

11 June 2013		ITEM 7
Health & Wellbeing Overview & Scrutiny Committee		
Adult Social Care Performance Monitoring Report		
Report of: Roger Harris – Director of Adults, Health and Commissioning		
Wards and communities affected: All	Key Decision: No	
Accountable Head of Service: Les Billingham – Head of Adult Social Care		
Accountable Director: Roger Harris – Director of Adults, Health and Commissioning		
This report is Public		
<p>Purpose of Report:</p> <p>To report to Scrutiny Committee on the provisional end of year performance for key adult social care indicators and to summarise progress of adult social care in relation to the core elements of the national outcomes framework and improvement model for adult social care.</p>		

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). These include:

- The introduction of the Adult Social Care Outcomes Framework (ASCOF) which consists of the 17 national indicators for adult social care;
- Annual survey of service users and bi-annual survey of carers;
- The requirement to publish an annual Local Account and;
- The introduction of a sector-led approach to improvement and performance

3. THE ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF):

The ASCOF is the national framework of performance outcome measures for adult social care. 2012-13 is the second year of full collection. The ASCOF is based

around the following four outcome themes. Thurrock has adopted these as the basis for our performance management and reporting.

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

3.1 2012-13 Provisional Performance

At the time of writing, provisional data is available for nine of the ASCOF indicators. Four of these are taken from the 2012-13 Carers Survey.

Appendix one shows Thurrock's performance on the ASCOF indicators compared to national and our statistical nearest neighbours. It also provides a direction of travel judgement based on performance compared to previous years where applicable. It should be noted that at the time of writing, the data is presented as un-validated. Final validated data will be released by the Department of Health in September 2013. The data presented in this report may therefore be subject to change as a result of validations.

1C: Social care users receiving self-directed support:

Provisional end of year outturn is 60%. This meets the target set for the year of 60%, continues the three year trend of improvement and brings Thurrock above the national average for 2011-12 of 43%.

The service continues to seek further improvement through extending direct payments for carers, increasing mental health recovery budgets for mental health users and exploring the feasibility of implementing additional individual service funds.

1E: Adults with learning disabilities in paid employment:

Provisional end of year outturn is 5.3%. This exceeds the target set for the year of 5%, shows improvement from 2011-12 outturn of 3% and brings Thurrock closer to the national average of 7.1%.

1G: Adults with learning disabilities who live in their own home or with their family:

Provisional end of year outturn is 63%. This exceeds the target of 60%, shows improvement from 2011-12 outturn of 49% and brings Thurrock closer to the national average of 69%. This increase is attributable to the learning disabled supported living schemes in Stanford le Hope, as well as data tidy up work completed throughout the year.

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

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 overall 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.

The service set a challenging year-end target for this indicator and the rate of new permanent admissions to residential care had been maintained through the first three quarters of 2012/13 within target. However, since December 2012, the rate of new admissions has increased; primarily among those aged 65+. The provisional year-end outturn is 153 admissions per 100,000 population. This exceeds the performance ceiling/target set at 145.

A number of factors have combined to contribute to this in recent months. These include the continued capacity pressures faced by Basildon and Thurrock University Hospital (BTUH), which remains on a state of black alert; subsequent pressures on preventative services such as reablement and reduced capacity within homecare providers as a consequence of the transitional period ahead of new contractual award and failing of a provider.

This indicator remains as a key service priority and has been retained as a corporate scorecard indicator in 2013/14.

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

This indicator measures the proportion of people who were discharged from hospital in a three month period with the intention of reablement /rehabilitation who remain independent after a 91 day period.

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 year-end indicator measures people discharged between October and December 2012 and their status after 91 days between January and March 2013. Performance of 90% is above target and consistent with last year's outturn of 91%. It also remains above the 2011/12 national average of 83%.

2C: Delayed transfers of care from hospital:

This indicator measures the average number of delayed discharges from hospital per 100,000 population aged 18+. The indicator is in two parts. The first part looks at all delays that are attributable to both health and adult social care. The second part focuses on delays attributable only to adult social care.

The average number of delayed discharges due to both health and adult social care for 2012/13 is 6.15. This represents a small increase on the previous year's outturn of 5.3. However, performance remains significantly better than the national average of 9.3.

The average number of delays attributable to only adult social care for 2012/13 is 1. This maintains the excellent performance of previous years, improving further on the 2011/12 outturn of 2.7. This is a result of the work of the hospital social work team. Performance is significantly better than the national average of 3.7.

4. 2012-13 CARERS SURVEY

All local authorities who provide adult social care services are also required to undertake a biennial Carers Survey which aims to capture the views and experiences of carers on the support they receive.

This survey was carried out for the first time during October and November 2012 and informs four of the performance indicators in the ASCOF. In the absence of national comparative data which will not be released until later this year, councils within the eastern region have agreed to share provisional data for the purposes of early comparison and service improvement.

Thurrock's results for the four ASCOF indicators are summarised below and compared (where provided and available) with the regional averages. More detail is provided in appendix two.

Overall the findings of the survey show a very positive pattern. Thurrock is the top performer in the region on three of the four indicators (1D, 3B, 3C).

1D: Carers reporting they have a good quality of life:

This indicator combines carers views on several areas related to quality of life and provides an overall rating. Thurrock scored 8.7 and ranks highest in the eastern region. The regional average is 8.1.

3B: Satisfaction of carers using social care support/services:

46% of carers reported satisfaction with their support and services from social care. This compares to the regional average of 40%, with Thurrock ranked highest in the region.

3C: Carers who feel included in discussion about the person they care for:

80% of carers reported that they felt included in discussion about the person they care for. This compares to the regional average of 74%, with Thurrock again ranked highest in the region.

3D: Carers and service users who find it easy to access information and advice:

76% of both carers and service users reported that they find it easy to access information and advice about social care support and services. This compares to the regional average of 71%.

5. 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. Provisional end of year of performance for these indicators is good overall and is summarised in the table below.

Indicator 4B is currently shown as not applicable as this is an annually collected indicator and part of the ASCOF performance framework. The 2012-13 survey was

carried out during February and March. The results are currently being finalised and early headlines will be available by the end of May 2013.

Indicator	11-12	Target	Q1 12-13	Q2 12-13	Q3 12-13	Q4 12-13	DoT	RAG
1C - % of social care clients receiving self-directed support	42	60	38.1	38.4	61.4	60	↑	G
2A - Permanent admissions to residential care per 100,000 population (18+)	153	145	38	69	105	153	↑	A
2B - Achieving independence for older people through rehab/intermediate care	91	91	95	94	95	91	↔	G
4B - % of clients who report that services / support help them feel safe and secure	82	84	n/a	n/a	n/a	n/a	n/a	n/a

6. ADULT SOCIAL CARE SERVICE PERFORMANCE

In addition to the national ASCOF performance framework, adult social care monitors a range of other 'local' performance indicators through a service performance scorecard. 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.

Specific performance frameworks are also in place for service areas including reablement and externally provided services are subject to performance monitoring against agreed specifications.

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

7. ANNUAL SURVEY FOR USERS OF ADULT SOCIAL CARE

All local authorities who provide adult social care services are required to undertake an annual User Survey for adult social care. The format and questions are nationally set and the survey aims to provide a basis for benchmarked data on the experiences of users of adult social care services.

Data from the survey informs six of the performance indicators in the ASCOF. The 2012-13 survey was carried out during February and March. The results are currently being finalised and early headlines will be available by the end of May 2013.

8. QUALITY OF CARE IN EXTERNAL PROVISION

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. In 2013-14, the service will implement the regional performance framework for monitoring providers. This will strengthen the basis for comparison and improve consistency of approach.

During the year the service de-commissioned a failing service provider because of poor performance. This is a positive example of the service identifying a failing provider through effective monitoring and taking firm action.

There are currently no critical concerns.

9. ADULT SOCIAL CARE LOCAL ACCOUNT

The Department of Health have asked all local authorities who provide adult social care services to produce an annual report (known as a Local Account). This is a mandatory requirement for 2012-13 as part of the Adult Social Care performance framework.

Thurrock's Local Account for 2012 has recently been approved for publication. Copies of the Local Account can be provided for members if required.

10. SECTOR LED IMPROVEMENT

Central to the new approach to assessing and reporting on the performance of adult social care is the emphasis on local authorities being accountable for their own performance and improvement. This is known as sector-led improvement (SLI).

The responsibility of developing the approach to SLI has been devolved to regions working closely with the Towards Excellence in Adult Social Care National Programme Board. The regions model includes a regular cycle of self-assessment and promotion of peer challenge.

Thurrock has taken an active role in the development of this approach within the region and piloted the self-assessment model alongside Southend, Cambridgeshire and Norfolk during September/October 2012.

The regional improvement model was formally launched in January 2013 and the first cycle of self-assessments were completed for 'enabling choice and control' and 'accessible information, advice and advocacy'.

The service is also working with London Borough of Barking and Dagenham to look at areas where we can work together on service improvement.

10.1 Peer Challenge

In line with the principles of this model, Thurrock is planning a 'peer challenge' in 2013/14 that focuses on '**co-production and community engagement**'.

Thurrock is keen to ensure that the peer challenge genuinely embraces the principles of true co-production, both in its design and implementation. We are working with key user-led organisations within the local community, and with the LGA, with the aim of jointly shaping a peer challenge scope an approach that focuses on:

- Examining the extent and effectiveness of the arrangements in place for co-production and engagement in enabling people to have a real say and involvement in shaping services, informing commissioning and enabling the delivery of results and outcomes that achieve what people want
- Considering the contribution and impact of local initiatives aimed at building community capacity, enabling people and communities to be self-sufficient and supporting people to plan for, and find, their own local solutions to care and support needs

Through the co-produced design of the peer challenge, we are also keen to explore the potential for identifying or developing ‘experts by experience’ within the community who in future may be able to support similar challenge exercises elsewhere.

11. COMPLAINTS AND COMPLIMENTS

Adult social care welcomes complaints, compliments and comments as a way of improving our services and support. Feedback from complaints and compliments received during 2012/13 has been reported through the Local Account. A summary is provided below:

- 74 complaints were received for adult social care in the year. This compares to 91 complaints in 2011/12 and 111 in 2010/11.
- 28% of complaints were upheld in 2012/13 compared to 22% in 2011/12. 16% were partially upheld compared to 22% in 2011/12.
- 19% of complaints were not upheld in 2012/13 compared to 24% in 2011/12
- 23% of complaints were withdrawn in 2012/13 compared to 18% in 2011/12.
- 33 concerns were recorded in 2012/13. This compares to 13 in 2011/12. Concerns are matters not formally progressed through the statutory complaints procedure but issues successfully addressed at point of contact and recorded as such. A priority for the coming year is to further improve recording and reporting of concerns to drive service improvement.
- 12 MP enquiries were received for adult social care in the year. This compares to 10 enquiries in 2011/12 and 11 in 2010/11. All enquiries were responded to on time. 27 councillor enquiries were received in the year.
- 160 compliments were formally recorded in 2012/13. This compares to 219 in 2011/12 and 159 in 2010/11. The coordination of complaints and compliments moved to a new service during 2012. The transition arrangements are likely to have contributed to a drop in compliments through reduced awareness and lack of recording.

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

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

13. 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. The service proactively engages in the sector-led improvement model and in 2013/14 is planning a 'peer challenge' to provide external challenge and scrutiny.

14. IMPLICATIONS

14.1 Financial

Implications verified by: **Mike Jones**
 Telephone and email: **01375.652772**
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The financial implications are covered within the body of the report

14.2 Legal

Implications verified by: **Roger Harris**
 Telephone and email: **01375.652194**
rharris@thurrock.gov.uk

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

14.3 Diversity and Equality

Implications verified by: **Roger Harris**
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rharris@thurrock.gov.uk

There are no specific diversity issues arising from this report as this is just for members information.

14.4 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): 2012-13 PROVISIONAL OUTTURNS

Ref	Indicator	Thurrock 2010-11	Thurrock 2011-12	Thurrock 2012-13	Direction of Travel on prev. year	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	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	60	B	43	B	40	B
1D	Carers who report good quality of life	-	-	8.7	-	-	-	-	-
1E	% adults with LD in settled employment	5	3.6	5.2	B	7.1	W	6.4	W
1F	% adults receiving secondary mental health services in employment	13.8	11	tbc	-	8	B	6	B
1G	% adults with LD living in their own home or with family	57	49	62.7	B	69.9	W	75.7	W
1H	% adults receiving secondary mental health services in settled accommodation	89	91	tbc	-	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 18+	-	153	153	S	tbc	-	tbc	-
2B	Achieving independence for older people through rehab/intermediate care	-	91	90	S	82.7	B	82.7	B
2C	Part 1: Delayed transfers of care per 100,000 population 18+ (ALL)	7.1	5.3	6.15	W	9.8	B	7.1	B
2C	Part 2: Delayed transfers of care per 100,000 population 18+ (ASC Only)		2.7	1	B	3.7	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	-	46*	46	S*	-	-	-	-
3C	% of carers who feel included in discussion about the person they care for	-	69*	80	B*	-	-	-	-
3D	% of service users and carers who find it easy to access information and advice	-	65.5	76.3	S	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.

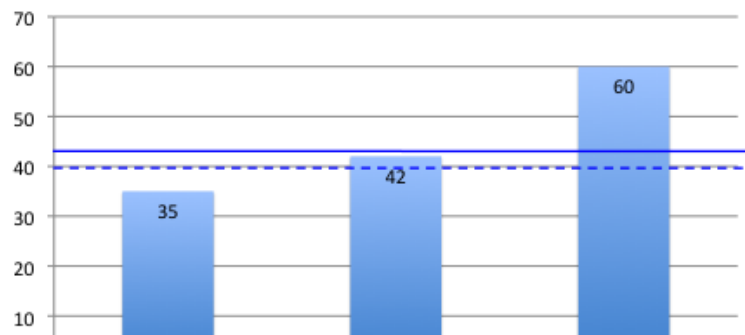
Key: Comparisons against national and stat. neighbours and direction of travel on previous years

■ Better than
 ■ Same / In-Line
 ■ Worse

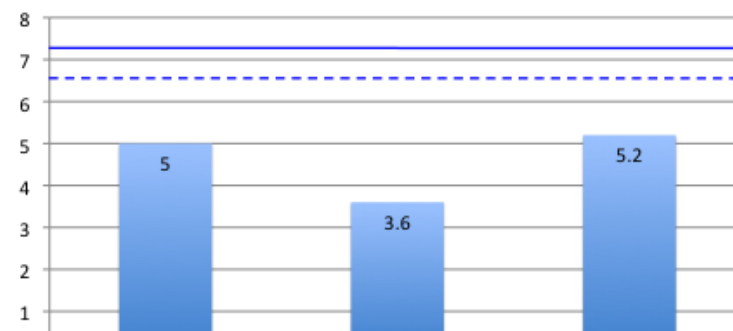
*: Indicative comparison based on Thurrock's 2010-11 Carers Survey

APPENDIX 2: Adult Social Care Performance Outcomes Framework (ASCOF): 2012-13 PROVISIONAL DATA

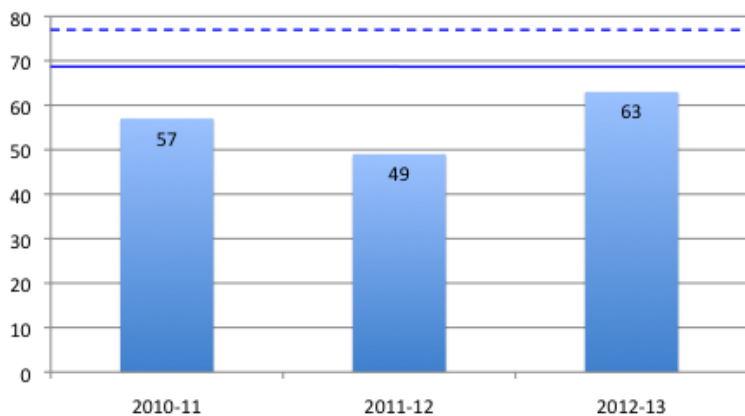
1C: % of service users receiving self-directed support



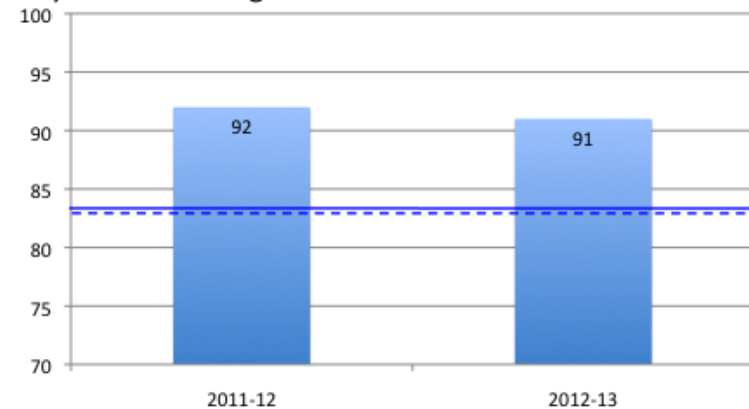
1E: % of adults with LD in settled employment



1E: % of adults with LD living at home or with family (settled accommodation)



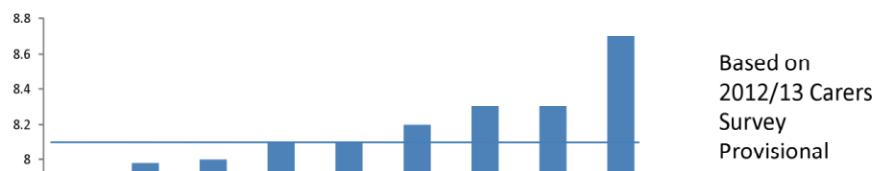
2B: Achieving independence for older people through rehab/intermediate care -% of people still at home 91 days after discharge



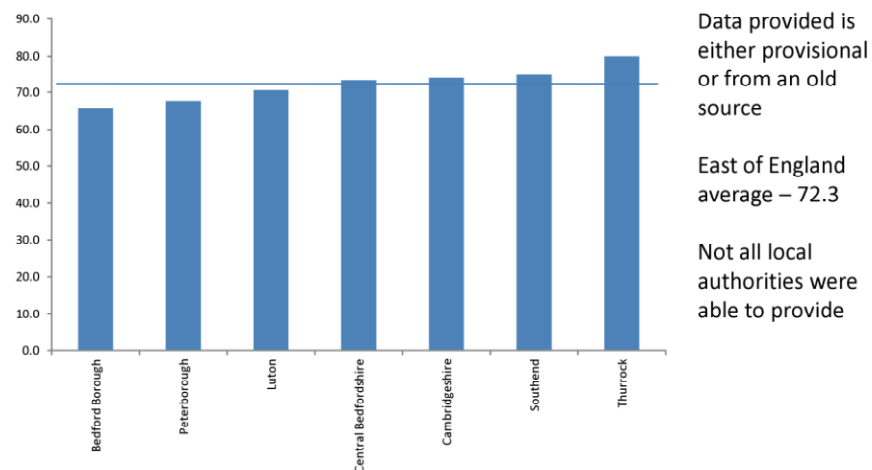
— National average
- - - Statistical neighbour average

— National average
- - - Statistical neighbour average

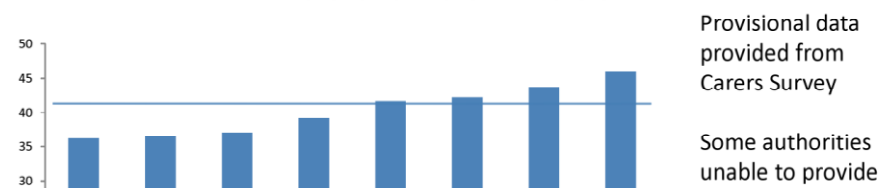
1D Carer reported quality of life



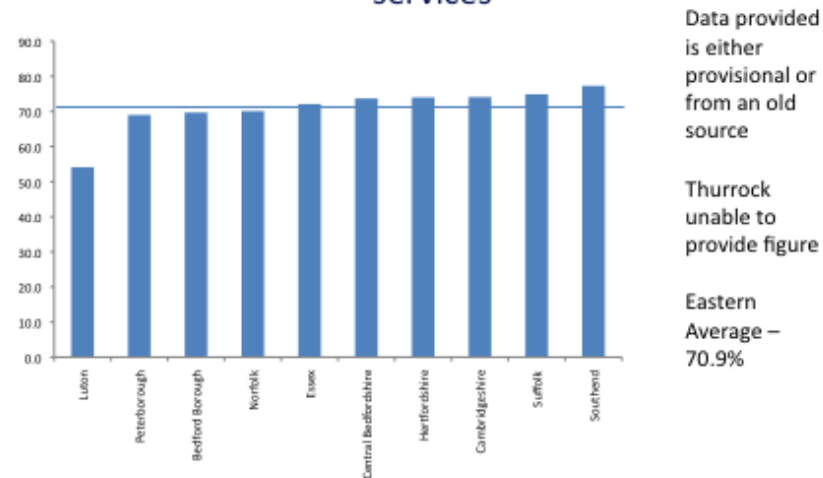
3C The proportion of people who report that they have been included or consulted in discussion about the person they cared for



3B Overall satisfaction of carers with social services



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



**Thurrock
figure
=76.3%**