

**31<sup>st</sup> March 2014****Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,  
HEALTH AND PUBLIC PROTECTION****ADULT SOCIAL CARE PERFORMANCE UPDATE****Purpose of the Report**

1. To provide an update on the five key performance measures for Adult Social Care and Health for the period 1 October to 31 December 2013.
2. To report on the progress of implementing the action plan following the Peer Challenge.
3. To advise Committee of the launch of the Local Account Highlight report.

**Information and Advice****Performance Management Framework**

4. The County Council has annual responsibility to make statutory returns to the Department of Health which measure the effectiveness of adult social care against a number of key indicators. This report provides the third quarter's update on progress against these performance measures and operational priorities.

**Adult Social Care and Health Key Performance Indicators**

5. In addition five key measures are reported monthly to the Corporate Leadership Team. Appendix A includes all the above performance measures for Adult Social Care, showing the performance level as at 31 December 2013, the annual target and a commentary explaining the current level of performance. All of them are currently positive, with the exception of Delayed Transfers of Care (DTOCs).
6. To encourage independent living, and to assist partners in Health, the Council has a responsibility to provide social care packages to ensure people can be discharged from hospitals in a timely fashion. The Council is measured on how it performs in relation to this, giving a figure per month, per 100,000 of adult population, where any delay in the discharge is attributable to the Council. As of December 2013, this figure stands at 3.24 per 100,000, which equates to 34 cases.

7. As reported to Committee on 3 March 2014, the County Council is currently disputing the figures collected by health colleagues. The view of the Council is that the reporting is overstating figures attributed to Adult Social Care and Health.

### **Peer Challenge Update**

8. As part of the new framework for sector-led improvement agreed by local authorities across the East Midlands, Nottinghamshire volunteered to be the pilot site to test out the peer challenge process. The challenge visit took place at the end of April 2013. A two year cycle of peer challenge visits is scheduled across the region. Further detail on this was provided to Members in a report tabled at 22 July 2013 Committee.
9. The Council received some very positive feedback as a result of the peer challenge, and some areas for consideration which were felt to be helpful and appropriate. This resulted in the formulation of an action plan, which has been regularly reviewed to ensure progress has been made. The current position in relation to this can be seen at Appendix B.
10. The peer review acknowledged the particular complexities of developing integrated strategies and services across Nottinghamshire due to the number of commissioning agencies involved. Nottinghamshire County Council is working in partnership with six Clinical Commissioning Groups (CCGs) and seven District and Borough Councils. Progress is underway with Service Directors represented on all CCG Boards, the new Adult Social Care and Health organisational structure aligning with CCG and District Council localities and the three locality planning areas that are emerging; south Nottinghamshire, mid-Notts and Bassetlaw. Joint plans are to be established for the integration/alignment of Reablement and Intermediate Care services, integrated health and social care teams are due to begin in Ashfield and Mansfield and multi-agency comprehensive Geriatric Assessment are underway within Nottingham University Hospitals NHS Trust and Broxtowe adult social care team
11. The review fed back positively about the Council's successful work that has increased the number of very small micro providers and its Market Position Statement (MPS). It reinforced the areas already identified from provider feedback to improve this, which are all in progress. These include, providing more detailed information on Direct Payments in the MPS and for social care and health to engage with more closely District Councils on prevention and housing strategies for vulnerable older and younger adults, supported by the leadership of the Health and Wellbeing Board governance structures. A greater focus on commissioning for outcomes has been developed initially as part of the current joint social care and health re-tender of home based care providers.
12. The feedback in relation to safeguarding confirmed sound practice with excellent examples of innovative practice to keep people safe. There was a suggestion that we look to review and improve existing multi-agency safeguarding policies. This was seen as an opportunity to undertake a wider review of safeguarding policy and practice. To this end, several workshops were held, with the outcomes of these being clarified roles and responsibilities and reviewed guidance which was published widely. Multi agency safeguarding adults procedure and guidance on raising a concern and referring went live in October 2013, and was widely circulated. Multi agency training has been reviewed to reflect the new procedure and guidance.

13. Nottinghamshire County Council is recognised as a leader in the implementation of personal budgets and direct payments the Peer Challenge raised a number of areas for improvements to personalisation. This included a greater emphasis on more creative and innovative approaches to self-directed support and in response the Council has worked with the Alzheimer's Society to; promote best practice around the use of direct payments for service users with dementia, offer information and advice on the potential benefits of direct payments to service users and improved information exchange between the Council and specialist dementia services. The Council was also asked to consider personalisation processes and procedures to achieve better outcomes and reduce costs. As such it has reviewed and streamlined its assessment and support planning forms and work flow into core and specialist questionnaires to increase the ability to assess proportionately and to facilitate the involvement of service providers in outcome based support planning.
14. An integrated model of Personal Health and Social Care Budgets has been agreed with Bassetlaw. This means that an individual who chooses a Direct payment and has a package funded jointly by social care and health, will only have to follow one set of processes, have one support plan and one audit of their money. This model has been shared with the other five CCGs across the County who are currently being supported in a regional model through the NHS Greater East Midlands Commissioning Support Unit.

### **Local Account Highlight Report**

15. The Association of Directors of Adult Social Services (ADASS) recommended that all councils with social care responsibilities produce a 'Local Account' as a means of reporting back to people on the quality of services and performance in adult social care. Local accounts were described in the Department of Health's 'Transparency in outcomes: a framework for adult social care' consultation paper (November 2010, section 4) as a way of being more open and transparent about the care and support that is provided locally by the Council. Although this is not a statutory requirement, it is a document which is viewed as a vital part of the Council's communication with a variety of key stakeholders.
16. Full length reports have been produced in 2010-11 and 2011-12. The report for 2012-13 was launched in October. As a result of feedback from a number of service users, a shortened, highlight document has been made available on the County Council website, <http://www.nottinghamshire.gov.uk/thecouncil/plans/performance/aschpp-performance/>
17. This ensures that the Council is better able to make the people of Nottinghamshire aware of its achievements, areas for development and the challenges it faces, as well as providing people with further opportunity feedback where they think improvements or developments are required in the future.

### **Reason/s for Recommendation/s**

18. This report is for noting only.

### **Statutory and Policy Implications**

19. 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.

### **Implications for Service Users**

20. By ensuring the continuation of robust information about departmental performance, the Council will be best able to plan and commission services in the future.

### **Financial Implications**

21. There are no financial implications in this report.

### **Human Resources Implications**

22. The Human Resource implications are reflected in the report.

## **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee notes the contents of this report.

### **DAVID PEARSON**

**Corporate Director for Adult Social Care, Health and Public Protection**

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

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### **Constitutional Comments**

23. As the report is for noting only, no constitutional comments are required.

### **Financial Comments (KAS 05/03/14)**

24. There are no financial implications contained within the report.

### **Background Papers and Published Documents**

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.

- Report on the Peer Challenge – 22 July 2013

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

All.