

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

13 MARCH 2013

SUBJECT:	<i>ADULT SOCIAL SERVICES PERFORMANCE REPORT AND OUTCOME OF TASK AND FINISH GROUP</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>GRAHAM HODKINSON</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>COUNCILLOR CHRISTINE JONES</i>
KEY DECISION?	<i>NO</i>

1.0 EXECUTIVE SUMMARY

- 1.1 This report identifies the outcome of discussions held between Overview and Scrutiny Lead Members and key Department of Adult Social Services Officers to agree a framework to enable meaningful scrutiny of Departmental Performance to both support business planning systems and processes and coherence with the Council Corporate Plan. The aim is to enable a positive contribution by Members to assure appropriate challenge and rigour to enhance continuous service improvements, recognising the challenging financial context confronting the Council and a complex efficiency agenda for Adult Social Services.
- 1.2 This report confirms the approach and methodology that has been agreed to underpin a rolling programme of reporting to Overview and Scrutiny based upon The Adult Social Care Outcomes Framework (ASCOF), alignment of a suite of Performance Indicators specific to Adult Social Services to the four domains contained within ASCOF and additionally comparative data from across the North West to place Wirral within a wider performance agenda.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Adult Social Care Outcomes Framework (ASCOF) was first launched on 31 March 2011, following consultation on a broader, more transparent and outcome-focused approach to presenting information on what adult social care has achieved. The framework was further updated for the year from April 2012 and all proposals for outcome measures have been agreed between the Department of Health, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA).

2.2 The following provides a summary of the four ASCOF domains:

- Domain One – Enhancing quality of life for people with care and support needs. Within this domain there are three key elements focused upon “people managing their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs”. Specifically this relates to the proportion of people who use services who have control over their daily lives and the proportion of people using social care who receive self directed support, and those receiving direct payments. The second element is “carers can balance their caring roles and maintain their desired quality of life” and the third element is “people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation”. Of the three key elements it has been determined that the proportion of people using social care who receive self-directed support, and those receiving direct payments will be one of the Social Care Indicators within the Corporate Plan.
- Domain Two – Delaying and reducing the need for care and support. Within this domain again there are three elements focused upon “ permanent admissions to residential and nursing care homes, per 1,000 population”, “the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services”, and “ delayed transfers of care from hospital, and those which are attributable to adult social care”. Of the three elements it has been agreed that both the permanent admissions to residential and nursing care homes per 1,000 of population and the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services will be further Corporate Plan Indicators.
- Domain Three – Ensuring that people have a positive experience of care and support. Within this domain there are four elements “overall satisfaction of people who use services with their care and support”, “overall satisfaction of carers with social services”, the proportion of carers who report that they have been included or consulted in discussions about the person they care for”, “the proportion of people who use services and carers who find it easy to find information about services”. Of these elements it is proposed that the overall satisfaction of carers with social services will also be a Corporate Plan measure.
- Domain Four – Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm. Within this domain there are two elements “ the proportion of people who use services who feel safe” and “ the proportion of people who use services who say that those services have made them feel safe and secure”. In terms of the Corporate Plan the proportion of completed safeguarding referrals where people report they feel safe will be the measure utilised.

2.3 As indicated within the Executive Summary to this report the intention will be to focus upon one of the domains on a rolling basis to demonstrate how the elements within each domain are embedded within the business processes of the Department to support transformation of the configuration of services, progression of the efficiency agenda and making best use of available resources and highlight and evidence the impact for service users. In essence we will present to Overview and Scrutiny a story of operational practice and how this fits and support the national and local performance measures to benchmark continuous improvements. Such a position will be subject to Member challenge to develop a shared understanding and gain collective ownership of complex matters confronting the Council

2.4 We would plan to confirm in our next report to Overview and Scrutiny progress that has been achieved allied to Domain Two – Permanent admissions to residential and nursing care homes per 1,000 of population and how this measure has influenced both Commissioning Plans and business planning. The data presented within this report, within Appendix One – Departmental Performance Indicators Quarter 3, will act as a baseline to indicate the steps that will have been implemented to progress service transformation and continuous service improvements. Whilst indicating our intention to formally report progress in relation to Domain Two, we would seek Members agreement to engage at this meeting and reflect upon business activities to redesign and reshape services to impact upon this key indicator. This will commence a positive dialogue, including challenge allied to the course of action in train.

3.0 RELEVANT RISKS

3.1 The approach that has been agreed with Lead Overview and Scrutiny Members, allied to the implementation of the national Adult Social Care Outcomes Framework and coherence with the Corporate Plan provides transparency to enable identification of risks to enable corrective and focused interventions to progress the identified ASCOF domains. As indicated above this will be supported by a proactive dialogue with Overview and Scrutiny that will afford challenge to aid the process of continuous improvement.

4.0 OTHER OPTIONS CONSIDERED

4.1 The Task and Finish Group was open to a wide ranging discussions in relation to Performance and the outcome arrived at will seek to maximise the contribution of Members and support the functionality of Overview and Scrutiny. Members should though note the evolving Organisational Change allied to the transfer of Public Health to the Council and the wider role to be discharged by the Director of Public Health in relation to Corporate Performance.

5.0 CONSULTATION

5.1 As indicated above this report captures the consultation/discussions that were held with key Overview and Scrutiny Members and the outcomes reached, which are now formally confirmed. This report confirms the start of a process to address Performance and Continuous Improvements going forward through appropriate and positive challenge. The approach is seeking to provide a coherent approach that will place Performance as part of robust business planning processes.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 There are no specific implications for this sector, although the sector will play a part in contributing to the lives of people and specifically the ASCOF domains.

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 The story that will be told through future reports will endeavour to correlate performance and resources. We will provide a financial context when addressing specific domains and indicators.

8.0 LEGAL IMPLICATIONS

8.1 There are no specific legal implications.

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9.0 EQUALITIES IMPLICATIONS

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

The Adult Social Care Outcome Framework is underpinned nationally by an Equality Impact Assessment and therefore the nature of this report will not require a further local Equality Impact Assessment.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 There are no Carbon Reduction Implications.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 There are no Planning or Community Safety Implications.

12.0 RECOMMENDATION/S

12.1 Overview and Scrutiny Members are requested to note and endorse the approach that has been formulated by the Member and Officer Task and Finish Group to provide positive and effective engagement allied to Adult Social Services Performance.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 The recommendation is striving to establish clarity and focus for Overview and Scrutiny members to enable a meaningful dialogue that will challenge officers to demonstrate and evidence progress in relation to the Adult Social Care Outcome Framework. This will afford transparency allied to business processes, the efficiency agenda for this Department and the contribution to the Corporate Plan. The aim is to present information in a manner that engages Members and equally challenges officers to assure accountabilities.

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APPENDICES

Appendix 1 - Performance Indicators at Quarter 3

Appendix 2 - Annex A: Adult Social Care Outcomes Framework Summary of Key Domains

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

N/A

Performance Indicators at Quarter 3

Performance Indicator	End of Year Target	Current Target	Actual @ 30th November 2012	Actual @ 31 December 2012	Direction of Movement	Rating
% of People Reviewed	80%	62%	44.33%	46.99%	▲	R
SDA as a % of all assessments & reviews	100%	100%	99.01%	98.94%	▼	G
Assessments within 28 days	100%	100%	84.23%	84.28%	▲	R
% of People Receiving a Personal Budget	90%	90%	78.93%	78.78%	▼	R
% of People Receiving a Personal Budget as a Direct Payment	40%	40%	7.98%	7.99%	▲	R
% of Support Packages in 28 days	93%	93%	93.82%	93.63%	▼	G
% of Carers Receiving a Service	60%	60%	54.96%	53.34%	▼	R
% of Care Home Inspections Completed	80%	60%	57%	58%	▲	G
% of Safeguarding Alerts actioned within 24 hours	100%	100%	98.20%	97.87%	▼	G
% of Referrals Closed within 28 days	100%	100%	83.16%	81.63%	▼	R
People Supported to live Independently per 100,000	3,200	3,200	3,179	3,169	▼	G
% of People with LD in settled accommodation	80%	80%	73.78%	73.80%	▲	A
% of People with LD in paid employment	5%	5%	7.10%	6.88%	▼	G
% of People with MH in settled accommodation	80%	80%	82.45%	81.35%	▼	G
% of People with MH in paid employment	5%	5%	3.96%	4.02%	▲	R
Number of admissions to long term Care per 100,000	1.5	1.5	2.12	2.2	▼	R
Delayed transfers of care from hospital per 100,000	1.5	1.5	1.64	1.62	▲	A



Annex A: Adult Social Care Outcomes Framework 2013/14 at a glance

1 Enhancing quality of life for people with care and support needs

Overarching measure

1A. Social care-related quality of life * (NHSOF 2)

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

1B. Proportion of people who use services who have control over their daily life
To be revised from 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.

1D. Carer-reported quality of life * (NHSOF 2.4)

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

1E. Proportion of adults with a learning disability in paid employment *** (PHOF 1.8, NHSOF 2.2)

1F. Proportion of adults in contact with secondary mental health services in paid employment *** (PHOF 1.8, NHSOF 2.5)

1G. Proportion of adults with a learning disability who live in their own home or with their family ** (PHOF 1.6)

1H. Proportion of adults in contact with secondary mental health services living independently, with or without support ** (PHOF 1.6)

New measure for 2013/14:

1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. ** (PHOF 1.18)

2 Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 1,000 population

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services ** (NHSOF 3.6)

New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.
New placeholder 2E: Effectiveness of reablement services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

2C. Delayed transfers of care from hospital, and those which are attributable to adult social care

*New placeholder 2F: Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life. ** (NHSOF 2.8)*

3 Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support

3B. Overall satisfaction of carers with social services
*New placeholder 3E: Improving people's experience of integrated care ** (NHS OF 4.9)*

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe * (PHOF 1.19)

Outcome measures

Everyone enjoys physical safety and feels secure.

People are free from physical and emotional abuse, harassment, neglect and self-harm.

People are protected as far as possible from avoidable harm, disease and injuries.

People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure

New placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

Aligning across the Health and Care System

* Indicator complementary
** Indicator shared
*** Indicator complementary with the Public Health Outcomes Framework and the NHS Outcomes framework

Shared indicators: The same indicator is included in each outcomes framework, reflecting a shared role in making progress
Complementary indicators: A similar indicator is included in each outcomes framework and these look at the same issue

Annex A: Adult Social Care Outcomes Framework 2013/14 at a glance