

3 December 2014

Agenda Item: 9

## **REPORT OF THE DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH**

#### **Purpose of the Report**

1. To provide an update on performance management for Adult Social Care and Health Committee for the period up to 30 September 2014.

#### **Information and Advice**

2. The report provides the Committee with an overview of performance in Quarter 2 (June to September 2014) against the department's key performance and operational priorities, related to the measures and actions within the Council's Annual Delivery Plan and accompanied by benchmarking data for 2013-14 from the Adult Social Care Outcome Framework (ASCOF). It also gives the opportunity to provide the latest update in respect of Care Quality Commission inspections.

#### **Performance in Quarter 2 2014-15**

##### **Key Measures**

3. The performance measures that are reported quarterly to Committee have been updated to reflect changes to the statutory returns and the Council's prioritisation following the adoption of the new Strategic Plan 2014-18 and the associated Annual Delivery Plan. This new suite of quarterly and annual measures was discussed and agreed at the Adult Social Care Committee meeting on 7 July 2014.
4. A summary of these performance measures, including the target and performance data up to and including 30 September 2014, is set out at **Appendix A**. Any measures where the process for collecting is still being developed or data is as yet unavailable will be reported to committee as soon as data becomes available.

##### **Assessments**

5. The first two measures in Appendix A relate to assessments. A health and social care assessment is undertaken to help determine what specific help and support people need – and the measures relate to both general assessments and assessments / reviews for Carers. Measuring assessment timescales is useful to track the volume of demand for a given period and the efficiency of our processes. It also helps to monitor the increasing number of Carers who are receiving an assessment / review in relation to their own care needs, separate from the assessment for the person they look after.

6. Overall assessment timescales for Quarter 2 are well below target, therefore further investigative work is underway to identify the causes of any delay or backlog across specific teams or geographical locations. The results of this analysis will help to determine whether any remedial action is required to improve performance towards meeting the annual target. Performance in relation to Carers' assessments is more positive, with an increasing number of Carers being identified and assessed. Performance for Quarter 2 shows that 14% of Carers have received an assessment or review, against an annual target of 38%. Based on previous yearly trends we are predicted to meet this target by the end of the year.

## **Reablement**

7. The next measure concerns Reablement which remains a priority, as this process enables people to return to live back in the community, following a stay in hospital. The START Reablement process involves assisting service users to regain their skills and confidence by benefitting from a period of intensive support in their own home. A key measure of the success of the Reablement process is whether, following intervention by the County Council, service users can live independently and require no further ongoing formal support. Performance for Quarter 2 shows that 64% of people required no ongoing package of support following the Reablement process. We are on track to meet the annual target and we are consistently performing at a level that compares favourably with similar authorities nationally.

## **Integration with Health**

8. Improving the integration between care and health services for the benefit of service users is a key outcome within our new Strategic Plan 2014 – 2018 and a wider national priority. One of the indicators of how this integration is working from a service user perspective, is by measuring the delay in the transfer from hospital, to care provided through the County Council. Information on all delays is reported by health services to the Department of Health and this data is then used to calculate the length of the delay and the source. Performance has improved significantly during Quarter 2 from 2013-14, and is currently better than the annual target. However, work is ongoing with local hospital trusts to support the recording processes and to improve the quality of the information reported.

## **Admissions**

9. Reducing or delaying the need for long-term residential or nursing care is a national priority across adult social care. Two key aspects to managing performance in relation to reducing or delaying the need for long-term care are through providing appropriate alternatives and through the careful and consistent management of admissions to residential or nursing care. Performance for Quarter 2 in relation to numbers of admissions for older adults (65 years and above) is on track to meet the annual target as detailed in appendix A. Performance for younger adults (aged between 18 and 64 years) is currently off target. Admissions in this area will therefore be carefully monitored and there is the potential that some of the people currently placed into long term care could be moved into independent living, when suitable accommodation is found.
10. The number of permanent admissions is partially determined by the nature and complexity of care needs that present during any given period. The number of permanent admissions is therefore partially demand led as sometimes long-term residential or nursing care is the only appropriate option. However, a group of initiatives has been developed and implemented within the department as part of the 'Living at Home' programme which will help reduce the rate of admissions throughout the year.

## **Self-Directed Support**

11. Our strong performance in relation to the personalisation of care as measured through the promotion of self-directed support and direct payments has continued during Quarter 2. The very slight dip in performance in relation to service users receiving self-directed support is more a consequence of changes to the way that performance is measured and the quality of the data used within the calculation for this Quarter, rather than an actual decrease in performance. We still anticipate that performance will be very close to the annual target of 100% by the end of financial year.

## **Better Care Fund**

12. The next three measures form part of the Better Care Fund suite of performance indicators. The Better Care Fund is a Government initiative based on a renewed agreement and strengthened commitment to bring health and care service providers closer together to make joint decisions, ensuring that more people receive joined-up, personalised care and support. As these measures are new for 2014-15, the department has no reported historic data to enable comparison with the previous period.
13. This integration is a complex and ongoing process involving the pooling of budgets between health and care providers and the blending of service provision. To help monitor progress nationally, a number of performance indicators have been prescribed that seek to measure the impact of this improved integration and cooperation from a service user's perspective. The three measures reported in Appendix A form part of the Better Care Fund suite of measures. Performance for Quarter 2 is broadly on track across all measures and we will hopefully see continued progress as the results of this joint working begin to make a more sustained impact.

## **Adult Care Survey**

14. The final four measures relate to the Adult Social Care Survey 2013-14, results of which were reported in more detail at the meeting on 7 July. This annual survey is one of the most significant sources of comment and feedback from those receiving adult social care and support services. The methodology is prescribed nationally and therefore the feedback received allows us to compare with performance against previous years and with other providers of adult social care (benchmarking). The survey results and benchmarking provide a valuable resource to help us plan to improve outcomes for people.
15. The results presented in Appendix A represent only a small selection of the data available. The four measures have been chosen as they are areas where we wish to see improved results in 2014-15 and have therefore also been included as key measures in the Council's Annual Delivery Plan. Performance in relation to people's perceptions of quality, control, satisfaction and feeling safe are influenced by many factors, only some of which are within the Council's ability to influence. We are keen to see a positive reaction in this year's survey results, work on which will commence after Christmas.

## **Adult Social Care Outcomes Framework Benchmarking**

16. ASCOF stands for Adult Social Care Outcomes Framework and is an annual return designed to measure and compare how adult social care is performing and more importantly, what it has achieved. The purpose of the ASCOF is essentially two-fold; nationally, the results give an indication of the strengths of our social care and support

services and demonstrate how we are delivering better outcomes for people. Locally, one of the key uses of the ASCOF is for benchmarking performance between similar local authorities. As all authorities collect the data in approximately the same way, it means that authorities can compare the results with each other to determine respective strengths and areas for improvement.

17. The Council has recently received the provisional data for 2013-14 and has used it to compare performance with the ten local authority adult social care service providers in the East Midlands and against performance levels nationally. ASCOF has 19 interconnected measures overall and it is pleasing to note, that Nottinghamshire's performance is above average for 12 of the 19 measures, when compared against our East Midlands neighbours. A strong adult social care performance network exists within the East Midlands which uses this information to promote the sharing of learning and expertise, which ultimately helps improve outcomes for service users.
18. Another advantage of the ASCOF measures is to enable us to track recent performance against the levels set during previous years. This helps us show trends in performance and demonstrate both the progress we have made and identify the areas where we still need to improve. Our performance has improved against the previous year's levels across 10 of the 19 measures.

### Care Quality Commission Inspections

19. Information in relation to inspections undertaken by the Care Quality Commission (CQC) was last reported to committee on 7 July 2014. Members agreed that the outcome of all inspections will be formally reported to committee on an annual basis, next due in March 2015 and that the outcomes of any recent CQC inspection activity be provided through this quarterly performance report.
20. Since the last reporting period **the department has had no recent inspections in our regulated services**. However, a number of regulated services have received and completed the revised Provider Information Return which has been issued by CQC. From October 2014, the CQC is changing the way it regulates and inspects adult social care. The Provider Information Return is an important element of the new inspection process. The information is requested under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It is intended to help the CQC to plan their inspections by asking for data, and selected written information using the following questions as a framework:
  - Is the service safe?
  - Is it effective?
  - Is it caring?
  - Is it responsive?
  - Is it well-led?
21. This Provider Information Return is being used as a pre-inspection questionnaire. The information will help inspectors decide on the areas they need to focus on during their inspection. Parts of the content may also be used to inform national reporting. The CQC has suggested that care providers use the return as part of their own quality assurance process and as a way of understanding and reviewing how well they are meeting the five 'key questions' above.

## **Statutory and Policy Implications**

22. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

- 1) It is recommended that the Committee consider the content of the report.

**JON WILSON**

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**For any enquiries about this report please contact:**

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## **Constitutional Comments (LM 21/11/14)**

23. This report is for noting purposes.

## **Financial Comments (KAS 24/11/14)**

24. There are no financial implications arising from the report.

## **Background Papers**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972:

- None.

## **Electoral Division(s) and Member(s) Affected**

- All.

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