

4 December 2012		ITEM 5
Health & Wellbeing Overview & Scrutiny Committee		
Adult Social Care Performance Monitoring Report		
Report of: Roger Harris – Head of Commissioning		
Wards and communities affected: All	Key Decision: No	
Accountable Head of Service: Roger Harris – Head of Commissioning, Les Billingham – Head of Adult Social Care		
Accountable Director: Jo Olsson – Director of People’s Services		
This report is Public		
Purpose of Report: To report to Scrutiny Committee on the final published performance of adult social care for 2011-12 and on performance for the second quarter of 2012/13.		

1. RECOMMENDATIONS:

1.1 Scrutiny Committee is asked to note the report

2. INTRODUCTION AND BACKGROUND:

Since 2011 there have been a number of changes made to the performance framework for adult social care following the abolishment of the Care Quality Commission (CQC) Annual Performance Assessment. The key elements of the new approach to assessing and reporting on adult social care performance are set out in the Department of Health publication: ‘Transparency in Outcomes: A Framework for Quality in Adult Social Care’ (March 2011) and are summarised in the following section.

Adult social care performance for 2011-12 and quarter two 2012-13 are based on the new indicators from the Adult Social Care Outcomes Framework (ASCOF).

3. THE PERFORMANCE FRAMEWORK FOR ADULT SOCIAL CARE

3.1 The Adult Social Care Outcomes Framework (ASCOF)

The ASCOF is the new national framework of performance outcome measures for adult social care. The first full year of collection was 2011-12. The new framework has been introduced in place of the previous set of National Indicators.

The purpose of the ASCOF is to place a stronger emphasis on measuring the achievement of better quality outcomes for local people using adult social care; to support the development of Local Accounts (as reported in quarter one) by authorities and to enable benchmarking and comparison across councils.

The ASCOF is based around the following four outcome themes. Thurrock has also adopted these outcome themes as the basis for our internal performance management and reporting.

1. Enhancing quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care and support
4. Safeguarding people whose circumstances make them vulnerable and protecting from harm







4. ADULT SOCIAL CARE PERFORMANCE 2011-12

2011-12 was the first full year of reporting on the new ASCOF performance outcome indicators. Comparative data is available for 14 of the 17 indicators in the ASCOF framework.

Thurrock’s provisional performance for 2011-12 was presented in the Quarter One performance report. This report presents the final and nationally published data.

4.1 Performance headlines

The table below compares Thurrock’s performance for 2011-12 against the national and our statistical nearest neighbour averages.

Compared to National Average	No of KPIs	Compared to Statistical Nearest Neighbours	No of KPIs
 Better	7 (50%)	 Better	8 (57%)
 Same	2 (14%)	 Same	2 (14%)
 Worse	5 (36%)	 Worse	4 (29%)

Compared to the national average Thurrock performs better on seven (50%) indicators and worse on five (36%). Compared to our statistical nearest neighbours Thurrock performs better on eight (57%) indicators and worse on three (21%) indicators.

Appendix two presents a more detailed table setting out Thurrock’s performance for 2011-12 compared to national and our statistical nearest neighbours.

At its meeting on 4 September 2012 Scrutiny Committee requested a briefing note on the performance of adult social care in supporting people with learning disabilities into employment. The briefing note is attached as appendix two.

5. ADULT SOCIAL CARE PERFORMANCE QUARTER TWO 2012-13

5.1 Adult Social Care Corporate Scorecard Indicators

Adult social care has four indicators in the council’s corporate balanced scorecard which is monitored on a monthly basis and reviewed at Directors Board and Cabinet.

Quarter two performance for these indicators is good overall and is summarised in the table below.

Indicator	11-12	Target	Q1 12-13	Q2 12-13	DoT	RAG
1C - % of social care clients receiving self-directed support	42	60	38.1	38.4	↔	A
2A - Permanent admissions to residential care per 100,000 population (18+)	153	145	38	69	↑	G
2C - Achieving independence for older people through rehab/intermediate care	91	91	95	94	↔	G
4B - % of clients who report that services / support help them feel safe and secure	82	n/a	n/a	n/a	n/a	n/a

1C: % of social care clients receiving self-directed support

This indicator measures the proportion of social care service users who receive their support through a personal budget such as a direct cash payment or personal budget managed by the council or other provider.

The current performance for indicator 1C % of social care clients receiving self-directed support is amber. As at the end of quarter two 38.4% of social care clients are receiving self-directed support. As previously reported in the quarter one report, this means that performance has stabilised and is no longer improving at a rate sufficient to reach the year end target of 60%.

A performance improvement plan is being implemented for this indicator and the service is confident that this will deliver the improvements needed to ensure the indicator meets the stretch and challenging year-end target of 60%.

2A: Permanent admissions to residential care per 100,000 population aged 18+

This indicator measures the rate of new permanent admissions into residential care as a proportion of the population aged 18+. It provides an indication of the success of adult social care and partners in keeping vulnerable people out of more costly care placements as a result of increased use of earlier intervention and preventative support.

At the end of quarter two, the overall rate of new admissions into permanent residential placements was 69 per 100,000 population aged 18+. The rate of admissions for younger adults aged 18-64 was 5.9 and the rate of admissions for adults aged 65+ was 375.

Recently released national data for 2011/12 showed that Thurrock performs better than average on the rate of new admissions for adults aged 65+ - 674 compared to 709 nationally and in line with the national average on admissions of younger adults aged 18-64 – 19 per 100,000 in both Thurrock and nationally.

National data also showed that in 2011/12 the rate of permanent council-funded admissions to care homes for adults of all ages has begun to rise, reversing the trend of previous years.

Projected year-end performance is on track to meet the performance ceiling rate set at 145 for this indicator. However, the service will continue to keep this indicator under close scrutiny as we aim to reduce the numbers of people, particularly those aged 65+, out of permanent residential care through implementation of the building positive futures programme and our focus on early prevention and intervention.

2B: Achieving independence for older people through rehabilitation / reablement

The indicator is a proxy measure of the effectiveness of hospital discharge planning and the effectiveness of rehabilitation and reablement services in keeping people independent and out of hospital or residential care. Managing demand and reducing the need for more costly care such as residential placement is a key part of the service’s focus on early intervention and prevention support.

The indicator measures the proportion of people aged over 65 discharged from hospital between January and March 2012 who remained living independently after 91 days.

Performance for this period is 94% and continues the strong performance evidenced in 2011-12 outturn of 92% and quarter one, 95%. This is above the 2011-12 national average of 83%

4B: % of clients who report that services / support help them feel safe and secure

This indicator is currently shown as not applicable as this is an annually collected indicator and part of the ASCOF performance framework. The next survey is due for February 2013 with results reported in April 2013.

5.2 Adult Social Care Service Performance Scorecard

In addition to the national ASCOF performance framework, adult social care monitors a range of other ‘local’ performance indicators as part of our performance management arrangements. These indicators are aligned with the four outcome themes described above and aim to enable the service to review progress against the key objectives within our Service Plan.







Performance is reviewed monthly at the Service Performance Group and quarterly at the People Services Directorate Management Team. The full scorecard for quarter two 2012-13 can be made available should members wish to see this.

5.2.1 Performance headlines

Overall performance for quarter two is good with the majority of indicators improving on the 2011-12 outturns and on track to meet their 2012-13 targets.

Of the 31 indicators that are comparable at the end of quarter two, 19 (61%) are meeting target. Eight indicators (26%) are not meeting target.

Of the 31 indicators that are comparable at the end of quarter two, 17 (55%) are performing better than the 2011-12 outturn. Nine (29%) are performing worse than the 2011-12 outturn.

Performance against target	No of KPIs	Direction of travel compared to 2011-12	No of KPIs
 Met target	19 (61%)	 Better	17 (55%)
 Within tolerance	4 (13%)	 Same	5 (16%)
 Did not meet target	8 (26%)	 Worse	9 (29%)

5.3 Quality of care in external providers

Adult Social Care has a well established and robust approach to the monitoring of performance, risk and contract compliance within its externally provided residential and domiciliary support. This includes the regular monitoring and audit of providers based on a risk-proportionate approach with the focus on those providers for whom there are identified concerns.

Monitoring visits consist of unannounced, announced and out of hours visits. All providers are subject to at least an annual visit. Action plans to address identified issues are monitored in conjunction with the provider and, where necessary, the Care Quality Commission (CQC).

Currently only one provider is giving cause for concern sufficient to restricted services from us.

6. CONSULTATION (including Overview and Scrutiny, if applicable)

This report has been agreed with colleagues in the Corporate Performance team.

7. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

The pressures faced by Adult Social are recognised within the Community Strategy and the Medium Term Financial Strategy. The four corporate balance scorecard indicators are reported to Directors Board and Cabinet on a monthly basis and the corporate risk for adult social care is reported to Directors Board and Cabinet quarterly.

8. IMPLICATIONS

8.1 Financial

Implications verified by: **Mike Jones**
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The financial implications are covered within the body of the report

8.2 Legal

Implications verified by: **Roger Harris**
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There are no specific legal issues arising from the report as this is just for members information and so no formal legal referral was felt necessary

8.3 Diversity and Equality

Implications verified by: **Roger Harris**
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There are no specific diversity issues arising from this report as this is just for members information.

8.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

None.

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Appendix 1: Adult Social Care Performance Outcomes Framework (ASCOF): 2011-12 Outturns

Ref	Indicator	Thurrock 2010-11	Thurrock 2011-12	National Average 2011-12	Performance compared to National	Stat Neighbours Avg. 2011-12	Performance compared to Stat. Neigh
Outcome 1: Enhancing quality of life for people with care and support needs							
1A	% of social care users with reported good quality of life	18.6	18.4	18.7	S	18	S
1B	% of social care users who have control over their daily life	74.7	74.1	75.1	W	74.7	S
1C	% of social care clients receiving self directed support	35	42.1	43	S	40	B
1D	% of carers who report good quality of life	-	-	-	-	-	-
1E	% adults with LD in settled employment	5	3.6	7.1	W	6.4	W
1F	% adults receiving secondary mental health services in employment	13.8	11	8	B	6	B
1G	% adults with LD in settled accommodation	57	49	69.9	W	75.7	W
1H	% adults receiving secondary mental health services in settled accommodation	89	92	57.8	B	58	B
Outcome 2: Delaying and reducing the need for care and support							
2A	Permanent admissions to residential care per 100,000 population 65+	-	537.1	705.9	B	756.6	B
2B	Achieving independence for older people through rehab/intermediate care	-	92	82.7	B	82.7	B
2C	Delayed transfers of care per 100,000 population 18+	7.1	5.3	9.8	B	7.1	B
Outcome 3: Ensuring that people have a positive experience of care and support							
3A	% overall satisfaction of people who use social care services	59	61	62.8	W	63	W
3B	% overall satisfaction of carers who use social care services	-	-	-	-	-	-
3C	% of carers who feel included in discussion about the person they care for	-	-	-	-	-	-
3D	% of service users who find it easy to access information and advice	77.3	76.3	73.8	B	74.2	B
Outcome 4: Safeguarding people whose circumstances make them vulnerable and protecting from harm							
4A	% of service users who feel safe	64	60.3	63.8	W	65	W
4B	% of service users whose support/services make them feel safe and secure	85.5	82.5	75.3	B	74.2	B

Source: NASCIS, 2011-12 ASCOF Data.

Key:

■ Better
 ■ Same / In-Line
 ■ Worse

Briefing Note To: **Health and Well-Being Overview and Scrutiny Committee**

Briefing Note Title: **Adults with Learning Disabilities in Paid Employment (1E)**

Date: **September 2012**

1. Purpose

To provide members with an overview of the rationale and definition for this performance indicator; to present the latest performance and to summarise the support services commissioned to assist people with learning disabilities into employment.

2. Background and Context

Supporting people with learning disabilities into employment is a priority for Thurrock. People with learning disabilities can often be socially excluded from their communities. One way of helping people overcome this is by empowering them to be able to access employment and training opportunities, thus allowing them to become a valued part of their community, helping to build their confidence and ultimately making them more independent.

3. Adults with Learning Disabilities in Paid Employment – Indicator Definition

This performance measure is part of the national Adult Social Care Outcomes Framework (ASCOF). It is intended to provide an indicative measure of work undertaken to improve the employment outcomes for adults with learning disabilities. The measure shows the proportion of all adults with learning disabilities, who are 'known to' the council.

The definition of individuals '**known to the council**' is restricted to those adults with learning disabilities who have been assessed or reviewed by the council during the year (irrespective of whether or not they receive a service) or who should have been reviewed but were not.

The measure is focused on '**paid employment**', to be clear that voluntary work is to be excluded for the purposes of this measure. Paid employment is measured using the following two categories:

- Working as a paid employee or self-employed (16 or more hours per week); and,
- Working as a paid employee or self-employed (up to 16 hours per week).

A '**paid employee**' is one who works for a company, community or voluntary organisation, council or other organisation and are earning at or above the National Minimum Wage. This includes those who are working in supported employment (i.e. those receiving support from a specialist agency to maintain their job) who are earning at or above the National Minimum Wage.

'**Self-employed**' is defined as those who work for themselves and generally pay their National Insurance themselves. This should also include those who are unpaid family workers (i.e. those who do unpaid work for a business they own or for a business a relative owns).

3. Adults with Learning Disabilities in Paid Employment – Performance

In 2011-12 3.6% of learning disabled adults were in paid employment. This was a decrease on the 2010-11 outturn of 5% and below than both the national (7.2%) and statistical nearest neighbour (6.4%) averages.

As at the end of August 2012 performance had increased to 6.4%. This represents 17 service users with learning disabilities in paid employment from a total base of 267. This takes performance for the year to date in 2012-13 above our target of 5% and shows improvement on the outturn position for both 2011-12 and 2010-11.

Based on a continuation of the trends seen in the year to date we expect the year-end performance target of 5% to be exceeded. This would represent an improvement in performance of some 2% to 3% and bring Thurrock close to the current national average of 7.2% and in line with our statistical nearest neighbours.

Ref	Indicator	Thurrock 2010-11	Thurrock 2011-12	Thurrock 2012-13 Latest	National Average 2011-12	Performance compared to National	Stat Neighbours Avg. 2011-12	Performance compared to Stat. Neigh
1E	% of learning disabled adults in paid employment	5	3.6	6.4	7.2	W	6.4	S

4. Supporting people into employment – commissioned support

Thurrock adult social care commissions several initiatives which aim to support people with learning and other disabilities into employment opportunities. These include a range of support to meet the needs of individuals for whom paid employment is not a feasible or appropriate option, but who would benefit from lower level training or voluntary opportunities. The people supported through these initiatives are therefore not seen in the above performance indicator.

4.1 Community Lifestyle Solutions - Supported Employment

Our Community Lifestyle Solutions service runs a Supported Employment programme specifically for people with learning disabilities and supports approximately 130 people at any one time.

The service provides intensive support to prepare people for work, including social skills development, building confidence and self esteem, travel training, and increasing independence. Support is also provided for people to access the training and education required to enable them to have the skills necessary for employment, for example several individuals attended college for a one year course in order to be fully trained to work in a crèche.

Once individuals are prepared for work, many go on to do work experience placements and/or volunteering in order to gain some experience of the working environment prior to finding paid work. Work experience is always for a limited time period (usually 12 weeks). Many individuals have no aspirations to have paid work and feel that volunteer work has as much value as paid work.

Ongoing support is also available as and when required throughout the employment, including for supervisions with the employer, disciplinary, changes to job role or pay, additional training required etc.

The service also actively seeks connections with local employers and the third sector. This is to promote to organisations the benefits in recruiting people with learning disabilities and also raises

awareness of the support the service offers which encourages more employers to recruit people with learning disabilities. For example, recent links made with ASDA in Tilbury has resulted in 4 individuals with learning disabilities about to commence employment with the organisation.

Outcomes 2012-13 (as at 13 September 2012)

- 11.4% of people supported are in paid work (15 out of 132 supported people)
- 3.8% of people supported are in work experience (5 out of 132 supported people)
- 6.8% of people supported are in voluntary work (9 out of 132 supported people)
- 22% of people supported are in employment overall (29 out of 132 supported people)

4.2 World of Work Service

The Work of Work service is provided by Thurrock Independent Resource Centre (TIRC). The programme supports approximately 37 people on average at any one time. The aim of the service is to support individuals with learning disabilities into employment.

Support includes helping individuals to have the skills necessary for work, for example Skills Development activities, which includes building confidence and self-esteem, increasing independence, developing social skills etc. Service users also undertake Preparation for Work activities such as CV writing and interview skills.

In 2011/12, 86% of people supported by the service undertook Skills Development activities, and 88% participated in Preparation for Work activities.

Outcomes 2011-12

- 53% of people supported in training and education (77 out of 146 supported people)
- 7% of people supported are in either full or part-time time work (9 out of 146 supported people)
- 39% of people supported are in voluntary work (56 out of 146 supported people)
- 45% of people supported are in any paid or voluntary work (65 out of 146 supported people)

4.3 Housing-Related Support Services (Previously Supporting People) - Adult Disabilities Housing-Related Support Service

The Adult Disabilities Housing-Related Support Service is provided by Family Mosaic Housing and is a mixture of supported accommodation, and a floating support service that provides support to individuals in their own home.

There are 22 units of accommodation and 40 units of floating support. The service is aimed at all adults with disabilities, including those learning disabilities, physical disabilities and sensory impairments. However, the majority of service users are those with learning disabilities.

The aim of the service is to provide low level housing-related support to help adults with disabilities to maintain or achieve independent living. The service has many key objectives, which include supporting individuals to maximise their benefits, reduce debts and obtain employment. Employment support is provided where service users have agreed that this is an outcome they would like to achieve.

Outcomes 2011-12

- 91% of people supported in training and education (10 out of 11 supported people). 0% of people supported are in either full time work

We are also exploring the potential of using the Rose Project (Realistic Opportunities for Supported Employment) which has successfully supported LD people into employment in Havering as a proposed further service improvement. This approach links work placement opportunities with Job Coaches.