

16th March 2020**Agenda Item: 7****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH****ADULT SOCIAL CARE PERFORMANCE AND PROGRESS UPDATE FOR
QUARTER 3 2019/20****Purpose of the Report**

1. To provide an update of the current financial position of Adult Social Care, as requested previously by Committee.
2. To provide Committee with a summary of performance for Adult Social Care and Health for quarter 3 (1st October 2019 to 31st January 2020) and seek comments on any actions required.
3. To propose a new reworked format for reporting performance information to Committee going forward.
4. To provide Committee with an update for the Improving Lives Portfolio (as at 31st January 2020), which is the programme of work delivering service transformation and budget savings for the Adult Social Care department over the period 2018/19 to 2019/20, including proposals for closure of the programme and details on how the department's transformation programme will be monitored and reported going forward.

Information**Current Financial Position**

5. As at the end of December 2019, the Adult Social Care and Public Health department is forecasting an in-year underspend of £5.532m before reserves and £4.192m after accounting for reserve movements.
6. Public Health is forecasting an underspend of £1.340m before reserves; this is due to the contract variation on the Public Health Nursing 0-19 contract which has reduced the contract in-year by £1.53m offset by small increased spend on Sexual Health, Domestic Violence, Futures in Mind (FIM), Academic Resilience and Substance Misuse. Any net underspend will be added to reserves at year end.

7. The £4.192m underspend in Adult Social Care and Public Health is across the County as represented in the table below:

Department	Annual Budget £ 000	Actual to Period 9 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCPH Committee</u>				
Strategic Commissioning and Integration (SCI)	(22,075)	(51,110)	(24,581)	(2,506)
Living Well and Direct Services	113,173	103,234	110,787	(2,386)
Ageing Well and Maximising Independence	114,483	96,919	115,183	700
Public Health	4,582	439	3,242	(1,340)
Forecast prior to use of reserves	210,163	149,483	204,631	(5,532)
Transfer to / (from) reserves (SCI)	(7,314)	-	(7,314)	-
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-
Transfer to / (from) reserves (Public Health)	(4,582)	-	(3,242)	1,340
Subtotal	(11,896)	-	(10,556)	1,340
Net Department Total	198,267	149,483	194,075	(4,192)

8. Strategic Commissioning and Integration are forecasting an underspend of £2.5m. This is primarily due to additional Client Contributions of £1.4m due to increases in Residential & Nursing income and Personal Budget income across all ages and additional savings from closure of the Care and Support Centres which was originally earmarked for additional assessment flats/beds but is not currently required this year.
9. Across the districts, Living Well and Direct Services are forecasting an underspend of £2.4m primarily due to additional Joint Healthcare Funding of £3.2m which is offset by overspends on additional care package costs, predominantly for Residential and Nursing Care.
10. Ageing Well & Maximising Independence are forecasting an overspend of £0.7m, primarily due to a £2.2m overspend on Long Term Residential and Nursing placements offset by small underspends on other services and employee costs.
11. The forecast includes a net use of reserves of £10.5m which is £1.3m less than budget. This comprises the anticipated net use of £3.2m of Public Health reserves, £7.3m in Section 256 Health Partnership reserves and £0.2m of Better Care Fund (BCF) Pooled budget reserves. BCF Carers are contributing £0.2m to reserves. BCF Carers is a ringfenced allocation of the BCF agreement with Clinical Commissioning Groups, this is specifically for supporting carers.

Performance Framework

12. The quarter 3 performance information in the format as it has previously been provided to Committee is attached as **Appendix A**. A summary of the highlights and areas for improvement is also contained within the body of this report.

13. In April 2019 Policy Committee approved a refreshed Planning and Performance Management Framework to drive and deliver the Council Plan outcomes, Investing in Nottinghamshire. Following this work has taken place between Adult Social Care and the corporate Performance Improvement and Planning Team to better align the reporting of the department's performance with the new planning and performance framework and the Departmental Strategy.
14. In order to do this a set of core metrics is being developed that focusses on the key outcomes of the department and which all existing performance measures sit beneath. In addition to being better aligned to corporate plans and strategies the main objectives of the core measures are:
 - to consider if we are fulfilling our purpose as an Adult Social Care department
 - to be used to clearly communicate how we all contribute to the success of the department
15. Once developed and agreed the core metrics will be used to manage performance across all levels of the department. This means they will form the basis of all service plans from April 2020 onwards with devolved targets for each service area and team. They will also be used by managers with their employees via the corporate Employee Performance and Development Review (EDPR) process. This will ensure that there is a clear focus for every member of the department on their role and how it contributes to the broader aims of the department and how they support better outcomes for individuals.
16. The core metrics are outcome focussed with what is important to people and carers at their centre. The core metrics are split into four areas as listed below and more detail on each area is included in the presentation attached as **Appendix B**:
 - Positive Contributions
 - Independence
 - Quality of Life
 - Use of Resources.
17. The core metrics and framework are still in development with the intention that a first version will be in place from April 2020 with an iterative process of development then continuing. In order to illustrate the benefits of the more aligned and outcome focussed approach the summary of quarter 3 performance for 2019/20 will be presented in this report using the new core metrics framework. The new core metrics includes drawing on wider information than previous performance reports, including case studies as well as information on complaints and Employee Health and Wellbeing information from HR.

Summary of Quarter 3 Performance

Positive Contributions

A. Keeping family, friends and connections

18. Nottinghamshire performs well on the proportion of adults receiving a Direct Payment with quarter 3 performance at 41.4% against a national average of 28%.

19. Below is a case study where using a Direct Payment to employ Personal Assistants (PAs) has supported an individual to have greater control over their care and support and to be better connected to their community.

E is a 36-year-old man who has Cerebral Palsy and requires support with his personal care and to access the community to do the things he enjoys. E has a Direct Payment for his support and uses this to employ 2 Personal Assistants. The PAs support E with personal care, support to manage his paper work, to access community activities and enable E to undertake his volunteering roles. E feels the support from the PAs is very flexible and tasks undertaken can change as required. E has been really pleased with the flexibility and consistency that having PAs gives him saying 'life is a billion percent richer for having a Direct Payment' and is "Better than the conveyor belt of changing agency staff"

He feels his staff are the best employees in Newark and enable him to be independent and are a benefit to both his physical and mental health.

20. An area for future focus for social inclusion is to improve the proportion of adults receiving support who have as much social contact as they would like; this indicator is at 38.8% in the 2018/19 annual statutory returns for Nottinghamshire against an England average of 45.9%.
21. Over the next 12 months more work is being done to focus on embedding a strengths-based approach to help change practice and focus on supporting people to have higher levels of social inclusion as well as work to develop community resources to increase availability and access to the community for people with support needs.

B. Learn, volunteer and work

22. There are a number of good examples of people being supported into or back into employment, including the case study below. It is however recognised that this is an area where improvement is required. Currently the department's performance for employment for people with learning disabilities in paid employment is at 2.4% against a national average of 5.9%.
23. To address this performance as well as other wider employment and health issues a Council-wide Employment & Health programme has been established to work with a range of the Council's external partners to review the employment offer to people with disabilities and long-term health conditions in Nottinghamshire. The purpose of the programme is:
- to enable the County to grow a productive and inclusive workforce
 - to develop the economy, create work and foster conditions for good employment
 - to invest in specific support for care leavers, and people with disabilities and long-term health conditions to secure and sustain work.

S is a 23-year-old male who has a diagnosis of Autism Spectrum Disorder (ASD) and Moderate Learning Disability (MLD). S lives at home with his mother and siblings, unfortunately S's father deceased in 2015. S is dedicated to supporting his family and wants an income to help to provide for the family home.

S had attended a college in the local area and started work experience through the college at a food production factory. S started his work experience once a week for 3 hours at a time alongside a job coach from the college. Over time S increased the hours on a weekly basis to a full day in the factory alongside the job coach who supported him. S continued with his work experience weekly with college for the next nine months.

As S was due to leave college, the factory had offered S a job as a Production Operative. The college had also referred S to iWork to continue with the support in work. The iWork team worked to ensure a smooth transition and to find out what adjustments and support S needed. The factory HR were very supportive and gave S the option of a 3-day week to start with the chance of increasing his days when he was ready.

Over time and with support S has increased his working hours from 3 days, to 4 days and then to a 5-day working week.

Independence

A. My support, my way and staying in control

24. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. This indicator captures the outcomes for people receiving social care (directly delivered and externally contracted) at home and accommodation based reablement services.
25. The proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services is on a positive upward trend due to successful delivery of key Transformation projects to both increase capacity in the Council's services and sustain or improve outcomes that help people remain living at home. This quarter the Council's target of 83% has been exceeded with performance of 85%. An example of the impact that reablement services can have on an individual's independence and wellbeing is illustrated with the below case study.

A had been left with life changing injuries following an accident when she was referred to START.

To continue living independently at home A needed support with: cooking and eating; showering and washing; stairs; transporting things around the house; her mental health; finances; and housing.

START supported A for several weeks with visits daily from Reablement Support Workers to support her with personal care and in using equipment to regain her independence.

Occupational Therapy (OT) support was vital in identifying A's support needs and the right reablement approach to help her regain her independence.

START provided equipment to help A shower safely and to cook and shop for herself. Equipment such as one-handed tin openers, sloped plates and dining trolleys helped make life much easier.

The OT liaised with the Department for Work and Pensions and the Council to address her benefits and housing and with her GP and mental health services to get support with her anxiety.

Outcome:

When A left START, she had no ongoing care needs and was fully reabled thanks to her hard work and determination and the dedication, support and accomplished intervention of START staff.

26. In order to make improvements in this area targeted work is underway to increase the number of people whose queries can be resolved earlier in their social care journey. As part of the department's revised operating model the ambition is that 80% of people who approach the Council for support will have their needs met with low level interventions; a further 15% with short term reablement type interventions; and with the remaining 5% requiring ongoing care provision for complex needs.
27. Currently the proportion of people who contact the Council who go on to have an assessment is 45% and large programmes of work are underway to shift this figure closer to the 80% target. The Maximising Independence Service established as part of the new workforce model aims to support this ambition and has already been heavily involved in increasing the resolution of queries received at the front door. This has resulted in 84% of people who approach the Council via the Customer Service Centre and the Adult Access Service having their queries resolved without being assessed for long term ongoing care
28. It is also intended that the work to embed a strengths-based approach as approved by Committee in January (see report on Adult Social Care Culture Change Programme listed in Background Papers) will also positively impact on this area of performance.

B. Living the life, I want, keeping safe and well

29. In order to assess if the interventions that have been put in place are effectively supporting people to greater levels of independence the department monitors the number of packages that change as a result of review. The premise being that if on review a package of support can be reduced this means that the support plan agreed with the individual has been successful in helping them achieve their short-term goals and greater independence.
30. As at quarter 3 19% of people over 65 years and 15.7% of people under 65 years had their package of care reduced on review against targets of 15% and 66% respectively. It is expected that the performance for people under 65 years will improve as enabling services such as Notts Enabling Service (NES) have now been embedded into the new workforce model as limited capacity to work with existing people under 65 years with social care needs has been available in the department until relatively recently.
31. In Nottinghamshire a high proportion of people with long-term needs are supported to live in housing with their own front door; the figures as at December 2019 are:

- Ageing well – 66.8% of people being supported have their own front door
- Living well – 85.9% of people being supported have their own front door

32. While the overarching figures are positive there are related areas within this measure where improvements are required. While the Council is achieving the target of less than 19.9 per 100,000 of the population of people under 65 yrs with care and support needs living in residential care, new admissions remain higher than desired. Similarly, for people over 65 new admissions to residential care are likely to be higher by year end than anticipated with an average admission rate of 85 people a month against a target of 80 people a month. So, while the Council benchmarks within the top end of the average banding across English councils nationally and regionally, this is an area where performance is dipping and needs to be mitigated. For both of these areas where improvements are required there is significant work taking place to implement housing strategies which should impact positively on these indicators going forward as well as lots of work with partners to ensure the right types of accommodation in the right capacity are available to avoid residential care admissions wherever possible.

C. Information and Advice

33. Measures for this area are currently being considered and worked up.

Quality of Life

A. People

34. The social care-related quality of life as reported in the annual statutory returns ranks Nottinghamshire as 75th out of 151 councils with performance remaining static over the last four years. This is an area where improvements are required and plans to gather more frequent and timely feedback from people who experience social care in Nottinghamshire are in progress.
35. In addition to the statutory returns it is also the intention to provide an update on Local Government & Social Care Ombudsman's (LGSCO) decisions relating to the Council each quarter. This will be a summary of the information reported to the Governance and Ethics Committee on a quarterly basis. The next report is due to be considered on 4th March (see Background Papers).
36. A total of five decisions relating to the actions of Adult Social Care have been made by the Ombudsman in this period. Following initial enquiries into one complaint about the Council's decision to refuse a Blue Car Badge application, the Ombudsman decided not to continue with any further investigation as there was no evidence of fault on the Council's part. Of the remaining four, the Ombudsman consider there to be fault found with the Council's action in three cases; a summary of the complaints is below.

COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY
The Council reduced his adult son's personal budget without full assessment and consideration of his needs. Complainant believes decisions	Fault found i) failure to review service user's care for three years	Corporate Director for Adult Social Care to write and apologise to service user and parents for failures.	

COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY
taken to reduce son's personal budget were financially motivated. Consequently, parents had to top-up his budget to enable him to continue receiving support from a specific care provider.	<p>ii) Personal budget was reduced by Council because the cost of service was above set rates</p> <p>iii) service user had to top up personal budget from state benefits causing hardship</p> <p>iv) parents had to top up payments for long standing care service. Council should have ensured personal budget was sufficient to cover service</p> <p>v) The suggested change of care provider seemed financially motivated as service user was told his budget may reduce further in the future without knowing what his needs may be</p> <p>vi) service user and parent were both found to be eligible for respite care funds but have not received the payments from the Council. This has impacted on them both</p> <p>vii) concern raised about social care support literature in circulation which is out of date.</p>	<p>Review service user's assessment and produce care and support plan to detail how needs will be met.</p> <p>Financial remedies for stress and loss of respite services to service user and to his mother</p> <p>Complete a new financial assessment to include all disability related expenditure</p> <p>Review care and support assessment and produce a support plan setting out how needs will be met. By 5th February 2020 the Council should:</p> <ul style="list-style-type: none"> consider if other service users may have been affected by arbitrary upper limits on hourly rates, and take any necessary action to address this; amend its procedure to ensure the Council does not set arbitrary limits of hourly rates; and take steps to actively publicise its current literature to address concerns about the previous literature it has issued 	<p>£1,000 each to service user and parents. £2,050.62 reimbursement of top up fees.</p> <p>Total £4,050.62</p>
<p>The Council unreasonably sought repayment of the direct payment. Complainant used the amount to pay husband to provide her care.</p> <p>Council also refused to meet complainant to discuss her concerns about how it had calculated the amount she needed to repay.</p>	<p>Fault Department only undertook one annual review and did not raise concerns about the service user's spending between 2012 and 2016.</p> <p>Policy and statutory guidance state annual reviews should take place.</p> <p>This meant the complainant did not have an opportunity to amend the way she</p>	<p>The Council should amend its calculation of the amount to be repaid to reflect the Council's acceptance that the complainant's husband provides 25 hours care per week which can be funded.</p> <p>The Council should write to the complainant to confirm the remaining amount to be recovered;</p>	<p>The department agreed not to pursue</p>

COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY
	managed her direct payments.	<ul style="list-style-type: none"> write to the complainant to confirm it is no longer intending to pursue recovery of the £21,768.26 it considers she has misused the account for; and apologise for the faults identified in this statement. 	<p>recovery of £21,768.26 and the additional debt of £30,575.41.</p> <p>A waiver was applied for the full amount totalling £52,343.67</p>
<p>The Council's review of the service user's care and support plan</p> <p>The amount it is asking him to pay.</p> <p>How the Council has sought to obtain information about the complainant's disability related expenditure.</p>	<p>Fault Lack of contemporaneous record following the assessment to explain why some aspects of support package were being removed and increase others.</p> <p>Fault Assessor did not explain to service user what the review would cover before it began.</p> <p>Records did not show the department tried to reach an agreement with the service user about the level of support he needed, leading to a misunderstanding.</p> <p>There was no evidence found that the service user was advised to complete a financial form so the Council could consider his disability related expenditure.</p> <p>No fault in Council's decision to charge the service user for his support or refuse to offer a further waiver to his contribution.</p>	<p>The Council should:</p> <ul style="list-style-type: none"> offer the service user a further review of his care and support plan seek agreement with the complainant about what his support needs are the Council should accept any information the complainant sends it in support of his request for disability related expenditure. If it agrees to allow increased disability related expenditure, I recommend it backdates this increased amount to January 2019 (except for any expenditure that began after that date). 	

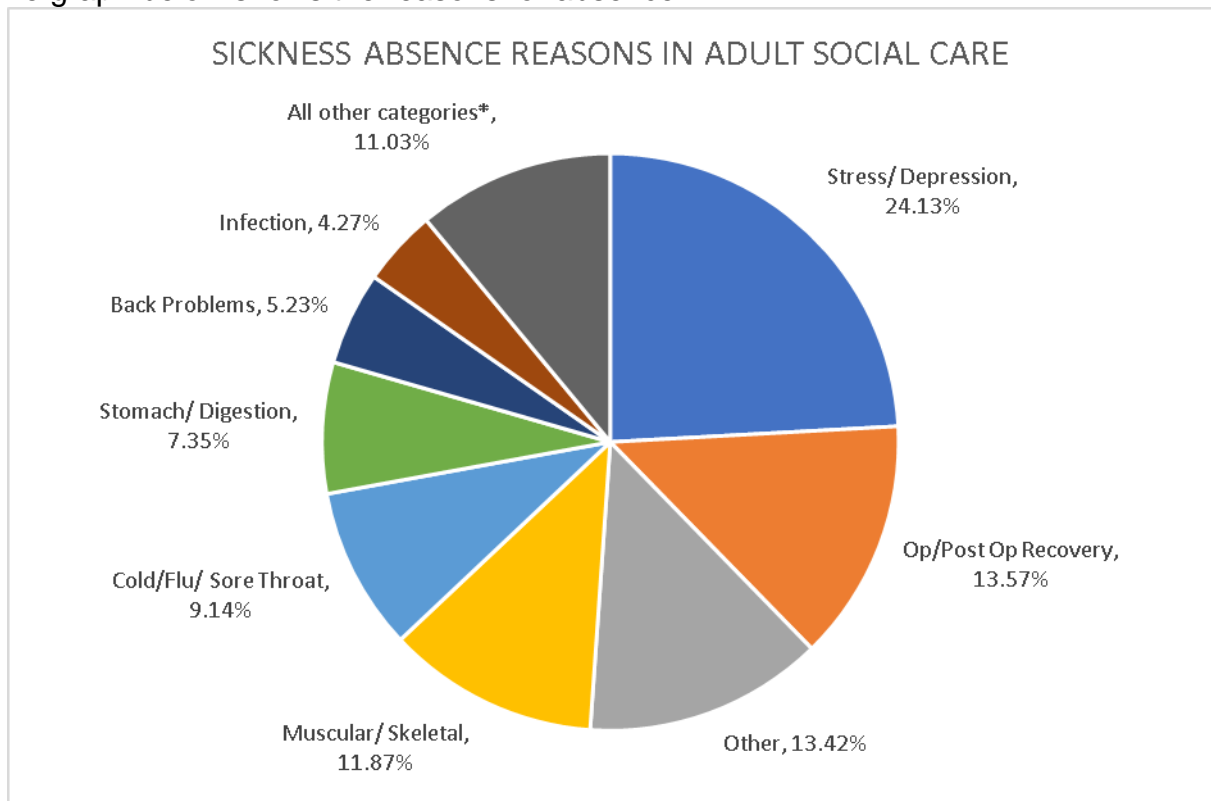
37. In each case where fault is found the department works closely with the Ombudsman on recommendations to remedy the situation for those concerned. In addition, the department is implementing a more robust process for wider learning from these decisions with a view to reducing any similar future investigations.

B. Carers

38. The social care-related quality of life for carers as reported in the annual statutory returns ranks Nottinghamshire 105th out of 151 councils and Nottinghamshire ranks poorly for all Carer satisfaction figures. Again, as with the above, mitigating plans to receive more regular and timely feedback to be able to improve in this area are being considered and further information will be provided as this progresses.

C. Workforce

39. It is the Corporate Director's intention to expand performance reporting to include information on Employee Health and Wellbeing as part of this report on a regular basis. The information reported to Personnel Committee on Sickness Absences for Quarter 2 provides the following information. On a rolling 12-month average from October 2018-September 2019 the average days sickness for Adult Social Care and Health was 12.46 days against an Authority wide (including NCC schools) average of 8.91 days.
40. The graph below shows the reasons for absence:



* All other categories include - not assigned, headache/migraine, heart/circulation, respiratory, pregnancy related, skin disorder, terminal illness.

41. In order to address the levels of sickness absence, the department in conjunction with HR has developed a departmental health and wellbeing plan and is working on providing more detailed information by team once the new workforce structure is implemented from 1st April 2020.

42. An employee pulse survey is also being designed to seek regular feedback from employees across the whole department; this will give a richer source of information to allow more targeted interventions that might improve the health and wellbeing of colleagues to improve this indicator.

Use of Resources

43. This area of the core metrics is still under development and a first draft will be available in the next quarterly update. It is however envisaged that it will be under this section that service improvement work and progress will be reported.

Transformation and Change

44. The current transformation programme, Improving Lives, is due to close on 31st March 2020. The Improving Lives Portfolio previously reported to this Committee quarterly and has reported delivery of savings across the below programmes of work from 1st April 2018 to 31st March 2020:

- Early Resolution
- Promoting Independence Interventions
- Commissioning & Direct Services

45. A more detailed summary of the Improving Lives Portfolio along with a future transformation plan for the department will be provided following 2019/20 year-end validation. In summary the programme is on track to have delivered £24.891m savings against a target of £21.094m between 2018/19 and 2019/20. The latest Programme summary status is included as **Appendix C**.

46. There remains a further £6.317m of approved savings to be delivered by Adult Social Care between 2020/21 and 2022/23 and these will continue to be monitored and tracked with progress being reported to Committee via the relevant finance reports.

47. It is proposed in future that this report contains both the performance update using the core metrics framework and the transformation and change update with the addition of information on complaints and employee wellbeing as contained in this report. The rationale for this proposal is so that the performance of the department can be considered more fully and in the round with the availability a wider suite of information available to cross reference.

Other Options Considered

48. Reporting in the same way as previously provides two separate quarterly reports to Committee - a quarterly Performance update and a quarterly Transformation and Change report - however it is felt that this is not an efficient way to continue, neither does it provide the range of data required to give a more rounded view of the department's performance and progress.

Reason/s for Recommendation/s

49. To agree a future approach to performance reporting to Adult Social Care and Public Health Committee.

Statutory and Policy Implications

50. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance 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, smarter working, sustainability and the environment 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

51. The department is currently forecasting a net underspend of £4.192m as described in **paragraphs 5 to 11**.
52. Progress on delivering the department's savings is contained within **paragraphs 44 to 47**.

RECOMMENDATION/S

That Committee:

- 1) considers whether there are any further actions it requires in relation to the finance and performance information for the period 1 October 2019 to 31st January 2020
- 2) approves the proposed new core metrics as a framework for reporting performance against going forward.
- 3) agrees to the closure of the Improving Lives Portfolio, pending year-end summary, and agrees to take updates on Service Improvement and Transformation and Change as part of quarterly performance reports in future.

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Constitutional Comments (AK 18/02/20)

53. The report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 14/02/20)

54. As at the end of December 2019, the Adult Social Care and Public Health department is forecasting an in-year underspend of £5.532m before reserves and £4.192m after accounting for reserve movements.
55. The savings currently forecast to be delivered by the end of this financial year are £2.85m more than the cumulative target due to the early delivery of savings. This has been factored into the department's forecast financial position and is contributing to the in-year underspend position

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.

[Planning and Performance Management Framework](#) – report to Policy Committee on 24th April 2019

[Adult Social Care Culture Change Programme](#) – report to Adult Social Care and Public Health Committee on 6th January 2020

[Sickness Absence Performance and Ongoing Actions for Improvement](#) – report to Personnel Committee on 27th November 2019

[Adult Social Care and Public Health Departmental Strategy](#)

[Local Government and Social Care Ombudsman Decisions – November to December 2019](#) - report to Governance and Ethics Committee on 4th March 2020

Electoral Division(s) and Member(s) Affected

All.

ASCPH702 final