

1st October 2012**Agenda Item 5****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****PERFORMANCE UPDATE OF ADULT SOCIAL CARE, HEALTH AND PUBLIC
PROTECTION****Purpose of the Report**

1. To provide an update on the performance management of the Adult Social Care, Health and Public Protection department for the period 1st April to 30th June 2012.

Information and Advice**Performance Management**

2. For this first quarter of the financial year the department has continued to focus on delivering against priority performance areas as well as developing improved ways of monitoring and evidencing the quality of services.
3. Performance management activities for this period have been to review early stage progress against our priorities. In line with the Adult Social Care Outcomes Framework¹ the department continues to:
 - Enhance the quality of life for people with care and support needs by offering choice and control to people through the use of Personal Budgets and Direct Payments. New and existing service users in long-term care are now being offered a personal budget in line with the expectations set out in the national Think Local, Act Personal programme. The mainstream introduction of the Direct Payment 'pre-payment card'² will enable the department to significantly increase the take up of Direct Payments by service users as it removes the barrier of not being able to provide a Direct Payment to a service user without a bank account.
 - Delay and reduce the need for care and support by increasing the number of people who receive a reablement service. The reablement service supports people to regain the

¹ [Adult Social Care Outcomes Framework](#) – Department of Health – 30th March 2012.

² A Direct Payment 'pre-payment card' is an alternative to having a bank account which has previously been a requirement in order for Service Users to receive and manage a Direct Payment. The card is a debit card that enables service users to withdraw their Direct Payment allowance directly from a bank account that is set up via the County Council.

skills and confidence to live as independently as possible. By agreeing goal oriented support plans, the multi-disciplinary team of Occupational Therapists, Reablement Workers, Social Workers and Community Care Officers help people regain everyday living skills with the aim to help people to remain living at home for longer.

- The reablement START and intermediate care services are having a significant impact on reducing the level of dependency and improve the response times to people receiving assessments of their needs.
- Ensure that people have a positive experience of care as evidenced through the work of the Promoting Independence Workers (PIWs) to support people with a physical disability to address the issues that reduce their independence.

Intensive short term help leads to long term savings

The PIWs aim to do their work in just 12 weeks - leaving their clients empowered to do a lot more for themselves in the future. Some will still require some level of care from the council or other providers - some will fully regain their independence and others may return to the PIWs at a later date.

“It’s difficult to calculate savings in the short term,” says PIW “but we hope that there will be considerable savings for both service users and the council in the future. For example, our input means a client may not need to attend a Day Centre – often we help them find other ways to go out and socialise that are cheaper and more enjoyable. Or it may mean they don’t need so many visits from social workers, they feel better about themselves and so don’t need so much intervention.

- Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm. The department is working closely with Health partners and the independent sector to reduce the number of repeat referrals. Guidance has been issued to all independent sector providers and practice is being explored with providers who have a high number of referrals and repeat referrals.
4. The department is working to ensure that improvements are achieved against the 5 key performance indicators which are listed below: (see **Appendix A** for detail of Quarter 1 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 adult social care service users and carers receiving community based services via a personal budget (either a managed personal budget or a direct payment).
5. The department has met 4 out of 5 of the top 5 departmental targets for quarter one. The department is exceeding the targets for people receiving their community service via a

Personal Budget with or without a Direct Payment, for people requiring no service after reablement, for having no delayed hospital discharges and for safeguarding assessments with completed safeguarding plans.

6. The department has not achieved the target to reduce admissions to long-term care. However, there is evidence that alternative services are diverting people away from residential care. Some of the alternative services are; assessment beds for people who are at risk of going into long-term care, they have a period of assessment often following a hospital stay. Intermediate care services including those for people with Dementia and mental health issues and the night response service where people have care staff visiting them in their own homes during the night time hours.

Strategic Plan ASCH&PP Performance Indicators

7. The above Top 5 ASCH&PP indicators are a subset of the wider set of Strategic Plan ASCH&PP performance indicators. In addition to the above there are a further 4 Strategic Plan indicators as listed below (see **Appendix B** for detail of quarter 1 performance against targets):
 - Proportion of people receiving community based services taking their personal budget as a direct payment
 - Proportion of people requiring decreased packages of support after reablement
 - Proportion of people with a learning disability (aged 18-64) living in their own home or with their family
 - Proportion of people with a learning disability (aged 18-64) in paid employment.
8. At the end of quarter 1, the department has met 2 out of 4 departmental targets. The targets have been exceeded for people receiving their community service as a Direct Payment and for people requiring decreased packages of support after reablement.
9. For the 2 other targets - people with a learning disability living in their own home or with their family and for people with a learning disability in paid employment - action plans are in place to ensure that targets are reached during the remainder of the year. The 'I-WORK employment development team' (cited as national exemplars in the areas of iwork employment services) is focussed on providing individual work placement support and training to people with a learning disability / autism spectrum disorder to enable them to gain paid employment. The department also continues to develop supported living alternatives for people with learning disabilities and to address the challenges of finding suitable and affordable housing to meet their needs.
10. Additional Strategic Plan performance indicators, that are part of the Council's wider Improvement Programme, are now reported to the Adult Social Care and Health Committee through the Improvement Programme reports (last report considered at the September Committee).

ASCH&PP Contributions to the Peer Review

11. The department participated in the recent Council-wide Peer Review exercise which focussed on strategic planning, transformation and improvement and performance management. ASCH&PP managers attended focus groups and one-to-one interviews to

assist the visiting Peer Review Team with their assessment of the department's processes and practices on performance management. The Peer Review Team also attended the monthly ASCH&PP Performance Board and had the opportunity to scrutinise mechanisms for addressing performance improvement. The feedback acknowledged that there is strong corporate leadership, that good progress is being made and that the Council is in a strong position to make further improvements.

Department of Health Changes to Data Collection for 2012/13: ASCH&PP Response to the Consultation

12. The department has responded to the Department of Health Consultation on the proposed changes to adult social care data collections. The consultation focuses on proposed changes to the types of data being reported on, including the value and use of surveys. A further report will be brought to Committee at the year-end on the changes being proposed by the Department of Health and identify any significant impact these will have on the department's performance management activities.

Reason/s for Recommendation/s

13. This report is for information only and there are no recommendations made.

Statutory and Policy Implications

14. 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.

Human Resources Implications

15. The Human Resources-related performance outcomes are reflected in the report.

RECOMMENDATION/S

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

DAVID PEARSON

Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Anne Morgan
Team Manager – Performance Improvement Team
Email: anne.morgan@nottscg.gov.uk

Constitutional Comments

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

Financial Comments (SLM 16/08/2012)

17. There are no financial comments required.

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. 20th February 2012 – Social Care and Health Standing Committee – Peer Review
- b. 3rd September 2012 – Adult Social Care and Health Committee – Peer Review Update
- c. Nottinghamshire County Council's Strategic Plan 2012-2014.

Electoral Division(s) and Member(s) Affected

All.

ASCH46

TOP 5 ASCH&PP Performance Indicators

Indicator	Value	Target	Commentary	Lead
<p>Adult social care clients and carers receiving community based services via a direct payment or personal budget.</p> <p>High is good</p>	56.0%	55.0%	<p>56% of all community-based service users and carers are receiving a personal budget and/ or a direct payment. As the count for this indicator grows throughout the year, the target has been apportioned per quarter - Q1-55%, Q2-60%, Q3-65%, Q4-70%.</p> <p>Quarter 1's target of 55% has been exceeded by 1%.</p> <p>Younger Adults service area accounted for 36% of the activity, Older Adults 38% and Promoting Independence 22%, Joint Commissioning had the remaining 3%.</p>	Paul McKay
<p>Total number of older people (aged 65 and over) supported in residential and nursing care placements.</p> <p>Low is good</p>	2,877	2,691	<p>Despite diversions achieved and reduction in new admissions we are still behind target for total numbers financially supported by the LA. More complex cases have led to more long term nursing care placements.</p> <p>There is an improvement programme project in place to manage the reduction in the number of people in long-term residential care through developing alternative community services (such as the night response service and assistive technology) we and are working with Health to avoid unnecessary re-admissions to hospital.</p>	David Hamilton
<p>Delayed transfers of care from hospital attributable to adult social care.</p> <p>Low is good</p>	1.53	2.00	<p>This reflects those delays attributable to social care only and covers data up to the end of May 2012. This forms a subset of the main indicator which is reported one month in arrears via Health. The target for the year reflects an improvement on 2011/12. There are now no delays in Lings Bar Hospital for the first time in 3 years.</p>	David Hamilton

Indicator	Value	Target	Commentary	Lead
<p>Percentage of service users going through reablement requiring no ongoing package.</p> <p>High is good.</p>	41.0%	40.0%	<p>Close monitoring of key areas of the Reablement service via a dedicated weekly performance conference call means that Managers are able to identify potential service issues earlier than ever before, share best practice and improve communications between all the Reablement teams. This has resulted in improved performance against this indicator.</p> <p>In addition a number of people have reduced support following reablement. In total 77% have no ongoing needs or a reduced service. This is above the national average.</p>	Paul McKay
<p>Adults who have had a safeguarding assessment which leads to a safeguarding plan.</p> <p>High is good</p>	24.9%	15.0%	<p>We have set a stretch target of 60% (Q1 15%, Q2 30%, Q3 45%, Q4 60%) for this year and expect to see an improvement in this indicator as the year progresses and planned system changes take effect.</p>	Caroline Baria

Strategic Plan ASCH&PP Performance Indicators (the above Top 5 indicators are a subset of this group)

Indicator	Value	Target	Commentary	Lead
Adult social care clients and carers receiving community based services as a direct payment High is good	17.1%	15.0%	Q1 result is 17.1% - exceeds target of 15%. Younger Adults service area accounted for 59% of the activity, Older Adults 39%, the other 1% was shared between Promoting Independence and Joint Commissioning This trend is likely to continue with the roll out of 'pre-payment cards' for direct payments will improve the uptake going forward.	Paul McKay
Percentage of service users going through reablement requiring reduced package of support High is good	36.0%	25.0%	When combined with the associated indicator (see above table for Reablement indicator) there is a total of 77% of service users going through reablement that have no ongoing needs or a reduced package of support. This is above the national average.	Paul McKay
Service users with a learning disability living in their own home or with their family High is good	65.9%	70.0%	There is a slight reduction in performance this month with a Q1 result of 65.9% that is below the target of 70%. The Performance Improvement Team are currently investigating the reasons for this decrease and are looking at reporting mechanisms initially.	Jon Wilson
Service users with a learning disability in paid employment High is good	8.8%	10.0%	There has been a slight increase in performance during June although the overall Q1 result of 8.8% is below the target of 10%. The activities of the IWORK employment development team are working to improve performance to achieve this target.	Jon Wilson