

2 November 2015

Agenda Item: 6

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

**ANNUAL SELF ASSESSMENT AND LOCAL CHALLENGE FOR THE EAST
MIDLANDS SECTOR LED IMPROVEMENT PROCESS**

Purpose of the Report

1. The report updates the Committee on the annual self-assessment and the outcome of the local challenge – based on the self-assessment – which took place in August 2015. The report also informs Committee about the peer review that will take place in the department in spring 2016 and seeks approval to present a further report on the outcomes of the review.

Information and Advice

2. As part of the regional sector led improvement process the department is required to complete a self-assessment template on an annual basis which challenges the Council to assess and illustrate how well it is performing against six key themes:
 - Enabling maximum choice and control
 - Helping people to stay well and independent
 - Enabling accessible information and positive advice and support
 - Keeping people safe – including new questions about quality standards and concerns in commissioned services
 - Leadership
 - Use of resources.
3. The Committee received a report in April 2015 on the outcomes of last year's sector led improvement process and progress in response to the areas of development identified in the local challenge in 2014.
4. This year's self-assessment was completed for the end of June, and a copy of this is available as a background paper. The self-assessment forms the basis of a local challenge by an independent social care consultant with regard to the Council's current performance in adult social care, its strengths and areas for development. This took place in early August and involved members of the Senior Leadership Team.

5. Further to this the cycle of challenge was completed with a summit in September involving all the Directors of Adult Services in the East Midlands meeting to share and discuss their progress.
6. The local challenge in August highlighted some key areas of significant progress and achievement. These include:
 - continuation of the work on the Adult Social Care Strategy, which ‘seeks a new relationship with citizens and...reflects the principles of the Care Act and good social work practice’
 - maintaining performance whilst remaining on budget and achieving savings
 - implementation of the Care Act (Part One) and meeting statutory requirements in the context of budget savings
 - implementation of a personalisation pathway and a reduction in the numbers needing long term support whilst there has been increasing need at the front end
 - continuing and improving the partnerships with health in a complex environment
 - good engagement with Elected Members supported by strong leadership from the senior management team.
7. The local challenge session then covered achievements against the six themes, as well as some issues to be explored further.

Enabling maximum independence and control

8. This was recognised as a very strong area for the Council with 100% of (eligible) people having a personal budget of which 51% take this in the form of a direct payment. The approach to personalisation was felt to be comprehensive, focusing not just on direct payments (DPs) but also on market development such as support for micro-enterprises, work with Health on Personal Health Budgets and working with the Alzheimer’s Society to assist people with dementia to access direct payments and more personalised care and support. Additionally, the Council’s participation and success in the pilot on the use of DPs in care homes was noted. The Council has 12 people currently benefitting from this opportunity, which is significantly more than any other Council involved in the pilot.
9. The challenge process acknowledged that there is an action plan for Making It Real, a national framework co-produced with people who use services and their carers to support councils, organisations and all partners to look at their current practice in relation to the personalisation of services, and to identify areas for change and develop plans for action. The action plan is to be refreshed in the context of the Care Act. Also, building up community capacity is to be the subject of a workshop with the voluntary and community sector in the autumn. The corporate programme on community empowerment and resilience was acknowledged, especially in rural areas.
10. The positive programme in response to Winterbourne View (Transforming Care) was noted, with 29 people having moved from hospital in 2014/15. Eight have moved to residential care and twenty-one to supported living.
11. In relation to development areas under this theme, performance data showed that the employment of people with a learning disability has decreased from 7.2% to 2.9%. It was noted that this may be the result of a change in the performance metrics, whereby the

support from in-house services is not counted. This will be reviewed once the peer comparator data is available to check if other councils have been similarly affected.

12. Figures relating to the employment of people with mental health issues are still to be supplied by health partners, but these were low in 2013/14. It was agreed that these would also be checked and any appropriate further action identified.
13. For people with a learning disability living independently there had been a slight decrease (from 73.1% to 70.6%) despite the strategy to increase the number of people in supported living and using the Shared Lives service. This may be due to people coming out of a hospital setting into a care home pending further work on a possible move to more home-like environment.

Helping People to Stay Well and Independent

14. It was noted that performance on reablement is strong with 89.7% of people remaining at home after receiving this service following discharge from hospital. Good performance on delayed transfers of care from hospital (that are the responsibility of the Council) was also noted. Overall delayed transfers have increased slightly but this has largely been due to issues with an NHS Trust with regard to the data being used and this has now been resolved with improved performance in the first quarter of 2015/16.
15. The department was challenged on permanent admissions of older people into care homes with figures showing an increase from 631.5 per 100,000 population to 723.6. This may be related to some people receiving short term care now being recorded as in receipt of long term care; this is due to a change in definition to the performance indicator which now includes people previously not counted because of the 12 week property disregard rule. The Transfer to Assess initiative was also felt to be a factor in relation to these figures. It is not anticipated as an upward trend and the first quarter of this year shows a decline in the rate of admissions.
16. The progress on integration with Health was noted in relation to the approaches and models according to the agreement and preferences with each Clinical Commissioning Group. It was acknowledged that Elected Members have determined and agreed a set of guiding principles and a framework for partnerships with Health.
17. The process recognised the coherent plans to develop community capacity and resilience, and the enhanced leadership from the Council on this. The feedback was that the department is in a good place to facilitate collaboration across Adult Social Care, Public Health and Community Safety as they are all within its remit. There is a summit arranged on community empowerment and the Clinical Commissioning Groups are supportive of this work.

Enabling Accessible Information and Positive Advice and Support

18. The challenge showed that the proportion of people who use services who find it easy to find information had increased from 72.7% to 75%. Compared to the regional average of 5,123 per 100,000 population, the number of requests for support is low at 4,467. However, the proportion of people signposted to appropriate alternatives or not requiring a service after initial contact is 88.2% - which is very good performance.

19. The number of people receiving long term support is high at 2,316 compared to the regional average of 1663.4 per 100,000 population. This area is subject to concerted action to promote people's independence wherever possible and support them within their home and/or community, as the figures are affected by those people in care homes.
20. The challenge highlighted the need to look at further engagement with Black and Minority Ethnic communities to get a sense of how services should be configured in the future to meet needs.

Keeping People Safe

21. The challenge process praised the good performance on the indicators relating to people feeling safe. The Multi-Agency Safeguarding Hub (MASH) has been successful and now includes a Quality Development Officer. Strong performance on data and information sharing was noted.
22. Training on the Making Safeguarding Personal approach is compulsory for all frontline staff and is led by a Social Interest Company. The training is for adult social care staff and it was suggested that consideration should be given as to how it could be provided to multi-agency partners.
23. It was recognised that care providers are involved in the care planning process and in looking at how service users' outcomes are to be met. The Council is also looking at the possibility of providers being able to input information to care plans via an e-portal.
24. There are links with the Safeguarding Adults Board (SAB), Safeguarding Children's Board (SCB) and the Community Safety Partnership (CSP) with Council officers attending each. The Health and Wellbeing Improvement Group also receives reports from the SAB and SCB Chairs.
25. The SAB Chair meets regularly with the Council's Chief Executive to ensure accountability and a sharing of key challenges and issues; this was a recommendation made during last year's challenge process.
26. Case Reviews were stated as low at 20.9%. Whilst the indicator has changed the department intends to check this figure. There were four Safeguarding Adult Reviews in progress at the time of this challenge.

Leadership and use of resources

27. It was noted that there have been some Service Director changes due to promotions outside the Council and permanent appointments have recently been made to fill the posts. There is also some additional senior officer resource to assist with transformation.
28. The process acknowledged that the Better Care Fund (BCF) in the County is an exemplar and has been 'fast tracked' by the Department of Health. It was noted that the non elective admissions target in relation to the BCF is a reduction of 2.5% but there has been an increase in Nottinghamshire. At the time of writing possible changes to the national performance measures are being considered.

29. The process acknowledged that £70m has been saved over the last five years with only a small proportion of planned savings not achieved. The County Council has given the service extra funding to meet demographic pressures. However, the budget for 2015/16 has been reduced by £2m and this has been further reviewed during a recent departmental budget review. The challenge process considered the pressures facing the department, particularly DoLS, ILF and cost pressures faced by independent sector care providers.
30. The proportion of the adult social care budget spent on residential care is 37.6%, which is low and therefore considered to be good performance. This reflects the work undertaken through the Living at Home programme to reduce the admissions in to long term care.

Peer Review

31. The next stage of the sector led improvement process is a peer review. This has been postponed from November and is now likely to take place in March 2016. Senior colleagues from other local councils will come and undertake a more detailed review of self-selected key areas. The review is a constructive and supportive process with the central aim of helping the Council to improve. It is not an inspection nor does it award any form of rating judgement or score. It is delivered from the position of a 'critical friend' to promote sector led improvement. The reviews take place approximately every two years.
32. This review will be led by the Director of People for Rutland County Council, Tim O'Neill. Alongside him will be senior managers from other councils in the region, and an Elected Member.
33. The team will be asked to look at two key lines of enquiry:

Front end and access

- In line with the Care Act the Council has continued to develop its access and initial intervention services in adult social care, including the route to full assessment and safeguarding. Are we dealing effectively with people at this stage and are there ways we could improve outcomes and efficiency?

Workforce and culture change

- The Council is making progress in implementing the Adult Social Care Strategy. How well are we managing the necessary culture change in our workforce and are there ways we could improve our effectiveness in implementing the strategy in the future, in the context of financial and service pressures facing the department?

34. The review will involve members of the team conducting interviews with a wide range of people including service users, carers, partner organisations, frontline staff and managers and Elected Members, in order to assess how well the Council is performing in relation to the two areas mentioned above.

35. The Peer Review Team will present its key findings, suggested actions and a final report at the end of the process to help the Council to assess its current achievements and to identify those areas where it could improve.
36. A report will be brought to Committee in 2016 with the outcome of the peer review and any actions required as a result of this and the local challenge process.

Other Options Considered

37. The report covers aspects of the sector led improvement process that has been agreed and signed up to by Directors of Adult Social Care across the East Midlands, in response to a national requirement for councils to undertake peer review and self-improvement in the absence of a centrally organised inspection process.

Reason/s for Recommendation/s

38. The report asks the Committee to note the outcomes of the local challenge and the planned peer review and requests approval to present a report next year on the outcomes of the review and the actions that may be required by the department as a result of this.

Statutory and Policy Implications

39. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial implications

40. There are no financial implications relating to the local challenge or the future peer review process.

Implications for Service Users

41. The self-assessment conducted by the department in June and the local challenge in August show that the Council is performing well in key areas where information, advice and support is provided to service users to promote and maintain their independence and keep them safe. The challenge highlights some areas for further improvement which the department will consider in conjunction with the outcome of the peer review. The review will involve the team talking to service users and carers about their experience of receiving services.

RECOMMENDATION/S

That the Committee:

- 1) notes the update on the annual assessment and outcome of the local challenge which took place in August 2015
- 2) notes that a peer review will take place in spring 2016 and agrees to receive a report on the outcomes of the review.

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Constitutional Comments (SMG 15/10/15)

42. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 16/10/15)

43. The financial implications are contained within paragraph 40 of 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 to Adult Social Care and Health Committee - Outcome of Sector Led Improvement Peer Challenge 2014, 27th April 2015

Sector-led Improvement in East Midlands – completed self-evaluation/assessment

Electoral Division(s) and Member(s) Affected

All

ASCH347