

Summary Sheet

Council Report

Health Select Commission 2 March 2017

Title

Adult Care – Local Measures Performance Report – 2016/17 Quarter 3

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

Report Author(s)

Scott Clayton, Interim Performance & Quality Team Manager

Ward(s) Affected

All

Executive Summary

The first Local Measures Performance report was requested to be submitted to the Health Select Commission (HSC) following the consideration of the provisional year end 2015/16 performance report, on 16th June 2016 and was presented at the HSC 28th July 2016 meeting.

A further reported was requested to be submitted for the 1 December 2016 meeting, plus four existing corporate plan measures were requested to be included in future reports and these have been included in this refreshed report. This is part of a quarterly cycle of performance reporting. This report covers the Quarter 3 period – October – December 2016.

Recommendations

That members of Health Select Commission:

Note the contents of the report.

List of Appendices Included

Appendix A - Adult Care Local Measures Performance Scorecard

Appendix B - Briefing note on the Practice Challenge Group

Appendix C – Health Select Commission Briefing Paper

Background Papers

Agenda and minutes of HSC meeting held 1 December 2016 provide additional information that has informed this report.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

1. Recommendations

That members of Health Select Commission:

- 1.1. Note the contents of the report.

2. Background

- 2.1 As part of the continued performance management framework and to support the business needs of the Adult Care Directorate Leadership Team, a number of key local measures have been developed. These measures contain performance targets for 2016/17 and are designed to complement the statutory national ASCOF measures referenced in the Adult Care & Housing – Final published Year End Performance Report for 2015/16 presented at the 1 December 2016 Health Select Commission. The specific measures are referenced in the Local Measures Scorecard (attached as Appendix A), which now also includes four measures that are reported in the Council's Corporate Plan; that were requested by Health Select Commission members to be included in future quarterly reports of local measures.
- 2.2 The local measures have been prioritised to ensure that they reflect areas of Adult Care service activity and that they link back to the Council's overarching strategic policies and strategies e.g. Improvement Plan, Corporate Plan plus delivery flows from the key work streams of the Adult Social Care Development Programme. A number of the Local Measures were formerly national measures which are no longer reported, but they retain local value in providing assurance on service responsiveness and outcomes for customers.
- 2.3 In addition to the Local Measures included in the scorecard, it should also be noted that a range of other measures of activity are also performance managed and reported via alternative reporting streams, for example Safeguarding Adults Board performance measures. Service level management information measures are also regularly reported internally to Senior Management Teams.
- 2.4 The reporting arrangements on the range of Local Measures included in the scorecard and compilation of the data from within existing Adult Care reporting systems also enable any necessary and agreed, new in-year prioritised local measures to be incorporated and performance monitored readily.

3. Key Issues

- 3.1 The targets for 2016/17 reflect the progress and expectation of the Adult Care and Housing Directorates Development Programme actions and key delivery milestones. The measures provide an assurance opportunity to gauge the pace, impact and effectiveness of changes being implemented. This is particularly important as more traditional service offers are re-modelled,

alternatives to traditional service delivery are developed and personalisation is further rolled out. These provide insight into the customer journey experience.

3.1.1 Service focused cohort analysis reporting – The Adult Care Development Programme embeds the key changes required to service delivery models as the Directorate moves away from traditional service support packages to more personalised packages. Progress will be tracked using live data evidencing impact from the identified cohorts of service users. This is reported and subject to governance arrangements of the Adult Care Improvement Board.

3.1.2 The Performance and Quality Team, have developed new reporting capability to extract from the Liquid Logic and ContrOCC finance systems; that enables the service to ‘in real-time’ identify changes in types of support packages being delivered, their cost and budget impact projections. A short demonstration of the features of the ‘live’ on-line dashboard is available to Members. This dashboard will allow the Adult Development Work Programmes to further identify key milestone and local measures, which can be added to this suite of reporting.

3.1.3 These changes dovetail and complement the work of the Practice Challenge Group (PCG). This has been established during Quarter 3 to enable the service to gain insight of how changes are being delivered by front line workers and teams whilst at the same time getting used to new recording and strength based approaches to assessing and reviewing customer needs. Attached as Appendix B is a briefing note that summarises the work to date of the PCG.

3.2 **Current Performance as at 31st December 2016 - Quater 3** data is reflected, where available or as at **30th November ‘shut down’** of SWIFT/AIS data.

3.2.1 The Health Select Commission briefing paper update (Appendix C) of 17 January 2017, provided the latest available Quarter 3 performance update for the four specifically requested measures, LM01-LM04. A number of follow up responses were requested and these are provided below by Sam Newton, Assistant Director Independent Living and Support, Adult Social Care

1. Given that the improvement in performance is moving very slowly upwards, in your professional opinion are the 3 targets ever likely to be achieved?

The targets set for 2016/17 are not going to be achieved with one month of the financial year remaining. Unfortunately the targets were set without consideration of the impact of the restructure across Adult Social Care and the delay in implementing and the final implementation of Liquid Logic – these issues emerged during the financial year.

2. What is an achievable target?

The target setting exercise will be finalised alongside the Directorate Plan for Adult Care & Housing and the Corporate Plan throughout March 2017. We will need to consider in this setting process both the overall Adult Care Development Plan, the agreed savings targets and the resources available and therefore we will then be in a better position to set and agree realistic final targets for 2017/18.

The three measures are all local measures and may not be the most appropriate measures to take forward in our 2017/18 plans as the Adult Care Development Plan activity has matured with the Project Initiation Documents identifying a wider focus.

3. Can you give more information as to what are the pressures in the service on a performance basis, you have identified training and the installation of Liquid Logic?

The overall pressures were exacerbated by the implementation of the Adult Care Development Plan and the savings targets set within 2016/17 which meant resources needed to be targeted to specific areas of work which may not have directly impacted positively on performance targets set. The restructure was a significant change which had an impact on all staff across Adult Care and took time to embed. The implementation of Liquid Logic in slowing down performance cannot be underestimated. All service users required a full re-assessment to be undertaken and inputted into the new system. Pressure at the Rotherham Foundation Trust hospital site in relation to hospital discharges and delayed transfers of care have also impacted as resources in the community have had to be diverted to support the hospital activity as a priority. The Directorate have also had to remove most of the support given from agency Social Workers due to cost.

4. What other training issues are there, is there any capability/competency issues within the service that are preventing performance levels increasing?

We accept that there are training issues to address with staff. Some of this may be a capability/competency issue and we have to work through these. We have introduced a Practice Challenge Group that will start to identify this and address where applicable. We are looking at individual performance through staff supervision. We have invested in Wellbeing and Strength based approach to Social Work training which is currently taking place and introduced mandatory Care Act E-Learning training for all

staff. We are also introducing action learning sets including peer coaching and peer mentoring.

3.2.2 **LM05-07 – Commissioning KLOE's**

In response to the Council's Improvement Plan – action D.20 Strategic Commissioning, the Local Government Association (LGA) were invited to review the 'as is' commissioning for People services across, Children & Young People's Services, Adult Care & Housing and Public Health. The independent review took place from 7-10 February and the methodology of the review was based on the Commissioning for Better Outcomes peer challenge process. The findings from the peer challenge therefore provide some evidence to the self-assessment status for measures LM05 Person Centred and Outcome Focused, LM06 Well Led and LM07 – Promotes a Sustainable and Diverse Market Place. The review found that Adult Care & Housing commissioning:

- had a strategic and grounded DASS leadership
- a grip on what needs to be done and how best to do it
- quickly established internal and external relationships based on mutual respect
- had a common sense approach to BCF and Place Plan

However, there was a need to:

- inject greater pace into market shaping
- make personalisation the default operating model
- translate good relationships with partners into tangible delivery

The peer challenge feedback demonstrated a reasonable degree of accuracy regarding the Quarter 2 self-assessment, but the LM05 measure has been revised down from green to amber to reflect the LGA comments. There is evidence emerging of recent commissioning activity being outcome focused and person centred, hence the previous green rating. However, the LGA peers, though recognising positive examples, demonstrated that this approach is not embedded yet in all commissioned services or in a defined operating model. An action plan has been devised to address the two amber areas and to take forward the wider suite of LGA recommendations.

3.2.3 **LM08 – CP2.B3 No. of people provided with information and advice first point of contact (to prevent service need)**

This Corporate Plan measure tracks the numbers of Adult Care service users who following contact with the service were able to have their needs met through effective provision of good information and advice at the first point of contact.

Current Quarter 3 (NB. 2 months activity recorded in AIS up to November 2016) activity demonstrates 2130 people (587 more since Quarter 2) were able to be supported in this way. This shows a continued upward trend and the rate increase contributes to the demand management of increased demographic pressures presenting at the 'front door' and prevention of higher long term services being required.

3.2.4 LM09 – CP2.B5 No. of carers assessments (only adult carers and not including young carers)

This Corporate Plan measure tracks the number of Adult care carer assessments.

Current Quarter 3 (NB. 2 months activity recorded in AIS up to November 2016) activity demonstrates a further 164 Carers (totalling 935 as at end of November) received an assessment this year. We identified that post introduction of the Care Act that previous practice of recording 'joint service user and carer assessments' is no longer valid.

This change in practice results in Carers being offered an assessment in their own right, but many choose to decline the offer.

This means the historically based target is 'flawed' and future target setting needs to take account of 2016/17 learning. Changes in the assessment processes in Liquid Logic, improve the recording of carer's assessment outcomes. Mental Health carer's assessments have been affected by high levels of sickness absence and actions to reduce the impact are being progressed to improve performance in Quarter 4.

3.2.5 LM10 – CP2.B7 No. of admissions to residential rehabilitation beds (intermediate care)

This Corporate Plan measure tracks the number of admissions into intermediate care beds.

Current Quarter 3 accumulative score of 498 an increase of 186 since Quarter 2 continues to show a positive upward trend and remains on track to exceed target.

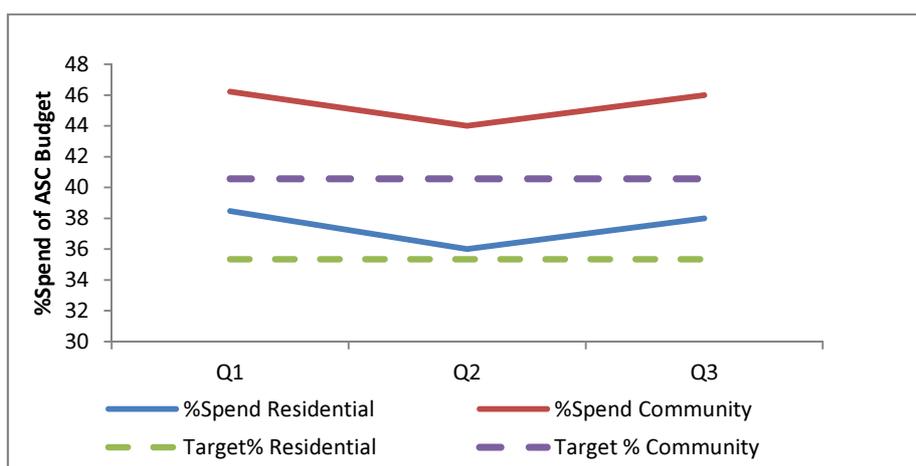
3.2.6 LM11 – CP2.B9c % spend on residential and community placements new measure 2016/17

This Corporate Plan measure tracks the Council current actual percentage spend on residential and community placements, compared to the percentage budget allocation. This helps demonstrate the progress being made to focus spend on the prioritised areas through switches being made in the support packages for service users enabling them to remain for longer in the community, achieving better outcomes, rather than more traditional 24 hour care residential models.

Current Quarter 3 activity demonstrates that the gap between actual spend and budget for both residential spend has reversed the previous Quarter 2 positive trend towards target (see graph illustration below) and as a result has now been RAG rated as red from amber. The expected pace of positive impact of service re-modelling has not been realised as at Quarter 3. Finance report this is due to increased in-year demographic pressures and also additional costs to current provision.

There are pressures on the residential and nursing care budgets as a result of an increase in the average cost of placements and lower than forecast 'Continuing Health Care' income contributions against the approved budget. There are currently 916 placements within the independent sector plus 120 placements in the two in-house residential care establishments including intermediate care provision. Residential Care has seen an increase in number of placements in respect of clients under 65 over the last 12 months including some loss of CHC funding. Over 65 placements are reducing but the average cost of care packages increasing. Community budgets are being impacted by continued increase in demand for services including Domiciliary Care (+11%), full year effect of a 29% increase in Direct Payments in 2015/16 plus a further 4.3% increase in numbers so far in 2016/17. Also, impact on cost of service provision in respect of the increase in National Living Wage which increased fees paid to independent providers by nearly 6%.

The introduction in Quarter 3 of the Practice Challenge Group (see briefing paper Appendix B) provides additional analysis and insight as well as service 'learning' that can inform future decisions as to what further remedial actions are required.



4. Options considered and recommended proposal

4.1 None

5. Consultation

5.1 None

6. Timetable and Accountability for Implementing this Decision

6.1 None

7. Financial and Procurement Implications

7.1 Commissioning activity in line with the recommendations of *Commissioning for Better Outcomes* should inform procurement approaches and ensure best value is attained.

8. Legal Implications

8.1 Compliance with statutory requirements under the Care Act 2014.

9. Human Resources Implications

9.1 None

10. Implications for Children and Young People and Vulnerable Adults

10.1 Adult Care primarily provides services to vulnerable adults and therefore the attainment of local measures demonstrates a higher quality of service being offered to customers.

11. Equalities and Human Rights Implications

11.1 The *Commissioning for Better Outcomes* standards ensure compliance with the Human Rights Act (2004) and duties under the Equality Act (2010).

12. Implications for Partners and Other Directorates

12.1 Improved Adult Care services have positive benefits for health partners and young people transitioning into Adult Care from Children's Services.

13. Risks and Mitigation

13.1 Non-compliance with the Care Act requirements, mitigated by implementing the Adult Care Development Programme.

13.2 In year budget pressures are being addressed by a range of management actions, but if these do not contain the increased costs then further mitigations and 2017/18 actions will be required.

14. Accountable Officer(s)

Approvals Obtained from:-

Anne Marie Lubanski, Strategic Director of Adult Care and Housing

Nathan Atkinson, Assistant Director, Strategic Commissioning

Scott Clayton, Interim Performance and Quality Team Manager

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