Nottinghamshire County Council

REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

PERFORMANCE OVERVIEW 2011-12 OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

Purpose of the Report

1. To provide an overview of the performance management of the Adult Social Care, Health and Public Protection department and the year end position for 2011-12.

Information and Advice

Performance Management

2. The most significant change for adult social care continues to be the implementation of 'personalisation' and offering choice and control to people through use of Personal Budgets and Direct Payments. In addition to this, the department is working on preventing people, wherever possible, from becoming dependent on services, and reducing the level of dependency through intermediate care and reablement as evidenced in the improved performance of our 'START' reablement service for 2011/12 (see **Appendix C**). This also contributes to managing demand for services as there has been a decreased number of service users in 2011/12 compared to 2010/11, some of which will be attributable to these services. Through the department's work with the Health and Wellbeing Board (HWB) and links with Clinical Commissioning Groups the authority is developing more seamless, efficient and improved health and social care services both in terms of commissioning and delivery.

3. Improved partnership working with other agencies via the Nottinghamshire Safeguarding Adults Board (NASB) supports and drives the department's work on safeguarding vulnerable people to ensure they are protected and feel safe in their own homes and communities, evidenced through an improved results in two national measures (Adult Social Care Survey) asking 'how safe service users feel' and 'if the support and services they receive help them to feel safe and secure' (see section 8).

4. Effective performance management is pivotal to ensuring the department successfully implement strategies, initiatives and key priorities. It enables the department to clearly evidence achievements and, more importantly, identify areas for improvement.

5. This report provides the context of the formal framework and processes used to manage and communicate on performance. Whilst performance management is dominated by numbers as determined by reporting frameworks, this is changing and a significant amount of work is undertaken by the department to ensure that it is able to achieve and evidence that positive 'outcomes' are being achieved for users and carers. This is carried out via direct service user feedback (via comments, quotes and use of case studies). It is also important that the 'real' service user or carer experience is documented whether that is through formal processes (DoH Adult Social Care and Carers Surveys, complaints) or local processes (achieving the 'primary outcomes' agreed between care workers and their service users).

6. This case study illustrates how the department has achieved and evidenced a positive outcome:

> The service user lives alone and was referred to our in-house reablement service START because although previously independent despite health problems, she had experienced 4 falls within 10 days. As a result of the falls she was in considerable pain, at high risk of further falls and struggling with washing and dressing herself, mobilising around her home and preparing drinks and food.
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> START Occupational Therapists (OT) provided a reablement programme and issued equipment to help her regain her ability to wash and dress and to improve her mobility and transfers. This also helped to reduce the risk of further falls.
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> The Reablement Support Workers followed this plan and initially called twice a day to encourage and assist the service user to relearn these tasks. They gave feedback to the Occupational Therapist and by day 8, the reablement review showed that the service user was now able to undress and get ready for bed so the evening visit was no longer required. The OT also concluded through her assessment that she was ready to try a bath-lift.
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> The second review was carried out on day 13 – and the bath-lift was successfully tried, care workers continued to complete the reablement plan and on day 15 the service was ceased with the agreement of the service user and her family. The service user was fully reabled and required no ongoing services.

Adult Social Care Survey (ASCS)

7. The annual national user experience survey, run by the Department of Health enables us to understand more about how services are affecting people's lives, rather than simply what outputs services are providing. The ASCS is used to:

- provide an overall quality of life index and intelligence on whether specific groups experience better outcomes, whether services are meeting all outcome needs, and, in time, the value-added by social services.
- enable us to benchmark our results against other local authorities, and use this information as a learning tool to help improve services.
- populate six outcome measures in the Adult Social Care Outcomes Framework (ASCOF).

8. A standard questionnaire is issued to Councils to forward to a sample of service users (there is a separate survey for Carers). The questionnaire is anonymous and issued by the department to a random sample of service users from a population of people who use the authority's services. The department adheres to the strict guidance issued by Department of Health on how to select the random sample (involves breaking the eligible population into service user groups and drawing an independent random sample within each group) to ensure that the sample group is representative of all service user categories from both community and residential care settings.

9. Care workers and professionals are instructed to encourage service users to respond to the survey but to avoid involvement in the completion of the survey to ensure user opinions are not influenced. Where necessary support is given to make the questionnaire accessible to service users and advocacy support encouraged for vulnerable people.

User Experience Survey Results for 2011/12 (provision) Compared to 2010/11

10. Compared to previous year (2010/11) the survey results for 2011/12 are positive, either staying the same or increasing. The results given below are based on a good response rate of 45% out of a total of 979 people surveyed.

Adult Social Care Survey		2011-12 score	2010-11 score	2011/12 Max results
Q1: Service users said they had a 'good quality of life'		**88%**	54%	100%
6 ASCOF indicators provided by the Adult Social Care Survey				
1A – Social care related quality of life	This measure uses responses to survey questions covering 8 domains (control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation).	**19.2**	18.6	24
1B - % of people who use services who have control over their daily life	This measure is the number of service users who responded they either have 'as much' or 'adequate' control over their daily lives in response to the question "Which of the following statements best describes how much control you have over your daily life?	**78%**	78%	100%
3A – Overall satisfaction of people who use services with their care and support	This measure is the number of service users who responded there are either 'extremely' or 'very' satisfied with the care and support services that they receive.	**64.3%**	62%	100%
3D – % people who use services and carers who find it easy to find information about services.	This measure is the number of service users who said they found it 'very' or 'fairly' easy to find information and advice. The proportion of people who have 'never tried to find information or advice' has risen by 3% (from 29% - 31%).	**50.9%**	53.9%	100%
4A – % of people who use services who feel safe	This measure is the number of service users who responded they felt as safe as they wanted.	**68.2%**	61.3%	100%
4B – % of people who use services who say that those services have made them feel safe and secure.	This measure is the number of service users who said that care and support services helped them in feeling safe.	**75.6%**	60%	100%

11. The department will also undertake a national User Experience Survey of Carers. This survey has been developed to learn more about whether services received by carers are helping them in their caring role and their life outside of caring. It also seeks to identify carers' perception of services provided to the cared-for person. Currently, there is limited information in these areas. It is also important to take into account the impact on carers of the provision and quality of services provided to service users.

12. The last survey was undertaken in 2009-10 where results were positive; 90% of Carers said they were 'satisfied with social care support or services' and 92% of service users said 'they were satisfied with the support or services they had received'. The next survey will be carried out in 2012/13 and reported in March 2013.

Performance 'Outcomes Framework'

13. Previously all councils were expected to report to the Care Quality Commission (CQC) on their achievements and areas for improvement. The CQC then awarded a performance rating. In 2009-10 the CQC judged that Nottinghamshire County Council's Adult Social Care and Health Department was 'performing excellently'.

14. In April 2010 the Government changed the way it expects councils to report on their performance. The department is now required to be 'self regulating', meaning that it is now the department's responsibility to monitor and report on performance through:

- Self assessment of performance targets
- Reviews by other organisations
- Seeking the views of people who use our services
- Consulting the wider community on specific issues
- Using survey information collected by the Department of Health from people receiving our services
- Receiving people's views and comments through the complaints and compliments process.

15. The department will continue to report performance data to the Department of Health via annual statutory returns (see **Appendix A** for descriptions). The Government requires the authority to monitor and report on performance against four categories within the Adult Social Care Outcomes Framework (ASCOF). The categories require the department to look at how well it is performing within these categories and are supplemented with a set of supporting performance indicators (see **Appendix B**).

- **Enhance the quality of life for people with care and support needs**
  This means the work the department has done to reduce admissions to hospital; reduce the proportion of vulnerable adults and older people who require long-term residential or nursing care, by supporting them at home; increase in the number of people managing their own care through personal budgets; maintain the numbers of vulnerable adults achieving independent living and increase the number of people on a personal budget and for learning disability users in employment and those living in their own home.

- **Delay and reduce the need for care and support**

This means the work department has done to reduce the number of people in residential and nursing care that has resulted in a drop in the number of admissions over the last few years. The focus has been on early intervention, reablement[1] and independence and this year the department has made achievements in all these areas.

- **Ensure that people have a positive experience of care and support**
This means the work department has done to make sure people have positive experiences, and feel that they have. Through the service user and carer surveys its is known that satisfaction levels have increased, in relation to the information, advice, support and services received (see paragraph 8).

- **Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm**
This means the work department has done to improve safeguarding of vulnerable people including increasing the number of completed cases leading to completed safeguarding plans, and by reducing the number of inconclusive safeguarding assessment outcomes.

16. The department has identified 5 key performance indicators which are listed below (see **Appendix C** for detail of year end performance against targets):

- Proportion of adults who have had a safeguarding assessment which leads to a safeguarding plan
- Number of people (aged 65+) financially supported in residential and nursing care
- Proportion of people requiring no service after reablement
- Rate of delayed hospital discharges caused by a lack of social care service provision
- Proportion of service users on a personal budget.

Performance and the Improvement Programme

17. Performance cannot be viewed in isolation from finance and resource strategies of the wider Council. A large number of service developments are driven by the improvement programme agenda and priorities. The Adult Social Care, Health and Public Protection Department already had a savings and efficiencies target of £23 million for 2012/13. A further £4.4 million has been added to this target to be delivered over 2012/13 and 2013/14. There are 10 'high governance' programmes within this which are:

- Re-ablement Programme
- Reduction in Community Care Spend through review of FACs[2] eligibility and support packages
- Review expenditure on Learning Disability and Mental Health Community Care
- Alternatives to Residential Care *
- Sale of Care Homes*
- Income
- Reductions in Supporting People budget

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[1] Reablement – aim is to enable people to remain as independent as possible and reduce or avoid the need for long-term care.
[2] Fair Access to Care Services - Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010

- Organisational Redesign
- Modernisation of Day Services
- Sherwood Industries
- Redesign of commissioning of community-based care services.

*   Two projects above (Alternatives to Residential Care and the Sale of Care Homes) are to be merged to form a new programme called 'Living at Home'. A separate report on today's agenda explains this further (Extension of the Programme Manager posts).

How the Department manages and reports on performance

18. The department manages performance improvement at a senior level via a monthly Performance Board, chaired by the Corporate Director for ASCH&PP. Corporate reporting is undertaken via the Performance Improvement Board (PIB) and the Corporate Leadership Team (CLT).

19. The department will report to the Adult Social Care and Health Committee on the 5 key performance indicators (see section 16) and to Policy Committee on the wider Strategic Plan actions and performance indicators.

20. All Strategic Plan and Business Plan performance indicators are monitored and reported via the corporate TOTALNOTTS performance management system.

Areas for Improvement

21. As part of our internal self assessment process the following are some of the areas for improvement that have been identified for 2012-13; these will be progressed and monitored through a departmental Improvement Action Plan:

- achieve savings through streamlining services and develop preventative services giving priority to those that need it most
- improve safeguarding arrangements and outcomes in protecting vulnerable people in the community based on recommendations from the peer review (2011), and continue to audit and improve safeguarding standards in care homes
- move people in long-term care onto a Personal Budget
- reduce number of people needing long-term support
- increase the number of people whose needs are met by the Adult Access Team/ Customer Service Centre or Self-Serve
- provide an effective reablement service enabling people to remain in their own homes
- develop alternatives to long-term residential care
- improve day services facilities providing good quality and affordable services.
- provide more flexible range of services to support people in their own homes
- increase the number of places for Outreach Extra Care
- increase the number of young carers accessing services, and
- deliver the Workforce Strategy for 2010-15 to address the skills, attitudes and behaviours needed by the workforce to meet the challenges ahead.

Further Performance Reporting for ASCH&PP

23. The key priorities for the department, along with actions and targets, are detailed in the **ASCH&PP Business Plan 2011-14**. Also reported are the headline achievements against key actions and performance targets for 2011/12. This has recently been updated and covers the period from 2011-14 in line with the Council's Strategic Plan.

24. The **ASCH&PP Local Account for 2011/12** reporting ASCH&PP performance is scheduled to be published in July/August 2012. This is in line with the new direction on reporting improvement and performance assessment, in accordance with the government guidance 'Taking the Lead: Self Regulation and Improvement in Local Government'.

25. The department will be publishing the ASCH&PP Local Account for 2011/12 at the end of July and will be presented at the September Committee meeting.

Reason/s for Recommendation/s

26. This report is for noting and comment.

Statutory and Policy Implications

27. This report has been compiled after consideration of implications in respect of finance, equal opportunities, 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 note and comment on the content of the report.

DAVID PEARSON
Corporate Director

For any enquiries about this report please contact:
Jordan Pitcher
Team Manager – Performance Improvement Team
Tel: 0115 9773494
Email: jordan.pitcher@nottscc.gov.uk

Constitutional Comments

28. There are no constitutional comments as this report is for noting purposes.

Financial Comments (RWK 19/06/12)

29. 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:

a. 11th June 2012 - Overview of Adult Social Care, Health and Public Protection – Adult Social Care and Health Committee – published.

b. Adult Social Care Health and Public Protection Business Plan 2011-14 (12-14 Refresh)

c. Adult Social Care Health and Public Protection Local Account 2010-11

Electoral Division(s) and Member(s) Affected

All.

ASCH18

Appendix A: Statutory Returns to the Department of Health

The department is required to submit information about ASCH&PP performance to the Department of Health (DoH) via a number of statutory returns, as follows;

The Adult Social Care Outcomes Framework (ASCOF) - This is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services. Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas.

Referrals, Assessments and Packages of Care (RAP) - This comprises over 40 tables of activity data for the period 1st April to 31st March, counting numbers of service users (including carers) who have received referrals, assessments, reviews and services during the year.

Adult Social Care Combined Activity Return (ASCCAR) - This comprises 10 tables of activity data for the period 1st April to 31st March, counting numbers of service users in residential care, intermediate care, learning disabled service users in settled accommodation and employment.

Abuse of Vulnerable Adults (AVA) - This comprises over 20 tables of activity data for the period 1st April to 31st March, counting numbers of safeguarding referrals, assessments and follow up activity and outcomes.

Deprivation of Liberty Safeguards (DoLS) - This is a quarterly return providing numbers of people who have been subject to a deprivation of their liberty order in accordance with the Mental Capacity Act 2005. Detail of cases is split by age band, service user group and reasons for action. This annual return is submitted in June (results not available to report until September Committee).

Personal Social Services Expenditure (PSSEX1) - This comprises key activity data and the related costs and income. This is a joint submission with finance colleagues for the period 1st April to 31st March and provides a comparative view of our department's efficiency. This annual return is submitted in July (results will be available to report at the September Committee).

Appendix B: Adult Social Care Outcomes Framework Performance Indicators

Domain	Ref	Measure Description
1. Enhancing quality of life for people with care and support needs	1A	Social care related quality of life
	1B	The proportion of people who use services who have control over their daily life
	1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments
	1D	Carer-reported quality of life
	1E	Proportion of adults with learning disabilities in paid employment
	1F	Proportion of adults in contact with secondary mental health services in paid employment
	1G	Proportion of adults with learning disabilities who live in their own home or with their family
	1H	Proportion of adults in contact with secondary mental health services living independently, with or without support
2. Delaying and reducing the need for care and support	2A	Permanent admissions to residential and nursing care homes per 100,000 population
	2B	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
	2C	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population
3. Ensuring that people have a positive experience of care and support	3A	Overall satisfaction of people who use services with their care and support
	3B	Overall satisfaction of carers with social services
	3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for
	3D	The proportion of people who use services and carers who find it easy to find information about services
4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	4A	The proportion of people who use services who feel safe
	4B	The proportion of people who use services who say that those services have made them feel safe and secure

Appendix C: TOP 5 Performance Indicators for ASCH&PP

Indicator	Value	Target	Commentary	Lead
Adult social care clients and carers receiving community based services via a direct payment or personal budget.	66%	55%	All Putting People First milestones have been met. Work continues to refine and improve self directed support processes to make them more efficient. Resource allocation system being redefined. Increase in micro-providers offering more choice in the market place. Carers' resource allocation system in place. 100% of people who are eligible have a personal budget.	Paul McKay
Local Authority funded or part funded admissions of people aged 65+ to permanent residential and nursing care.	961*	840*	Alternatives to residential care have been developed and are in operation. A review of the project has just been completed by the Improvement team with recommendations re: actions needed to achieve project targets. Work with KPMG has started to determine if they can assist in specific areas. Numbers of new admissions are reducing but not in line with targets. Total numbers of residents supported are not reducing in line with targets. There have been 69 people successfully diverted from long term care.	David Hamilton

Indicator	Value	Target	Commentary	Lead
Delayed discharges from hospital.	3.47**	6.00**	Figure provided is the latest available which is from February. Next year the way this indicator is measured will change.	David Hamilton
People requiring no service or a reduced package of care after reablement.	57%	40%	Reablement aims to increase Independence levels for vulnerable adults, and we exceeded our targets by ensuring that people received a service when they needed it, that they received a supportive goal oriented plan and removed delays in leaving the service. By ensuring clients aren't delayed at the end of the service, we are able to maximise our capacity.	Paul McKay
Adults who have had a safeguarding assessment which leads to a safeguarding plan.	27.2%	20.0%	Following discussions with team managers reporting methods for this indicator have been amended which have led to a marked improvement.	Caroline Baria

Key:
* = Number of people
** = Average number of delayed transfers of care over the year.