elderly persons attending lunch clubs and day centres and involves the Department working in partnership with the NHS Diabetics service and the ‘4 Ways 2 Warmth’ (4W2W) scheme (see below). • Development of the ‘Support With Confidence’ scheme to provide an approval process for Personal
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				<p>Assistants (PA) which service users with a Personal Budget can choose to use. To date, 113 people have accessed the scheme and 28 PAs have received approval.</p> <ul style="list-style-type: none"> • Adoption by Communities and Wellbeing of the emerging national Public Library health offer which includes the clinically approved Books on Prescription Scheme offering a self help resource through libraries for people with low to moderate mental health issues. This complements other self help material that is available through the network of libraries and housed in branded health collections. • The Assistive Technology Team (ATT) provides an early intervention and prevention service and the majority of its service users fall below the Council’s eligibility criteria. Outcomes have included a reduction in requirements for domiciliary care; avoidance of long-term residential care; and support for unpaid carers. A recent evaluation undertaken of the Assistive Technology Implementation Project (which aims to mainstream the use of assistive technology across adult social care) seeks to understand the cost benefits of assistive technology; early headline data suggests significant net savings. • Work has been ongoing to work with the local borough and district councils in respect of adaptations. This has included the adoption of a common set of service standards in respect of timescales for adaptations and the linking of named Occupational Therapists to each borough/district to work with them on progressing specific types of adaptations. A pilot programme testing a hub and spoke model to improve delivery of simple adaptations against these standards and the simplification of processes has been developed in the Blaby and Hinckley localities. • A subgroup of the Nutrition Action Group (see below) was tasked with development of a toolkit to enable regulated and non-regulated services to comply with the Care Quality Commission’s (CQC) Essential Standards of Quality and Safety, which focuses on meeting nutritional needs and respecting dignity. The toolkit will contain information and practical tools to promote best practice and thus increase the nutritional and emotional wellbeing of those in the care of the services involved (residential, nursing, day and domiciliary care). • As part of the Council’s overall approach to early intervention and prevention, work is ongoing with colleagues from health, Chief Executives, the Borough and District Council’s and voluntary sector partners to consider the introduction of local area co-ordination (LAC) as part of the wider Communities in Charge programme.
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Working together, partnership	1	2	3	4	<p>The Department can demonstrate strong and proactive examples of partnership working in respect of ‘helping people stay well and independent’, with many examples of integrated working and developing relationships with a range of partners, including colleagues in health and public health:</p> <ul style="list-style-type: none"> • Joint working arrangements for Integrated Reablement and Intermediate Care are in place for the management of all facilitated hospital discharges to the Homecare Assessment and Reablement Team (HART). All facilitated discharges receive a home health assessment and the reablement and Intermediate Care Teams work closely together to ensure that service users receive the best possible reablement/rehabilitation outcomes with a view to maintaining them at home in the longer term and preventing avoidable admissions. • QIT have formalised working arrangements with the Pressure Ulcer Ambition Team (led by the Leicestershire Partnership Trust) to effectively support care home providers about training and information requirements concerning tissue viability. • Collaborative work with Community Health services to develop Intensive Community Services which are led by Advanced Health Practitioners – this has resulted in more people being cared for in their own homes and avoided unnecessary hospital stays. • Leading on development of a ‘Leicestershire Offer for Health and Housing’ – a project which will result in publishing a comprehensive document for Leicestershire which will set out a business plan for future investment in health and wellbeing with a view to creating better synergy and efficiencies in commissioning and budgeting between housing, health and social care partners. • A review of health and social care protocols, led by the Department, is scrutinising the delegation of tasks in order to deliver better care and support across health and social care without duplication of responsibilities and more effective joint working practices. • Development of ‘virtual wards’ in the community to avoid admissions to hospitals and/or institutional care with the local CCGs and with close links to operational teams. The process is based on risk-stratification assessments to identify those patients on a GP list being in need or at risk and who would benefit from early intervention. Health transfer monies are being used to fund a short-term post in North West Leicestershire to specifically develop this initiative and in East Leics the CCG & LCC have developed a model involving social care practitioners, hosted by LCC, but based in GP surgeries carrying out proactive care work. • In partnership with the local CCGs and Rutland County Council, Self Help Nottingham has been
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				<p>commissioned to map and analyse resources within the self-help sector in Leicestershire as part of the Leicestershire and Rutland Self-Care Strategy. The aim is to stimulate growth and development of self-help for people with long-term conditions.</p> <ul style="list-style-type: none"> • Communities and Wellbeing have worked in collaboration with representatives from Leicester City, Leicestershire County and Rutland NHS and providers such as the Big Difference Company, Dance 4 and Mantle Arts to promote the Five Steps for Wellbeing. This framework has increasingly been used to shape service delivery and has resulted in programmes of work such as the ‘Wellbeing Wednesday Events’ (see above, Theme 1). • Delivery of a ‘4 Ways 2 Warmth’ scheme (4W2W) representing a partnership across Leicester and Leicestershire (including local communities, the voluntary sector and statutory organisations). The scheme aims to proactively reduce the number of deaths and ill health amongst vulnerable people, families and carers associated with the winter and severe weather conditions. • Working with colleagues from across the Council, the Local Resilience Forum, Public Health, Health Protection Agency, and the local CCGs, the Department has developed Severe Weather – Cold Weather and Heat Wave Plans in order to prepare services and reduce the risks to vulnerable people associated with potential seasonal extremes. It is hoped to link this activity into the 4W2W scheme (see above) through the forthcoming year’s flu vaccination programme in GP surgeries. • Representation on the Nutrition Action Group, which ‘is a multi-agency group that promotes the nutritional wellbeing of those in receipt of social and health care services in Leicestershire’. The group has agreed a training strategy, developed a training programme and delivery models (including an eLearning option) to promote nutrition/hydration awareness with frontline commissioners and providers of care services. • Work with colleagues in Public Health and Children and Young People’s Services (CYPS) to develop a coordinated approach to commissioning of primary Early Intervention and Prevention Services to meet the strategic priority of the Health and Wellbeing Board. A Commissioning Framework has been developed and small working groups established for mental health and advice and information around preventative lifestyles and behaviours. • Other examples of partnership working in respect of ‘helping people stay well and independent’ include: development of integrated care and proactive care pathways (with the local CCGs); representation on the multi-agency community equipment board (with a pooled budget); scoping
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				<p>exercise in respect of Continuing Healthcare activity (with health colleagues); and establishing a Crisis Response Service.</p> <ul style="list-style-type: none"> • A Short Breaks strategy is being developed in partnership with people with learning disabilities, family carers and health commissioners. The strategy is likely to include the development of a range of short break options in addition to the current predominantly bed-based service provided by the Department and a block contracted bed-based service commissioned by CCG's in Leicestershire. 	
Service delivery and effective practice	1	2	3	4	<p>Continuous development of service delivery and effective practice by the Department has contributed to 'helping people to stay well and independent':</p> <ul style="list-style-type: none"> • Agreement from the People Strategy Board that the Council will be an accredited provider of Mental Health First Aid (MHFA) training. Initially targeted at managers, this training recognises that discussing mental health with colleagues reduces the risk of long-term staff absence. The corporate Learning and Development Service have allocated funds to deliver MHFA on an ongoing basis. • Establishment of a First Contact Scheme, a partnership of services who work together under the leadership of the Adults and Communities Department to ensure that vulnerable individuals are getting the right information and support. During 2012/13, the partnership was extended to include the Leicestershire Partnership Trust, Job Centre Plus and CERT (Community Enablement and Re-ablement Team) and the processing function was successfully migrated to the Customer Service Centre (CSC). Feedback on the service is gained from regular partner meetings as well as from customer satisfaction questionnaires in order to inform service delivery. A recent evaluation of service users who had used the First Contact scheme 12 months earlier showed that 80% had required no further support and were still living independently in their own homes. • The Department is actively involved in Leicestershire Together's 'Ageing Well Review', which aims to address the challenges associated with an ageing population in Leicestershire and to co-ordinate a 'whole systems approach' to supporting older people. The Department is currently involved in a phase of public consultation to get a better idea of the aspirations and needs of the local ageing population. • Launch of the Loughborough Community, Library and Learning Centre in March 2013. This represents the first example of an integrated site linking the local Community Opportunities

					<p>services with Library and Learning services.</p> <ul style="list-style-type: none"> Leicestershire CareOnLine Digital Inclusion was set up by the Department to help vulnerable adults to use computers and the internet to help reduce isolation and social exclusion, improve quality of life and wellbeing and to empower people to make their own decisions and retain their independence. To date, over 1,110 vulnerable adults have received training in the home through the scheme. Development of a Timebanking scheme using health transfer monies to offer an alternative support service delivering good outcomes and a reduced cost for vulnerable service users and people who may be at risk of using services in the future.
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ENABLING ACCESSIBLE INFORMATION AND POSITIVE ADVICE AND SUPPORT (linked to ASC Outcome 3: Ensuring people have a positive experience of care and support)

Indicator Ref	Measure	2011/12	2011/12 Quartile	2012/13	2012/13 Quartile	Quartile Trend
3A	Overall satisfaction of people who use services with their care and support	58.4%	Bottom	67.9%	Top	
3B	Overall satisfaction of carers with social services	n/a	n/a	43.3%	Second	n/a
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	n/a	n/a	75.6%	Second	n/a
3D	Proportion of people who use services and their carers who find it easy to find information about services	67.2%	n/a	70.3%	Third	n/a
SLI Core: Assessments	% of Social Care assessments completed within 28 days	68.0%	n/a	66.8%		

Please rate (by highlighting) your Local Authority against the following areas of delivery 1 = inadequate, 2 = adequate, 3= good, 4= outstanding

Theme

Commentary

ENABLING ACCESSIBLE INFORMATION AND POSITIVE ADVICE AND SUPPORT (linked to ASC Outcome 3: Ensuring people have a positive experience of care and support)

Evidence

User experience and outcomes, outcomes from mystery shopping exercises and National User Survey results

<p>How well are outcomes being achieved?</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>Interpretation of Performance Data:</p> <ul style="list-style-type: none"> • Findings from the adult social care survey in 2013 showed a significant increase in the proportion of respondents stating satisfaction with services. As such, performance on the associated measure (ASCOF 3A) has improved nationally from bottom quartile to top quartile. • A carers survey was undertaken for the first time in 2012-13. Over 40% of carers responded to say that they were satisfied with services, which is in the second quartile when compared nationally. • The carers survey was also the source for ASCOF 3C (Proportion of carers who report that they have been included or consulted in discussion about the person they care for). Over three quarters of respondents stated that they had been included – a proportion that is in the second quartile when compared nationally. • The proportion of assessments completed within 28 days has been consistent during the past two years. <p>Performance data in respect of ‘enabling accessible information and positive advice and information’ reveals areas for improvement but equally demonstrates areas where positive outcomes for service users are being successfully achieved:</p> <ul style="list-style-type: none"> • The Council’s Customer Service Centre (CSC) acts as a first point of contact for the majority of service users. Over the last year the CSC has dealt with over 100,000 in bound calls (20% of which came in via the specialist hospital line) , 15,000 emails, 10,000 faxes, 2,000 letters and 1,500 referrals from the First Contact scheme. The CSC has a service level agreement with the Department to resolve 70% of these contacts (current performance is around 68%) meaning that only around 30% of calls are escalated to locality teams. In addition to incoming work, the CSC made over 250,000 outbound calls in the last year relating, mainly, to cases that cannot be concluded at first point of contact. These cases are pended in electronic ‘baskets’ and are worked by Customer Service Agents from their own, personal work enquiries. At any point in time, the CSC has about 225 community cases pending in this way. • In March 2012 the CSC was ‘mystery shopped’ by Leicestershire LINK. Feedback emphasised the quality of service provided with 90% of the call rated as ‘excellent’, ‘very good’ or ‘good’; it was also stated that “staff were friendly, empathetic, patient and understanding”. However, LINK criticised wait times. The results of a recent and independent evaluation of the CSC undertaken by
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				<p>DJS Research (2013) found that 80% of users were satisfied with the service that they received. It was noted that interaction had left customer feeling positive emotions and that the information provided by the CSC was on the whole easy to understand and relevant. Only a small number of individuals and organisations who had used the CSC felt stressed, not in control, disappointed or frustrated. Key areas for improvement noted by the evaluation included: ensuring return calls or contact are made; explaining clearly why return contacts may take longer than expected to achieve; and, answering calls more quickly.</p> <ul style="list-style-type: none"> • An Advice and Information Strategy has been developed and a dedicated project established to implement a related Advice and Information Action Plan. A delivery model based has been defined following significant engagement with existing providers and service users and wider public consultation. The project will continue to develop the model and a procurement exercise to establish new voluntary sector advice services has commenced. Other work has included consideration of the Department’s web offer (including an innovation exercise to test out the website called ‘how many clicks?’) and printed material. • As part of the Advice and Information project consideration has been given to the role of the CSC in the provision of ‘assisted information’. Accordingly, a customer insight exercise is being completed to provide an insight into the role and effectiveness of the CSC in the customer journey. This links to improvements already undertaken or planned for the CSC. • Also as part of the Advice and Information project, a pilot has been developed of a new assisted information offer in libraries in Coalville and Oadby (commenced April 2013).
Working together, partnership	1	2	3	<p>4</p> <p>The development of partnership working in the context of ‘enabling accessible information and positive advice and support’ is recognised as an area in which the Department has improvements to make. Key to these developments will be the ongoing Advice and Information project and (as highlighted above) further scrutiny of the results of the Adult Social Care Customer Survey to understand where specific improvements are required to improve service user experience of the Department and its services. Of importance will be ensuring greater engagement with service users as part of the development of the care pathway.</p> <p>However, some areas of significant progress in joint working arrangements can be demonstrated:</p> <ul style="list-style-type: none"> • The Department has co-produced an Engagement Framework as a strategic statement of the basic

				<p>aims, objectives and principles of community engagement relating to the Department. Representatives from the Department, Health and LINKs worked together to co-produce this important piece of work, and this was supplemented by wider consultation with stakeholders to support the development of the framework.</p> <ul style="list-style-type: none"> • Development of a 'Dignity In Care' project, which judges the standard of care provided in care homes in the County to encourage continuous improvement and the delivery of positive outcomes for service users. Homes meeting required standards receive a graded 'Dignity Award'. • When existing services are strategically reviewed and service development is undertaken, full consultation is carried out with service users, providers and stakeholders and (as the process moves to service modelling and procurement) the wider public. This ensures involvement and co-production in the review and development of services, respectively. A similarly effective approach to public and user involvement is used in the development of strategies and policies, as demonstrated by the recent work to establish a carer's strategy and carer's charter. • In April 2013 the Leicestershire Autism Information Hub (LAIH) was established. The LAIH is a commissioned service (run by the National Autistic Society) to provide up to date accessible information about the full range of services across Leicestershire, Leicester and Rutland. The Hub has a website (www.liah.org.uk) and is also available via telephone and email. It's remit is to engage with Private and Voluntary Organisations to promote awareness and training. Newly diagnosed people receive an information pack which includes information about the Leicestershire Autism Information Hub which can be accessed when appropriate. 	
Service delivery and effective practice	1	2	3	4	<p>The Department recognises that it has further work to undertake in order to ensure the effectiveness and coherency of its approach to 'enabling accessible information and positive advice and support'. Attention has been drawn above to areas requiring improvement and, although progress has been made to develop an Advice and Information Strategy and to implement actions, there is still some distance to go before this is embedded in service delivery and consistent across the Department. However, some other examples of recent innovation and progress can be described:</p> <ul style="list-style-type: none"> • Where the Department commission's services, robust and comprehensive tendering processes are always conducted, in which the quality of service delivery is given considerable weight in the evaluation process. Furthermore, front-line staff, including Review Teams, continually work with individuals to ensure that support and care is person-centred, directly meets people's needs and that

				<p>individuals are supported to access high quality services. Regular and comprehensive contract monitoring of commissioned services is also undertaken by the Compliance Team.</p> <ul style="list-style-type: none"> • Libraries review performance targets annually as part of their service planning procedure. A number of indicators measure loans and visits to the library service, but also capture information on active membership, book stock, events and online usage; customer comments and complaints are also collated quarterly. These performance figures are used to inform service development and to ensure effectiveness of the services. • The Adult Learning Service (LALS) undertakes detailed evaluation of service users experience as part of its business planning process and normal operation and is used to inform and shape plans for change. An Ofsted inspection in October 2012 rated LALS as 'good'. • The Department has a Research Governance Framework (RGF) which makes it easier to prevent duplication, ensures public accountability and transparency, and ensures the safety of participants involved in any research that involves service users. The framework is for all research on social care undertaken by anyone within Leicestershire. • Communities and Wellbeing routinely budget for independent evaluations of pilot projects in order to understand how initiatives have worked, to gain lessons learnt and to gain insight to use to inform and shape future service delivery. • The CareOnLine Programme (see above) has a history of demonstrating its ability to respond to the changing population in Leicestershire and the need for continuous improvement in service delivery. It has shifted its focus to supporting people with higher levels of need necessitating the use of a wider range of technology. A rolling programme of independent evaluation is being carried out by researchers from Loughborough University to demonstrate the programme's value to service users and the Department and to inform future service delivery.
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KEEPING PEOPLE SAFE

(linked to ASC Outcome 4 Safeguarding vulnerable people and protecting them from harm)

Indicator Ref	Measure	2011/12	2011/12 Quartile	2012/13	2012/13 Quartile	Quartile Trend
4A	Proportion of people who use services who feel safe	59.2%	Bottom	60.3%	Bottom	
4B	Proportion of people who use services who say that those services have made them feel safe and secure	81.8%	Second	89.3%	Top	
SLI Core: Safeguarding	% of safeguarding investigations completed within 28 days		n/a			

Please rate (by highlighting) your Local Authority against the following areas of delivery 1 = inadequate, 2 = adequate, 3= good, 4= outstanding

Theme

Commentary

KEEPING PEOPLE SAFE

(linked to ASC Outcome 4 Safeguarding vulnerable people and protecting them from harm)

Evidence

An assessment on safeguarding drawn from Annual Safeguarding Adults Statistics and Annual Safeguarding Report

How well are outcomes being achieved?	1	2	3	4	<p>Interpretation of Performance Data:</p> <ul style="list-style-type: none"> Findings from the adult social care surveys over the past two years show a marked difference in terms of feeling safe. Whilst only six in ten respondents in 2011/12 felt <i>generally</i> safe (a figure that is in the bottom quartile), eight in ten stated that <i>the services</i> they receive help them to feel safe (in

				<p>the second quartile). Furthermore, this has risen to nine out of ten in 2012/13 and in the top quartile nationally.</p> <ul style="list-style-type: none"> • Just over a third of safeguarding investigations were completed within 28 days in 2011/12 and 2012/13. <p>Although the performance data presents a mixed picture it suggests that the provision of services by the Department is effective in ‘keeping people safe’. In terms of specific outcomes, this can be demonstrated thus:</p> <ul style="list-style-type: none"> • A Safeguarding Team (see also below) and a Quality Improvement Team (QIT) have been established in response to the identification of high numbers of safeguarding referrals in residential and nursing care homes. QIT, for example, has now worked with 58 care providers to resolve identified issues and to ensure delivery of high quality care and support for service users. • The Safeguarding Adults Board publishes an annual report which sets out the achievements. Outcomes include: <ul style="list-style-type: none"> o Demonstration of compliance with ADASS and Strategic Health Authority (SHA) audit across local authority and partner agencies; and o Increased focus on a ‘Think Family’ approach including integration of the adult and children’s boards, joint learning exercises and processes. • The Department has an effective Deprivation of Liberty Safeguard (DoLS)Team. With an excellent record of ensuring the best interests of people without capacity are followed, this team actively helps reduce the levels and types of restrictions on liberty and promotes good practice in care homes and hospitals. • The Council has in place various initiatives to protect people from harm. For example, the ‘Keep Safe Place Scheme’ provides people with places to go across the county when feeling vulnerable. The hate crime initiative has promoted awareness of, and worked to reduce incidents of hate crime.
Working together, partnership	1	2	3	<p>4</p> <p>The Department is proud of its partnership arrangements in respect of ‘Keeping people safe’ and is committed to developing multi-agency and joint working arrangements in this area:</p> <ul style="list-style-type: none"> • The Safeguarding Adults Board provides effective governance and strategic leadership. The Board has an independent chair, publishes annual reports, communicates key information and has in

				<p>place a robust business plan. Over the last year, the Board has:</p> <ul style="list-style-type: none"> o Consolidated membership, after partner organisations in health have reconfigured; o Ensured that all partner agencies are represented on the board and are involved in delivering the Business Plan; o Been involved in work with partners to address crime, anti-social behaviour and to protect vulnerable people as part of its wider community safety offer (see further discussion below); o Gathered data to identify trends and to inform service delivery; o Strengthened the governance of safeguarding by reporting work to the Boards of partner agencies; o Developed integrated arrangements with the Safeguarding Children’s Board to ensure closer working and better outcomes for child and adult service users; and o Evidenced effectiveness through benchmarking against national standards such as the ADASS’ guidance and national policy. <ul style="list-style-type: none"> • Work has also begun with partners to develop a framework through which quality assurance thresholds within safeguarding are applied and decisions made about potential safeguarding referrals. • The Department has played a leading role in the partnership to implement Deprivation of Liberty Safeguards (DOLS - see also below). There is a longstanding and effective partnership in place with partner local authorities, the NHS and the IMCA service. • Development of the ‘Keep Safe Card’ initiative originated as a partnership between the Departments’ former Valuing People Team, the Police, East Midlands Ambulance Service (EMAS) and the Fire Service for people with learning disabilities. The card includes important information about the individual such as emergency contact numbers, information about medication and how they prefer to communicate. The card has been adapted locally for use with older people, people with a hearing impairment and members of the Chinese community and has been shared nationally as an example of excellence. • The multi-agency Home Safety Action Group (HSAG) includes representatives from the Department and organisations across statutory and voluntary sectors. It promotes and supports safer communities, safeguarding people most at risk from distraction burglary, bogus callers/rogue tradesmen, fire, malnutrition, slips, trips and falls. The group works to improve health and wellbeing
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					in the early intervention and prevention arena and working to 'Leicestershire Together' priorities.
Service delivery and effective practice	1	2	3	4	<p>The Department believes that it has made considerable progress in respect of 'Keeping people safe' through:</p> <ul style="list-style-type: none"> • Well established and effective procedures in place and used by all agencies. • Effective training evidenced by evaluation. • Case file audit undertaken within the council and now extended to partner agencies. • Learning from Serious Case Reviews (SCRs) and Significant Incident Learning Processes (SILPS) incorporated into guidance and shared with practitioners. • Plans to deliver improvements in involving and informing service users in safeguarding investigations. The Safeguarding Governance Group will undertake a dedicated piece of work to consider ways in which users can be more effectively engaged throughout the process of safeguarding investigations. • Development of strong relationships with the Community Safety Team within the Council's Chief Executives department. This has included a representative sitting on the Hate Incident Reduction and Monitoring Steering Group, the development of libraries as reporting centres for hate incidents (an initiative which is under ongoing review with retraining provided for library staff), and current work to rollout training in respect of community safety (covering hate incidents, anti-social behaviour and domestic violence) to all Adults and Communities staff. • The Deprivation of Liberty Safeguards (DoLS) team safeguard the rights of vulnerable adults from arbitrary decisions being made to deprive them of their liberty and to provide a robust and transparent framework in which to challenge the authorisation of DoLs. There has been a year-on-year increase in the number of applications completed for DoLS since the safeguards were first introduced in 2009/10. In 2012/13 Leicestershire DoLS Service received 488 referrals, which amounted to the highest DoLS referral rate in the country (it is noted that some of these represent repeat referrals for persons who have been the subject to a number of authorisations). Leicestershire County council has taken a pro active approach since 2009, fostering strong relationships with partnership agencies and supporting a county wide DoLS/MCA training plan. The continued trend of increased referral figures is seen as a validation of the good practice in place with care home managers/hospital staff and other professionals.

				<ul style="list-style-type: none"> • The Safeguarding Team (which began its operational role in June 2011) specifically investigates safeguarding allegations in respect of concerns for people living in residential and nursing care. The team comprises qualified social workers, community care workers and an occupational therapist and has developed a consistent approach and clear working practices within the residential and nursing care sector and in co-operation with other teams in the Department, including DoLS, QIT and Compliance. <p>It is acknowledged that there is some room to improve and strengthen safeguarding plans to ensure they are reviewed and to develop better mechanisms for reporting on outcomes from safeguarding. This will be a priority for the Department, working in collaboration with the Safeguarding Adults Board, in the coming year.</p>
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PART B Cross Cutting Themes

Please reflect on all services for people, your assessment of your:

Leadership

Vision, Strategy and Leadership

Key Weaknesses/Areas for Development

Narrative

As a Department there has been a focus on developing leadership and areas have been identified for improvement:

- Greater engagement with a wider range of stakeholders to help us in shaping work and enhance customer insight. For example, the Department worked with a mixed group of existing customers and members of the public to develop a new Departmental strategic vision but it is felt that participation could have been wider and more representative. This is on hold pending clarification of the Council's vision.
- Development of the Department's relationship with Healthwatch. Whilst regular meetings with LINK have demonstrated excellent examples of where the Department has worked well with partners (such as development of a Carer's Charter) it is felt that the relationship could have been more productive and there are many more areas where the Department could collaborate to jointly drive improvement in the health and social care sector.
- Building relationships and partnerships within the Council and with other key partners, such as the borough and district and councils in Leicestershire. As the biggest department within the Council, Adults and Communities have provided a wide range of services to customers, but these have not always been part of an integrated approach with other council services or other services provided by partners. The new financial climate, whilst presenting challenges, offers new opportunities to build on work to look at different solutions and develop new strategic partnerships. Examples of how this will be delivered in practice include a key role in the Ageing Well programme, active involvement of staff in the Council's

Where is the evidence?

- Joint Departmental Management Team (DMT) and Senior Leadership Team (SLT)
- Vision feedback
- LINK liaison meetings minutes
- Universal credit pilot in Melton
- Joint Action Group (JAG)
- Housing Health and Wellbeing programme
- Innovation Fund Bursary programme
- Staff Survey Action Plan
- Social Work Health Check

<p>Transformation programme strengthening the approach to transitions with children’s services and the NHS and developing the Integration Transformation Fund proposals.</p> <ul style="list-style-type: none"> • Strengthening performance management through more effective use of data and evidence to drive practice and direction. 	
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Key Strengths	
<p>Narrative</p> <p>The Department can also celebrate the following strengths and successes in respect of vision, strategy and leadership:</p> <ul style="list-style-type: none"> • There is active and visible elected member leadership. The Cabinet has prioritised services for vulnerable people and targeted most of its limited growth budget at adult social care. The Adult Social Care lead member meets at least weekly with the DASS, and is actively engaged in strategy development and in monitoring the delivery of outcomes. • Members and senior managers provide effective leadership within the wider health and wellbeing partnership. The Health and Wellbeing Board is well established and has set clear priorities which are supported by the work of the Integrated Commissioning Board and includes partners from the local CCGs and the local borough/district councils. • Departmental governance arrangements also support effective leadership. The corporate leadership programme (‘Leading for High Performance or LfHP’) prompted a review of the approach to engaging middle managers in strategic and operational leadership. This has enabled the Department to develop a more “bottom up” approach to decision making. The Department has also redesigned its internal governance and decision making processes so that it is more inclusive and this has resulted in improved understanding and involvement from staff. • There is an experienced and stable Departmental Management Team (DMT) that provides effective officer leadership. The Director was the regional chair of the Association of Directors of Adult Social Services and takes an active role in policy development and sharing good practice across the East Midlands. Assistant Directors are all experienced senior managers who are engaged in national networks and development 	<p>Where is the evidence?</p> <ul style="list-style-type: none"> • Leading for High Performance (LfHP) • Departmental Change Board/SLT/extended management structure • Vision and stakeholder engagement • Golden thread - Business plan linked to PDR etc • Health and Wellbeing Board • Integrated Commissioning Board • Innovation Bursary Fund Phase 1 report • Provider Forums • Market Position Statement • Provider events • Care pathway review • Review of the Strategic Commissioning, Market Development and Compliance section • Local Accounts (2010/11 and 2011/12)

programmes, for example: National Skills Academy Top Leaders Programme, Peer Reviews and the Cabinet Office Commissioning Academy.

- Working with partners is a key delivery mechanism of a modern council and establishing shared vision is crucial to any partnership's success. The development of the Health and Wellbeing Board and the Integrated Commissioning Board are two examples of where the Department feels that it has started to create the building blocks for future years. The Department's focus for the next year includes sharing engagement plans, maximising opportunities for joint working and integration.
- As a Council there is clear recognition that there needs to be a shift from being a provider to an enabling Council where citizens and communities are encouraged to find solutions. A good example of where the Department has moved from vision to reality is the use of the health transfer monies to test new ways of working from developing integrated home based support focused on early intervention and prevention through to the development of the Innovation Bursary Fund whose success is nationally recognised.
- The leadership role in shifting and developing the external market has led to the development of a Market Development team which focuses on working with the market to ensure it is in a position to respond to the challenges of the future. Examples of the ways in which this has been delivered include: production of a Market Position Statement, development of provider forums and specific events.
- Developing an effective workforce (both internally and externally) is essential for any council to ensure a vibrant sustainable social care market. Alongside the work the Department does to develop its own workforce (through the Personal Development Review [PDR] process) there is continued investment in the independent and voluntary sector market through the Leicestershire Social Care Development Group, a multi-sector forum.
- Clear professional leadership has been offered to social workers and the Department is actively supporting their professional development through an action plan following the Social Work Health Check. This has increased the range of support and developmental opportunities available for social workers across the Council.
- The Department restructured in 2011 and over the last year a number of service reviews have been undertaken to ensure that change is embedded in all ways of working and that, as a Department, the vision of that restructuring is realised and its effectiveness reviewed. Accordingly, as a result of these reviews feedback from staff has been made to individual teams and used to inform working practices.
- The Department has now published two Local Accounts (2010/11 and 2011/12) providing local people with

a straightforward overview of how well the Department is performing. The 2012/13 Local Account ('Our Performance – Local Account, 2012/13') will be published in December 2013.

Please reflect on all services for people, your assessment of your:

Use of Resources

Efficiency, Productivity, Innovation, Sustainability

Key Weaknesses/Areas for Development

Narrative

The Department recognises that there are several areas where it can improve or develop its use of resources and efforts are being made to ensure that these are taken into account and rooted in future service delivery and into Departmental strategy and planning:

- Linking financial information with activity and performance and the development and use of business intelligence needs improving – a project manager has been appointed to take this forward within the care and financial payment system implementation and potential outcomes of national Zero Based Reporting review and changes. This will underpin further work to embed business ownership of budgets and improve productivity and performance.
- Culture change is needed to achieve a 'Get it right first time' approach to avoid duplication of effort/cost to 'put things right'. Planning for this is included within the Integrated Adult System (IAS) project and Efficiencies and Service Reduction (ESR) programme.
- A more strategic approach needs implementing to ensure the most effective use of resources for people with Learning Disabilities (LD) including more comprehensive, accurate and meaningful pooled budget reporting; a more joined up approach to Transitions and placements with complex care and increased forward planning to ensure services and resources are available to meet growing demands.
- The Council has a strong track record of commissioning cost effective adult social care services, but the challenges of the future will require a more radical and integrated approach. To achieve this, a Council wide 100 Day Commissioning Plan has been developed and this will aim to develop a single commissioning

Where is the evidence?

- Change Board report February 2013
- Reports to Change Board and IAS project board.
- LD Pooled budget review
- Reports to Integrated Commissioning Board
- Transitions review by Scrutiny Committee
- Market stabilisation measures needed in rural areas
- Provider feedback from 2013/14 Fee Review Process
- 100 Day Commissioning Plan

<p>model and approach. Over time it is the intention to develop this approach across the partnership.</p> <ul style="list-style-type: none"> • Home-based support is currently commissioned on a relatively traditional “time and task” basis. This means that desired service user outcomes are not always explicit, providers are not incentivised to make people as independent as possible, and the providers find it increasingly hard to retain a skilled and well paid workforce. Moving to a more outcome based approach to commissioning home based support is currently being developed as part of a wider transformation programme. 	
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Key Strengths	
<p>Narrative</p> <p>The Department is able to demonstrate a clear and robust approach to maximising the use of resources, ensuring the most effective use of budgets and the embedding of efficient and sustainable practice:</p> <ul style="list-style-type: none"> • The Department has a strong record in delivering good value for money. Spend per head of population on adult social care in Leicestershire is the lowest in England. At £183 per head it is 11% lower than the next lowest spending and is 38% lower than the county council average. Despite this, the Department is still able to deliver good outcomes in most services and excellent outcomes in some. • The Department has had an Efficiencies and Service Reduction (ESR) Programme since 2009 which has delivered £35.2m savings to date (66% of which are efficiency savings). The programme reports into the departmental Change Board which is responsible for the whole transformation of the department, including use of Health transfer monies and implementing the new Integrated Adults System. This ensures dependencies and risks are understood and managed. Programme governance for transformation within the Council is currently subject to review. • The ESR programme has targets of £12.3m in 2013/14. Projects are in place to deliver the 2013/14 savings although it has been identified that Effective Support will under deliver in this year and c£2.5m of the shortfall will remain in 2014/15. Detailed planning is underway for 14/15 and beyond with indicative revised targets of £4.8m in 2014/15 increasing to £29m cumulative for 2017/18. This planning includes working with the wider Council transformation programme and ensuring alignment with Leicestershire Together priorities. • There is robust financial management in place. Effective day to day control and spend has been managed 	<p>Where is the evidence?</p> <ul style="list-style-type: none"> • Monthly reports to departmental Change Board • Briefings for Lead Member • Cabinet reports • Reports to Integrated Commissioning Board (Health transfer monies) • Change Board and Strategic Leadership Team papers • Departmental Equality Group papers • Fee Review Board papers and minutes 2013/14 • Examples of meeting minutes and established protocol.

within budget for many years. In 2012/13, despite a challenging savings target, an overall underspend of £4.5 million was achieved. Under spends gained through sound budget management have been invested in a range of projects designed to deliver further longer-term savings. As indicated above, it is anticipated that there will be an overspend of circa £3.5 in 2013-14.

- The Department ensures robust consideration of consultation and the Public Sector Equalities Duty (PSED) and Human Rights Act to both mitigate impact of change on Protected Groups and to mitigate the risk of challenge and associated costs of being subject to a judicial review.
- Following a judicial review in 2011 the department has put in place a robust fee review process involving an annual review that considers factors such as inflation, minimum wage changes, market capacity, placement quality and other material issues that may impact providers ability to provide care as well as extensive consultation with providers around their cost pressures and proposed fee changes.
- The Department has established an Operational Processes Group for Adult Social Care policies and procedures. The Group will be seeking to improve related SDS processes to speed up the provision of Personal Budgets and support services.

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Please reflect on all services for people:

Key enablers to progress	Key blockers on improvement
<p>The Department has worked hard to lay the foundations for continued improvement and progress across a number of areas:</p> <ul style="list-style-type: none"> • The joining together of the former Adult Social Care and Communities and Wellbeing departments provides the Department with significant opportunities to integrate adult social care services with the Council’s wider universal service offer. • The Department has a well developed approach to delivering transformational change. There are robust governance arrangements in place through the Change Board for managing organisational change aligned to the delivery of the Medium Term Financial Strategy. • The track record of delivering efficiencies and budget savings is very strong with a total of £35.2m of savings delivered to date. Financial management is 	<p>The Department faces a number of challenges to improving its offer to service users and developing effective service delivery:</p> <ul style="list-style-type: none"> • The scale and pace of the financial challenge facing the Council is unprecedented. Over the medium term the Council cannot afford to sustain the current service offer or projected growth in demand for services caused by demographic changes. • The quality and availability of financial and activity data available to managers is not as good as it needs to be. This is in part due to outdated information systems but also a reflection of an historic lack of priority given to getting data quality “right first time”. This makes it difficult for managers to have the performance and financial information they need to operate at maximum effectiveness. A corporate project looking at the Council’s

good, with a long history of working within the allocated budget and avoiding and managing increased demand effectively. The Administration has targeted the limited available financial growth towards adult social care to recognise demand pressures and protect services for vulnerable people from the worst effects of budget savings.

- The Department's approach to equalities and diversity supports the ability to improve service quality and ensure fairness when delivering budget savings. There is a well developed approach to Equality Impact Assessments (EIAs) and the wider approach to equalities is well integrated to service planning and reviews. The Department ensures that it meets its Public Sector Equalities Duty (PSED) and Human Rights Act responsibilities through a Departmental Equalities Group (DEG) representing staff at all levels and representatives of service user and staff groups. An example of our exemplary approach to equalities is current work to understand the cumulative impact of successive policy and budget changes to carer's services in collaboration with the University of Warwick (understanding cumulative impacts is an area that has not generally been looked at by local authorities and the Department is therefore at the forefront in this area of evaluation).
- Use of independent evaluations (such as those used for feedback on the Customer Service Centre, Careonline and those used routinely for Communities and Wellbeing pilots) allows the department to objectively assess services, progress made and to highlight recommendations for future improvements.

business intelligence requirements has commenced recently.

- The Department's management structure has been kept as lean as possible in order to target the maximum possible resource at the frontline. This puts great strain on middle managers who have also been given a range of additional tasks as a result of changes in the delivery of central support services. This lean middle management capacity constrains the organisational capacity for delivering transformation.
- Current processes for the service user journey are very complex. This is a barrier to achieving more self directed support and increases the staffing resource required to support the process.
- The Department needs to consider how it can turn its many small-scale successes in specific service areas in to larger-scale change embedded across all client groups and service delivery.
- There is recognition that traditional approaches to integrating commissioning and services with the NHS will not be sufficient to deliver the scale of change and reduction in public sector spending required in the medium term. There is, however, much less clarity on how to achieve this type of radical total place approach.

Key lines of enquiry that we would recommend to the challenge team for their consideration

With reference to the evidence presented and discussed above, and in respect of changes in performance since submission of the original self-assessment in May 2013, it is recommended that the challenge team consider the following three key lines of enquiry:

- Personalisation - whilst we have made significant progress in many aspects of personalisation, progress in increasing the numbers of people receiving personal budgets has been slow over recent months. We would welcome fresh ideas on how we can revitalise and simplify our approach and move as quickly as possible to full implementation of PBs.
- Home-based Support - we know that we need to develop a more sustainable outcomes based approach to commissioning home based support for older people. We have seen the benefits that a more outcomes-based approach has been delivered, for instance, in Wiltshire, and are looking to develop the approach in Leicestershire. We would welcome the input from the challenge team on how to manage our approach to this kind of transformational change.
- Safeguarding – we feel that our approach to safeguarding is generally sound but recognise that we must strive to do better in this vital area of our work. We would welcome, therefore, advice from the peer challenge team on this area for improvement.