

## Summary Sheet

### Council Report

Health Select Commission, 18<sup>th</sup> January 2017

### Title

Adult Social Care – Final published Year End Performance Report for 2016/17

### 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)

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### Ward(s) Affected

All

### Executive Summary

This report updates the previously reported provisional year end 2016/17 Key Performance Indicator (KPI) results for the Adult Social Care (ASC) elements of the Directorate, following release of national benchmarking data.

This update completes the final requested action from the meeting of the Health Select Commission on 20<sup>th</sup> July 2017 where it was resolved:

**(2) That a further report be presented to the Health Select Commission January 2018 meeting, showing the final submitted detailed results and analysed benchmark comparisons against regional and national data due to be published from late Autumn 2017.**

The Council has seen mixed performance across the range of twenty eight national Adult Social Care Outcomes Framework (ASCOF) measures reported in 2016/17. 11 out of 27 comparable measures are recorded as maintaining or improving since 2015/16. Continued improvements have been evidenced in indicators which demonstrate better outcomes for people and increasing satisfaction levels.

2016/17 performance includes one new indicator based on the Adult Social Care User Survey and four indicators from the biennial Adult Carer's Survey. Both the Adult User and Carer's surveys are sent out to a proportion of service users and their carers to understand their experiences of the care and support provided. Responses to some of these questions contribute towards a number of the ASCOF Indicators.

However, it should be recognised that in some of the areas of improvement when compared to the now published national data, shows that the Council performance continues to be below that of regional neighbours or that the improvement has been from a low baseline.

## **Recommendations**

### **That members of Health Select Commission:**

Note the content of final published year end performance results.

## **List of Appendices Included**

Appendix 1 - Table 1 Rotherham MBC - Final ASCOF year-end table

## **Background Papers**

Health Select Commission 20<sup>th</sup> July 2017

Adult Social Care - Provisional Year End Performance 2016-17

National benchmarking analysis referenced from published files.

<http://digital.nhs.uk/catalogue/PUB30122>

IPC Demand Management summary

[https://ipc.brookes.ac.uk/publications/six\\_steps\\_to\\_managing\\_demand\\_exec\\_summary.html](https://ipc.brookes.ac.uk/publications/six_steps_to_managing_demand_exec_summary.html)

## **Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

## **Council Approval Required**

No

## **Exempt from the Press and Public**

No

## **Title: Adult Social Care – Final published Year End Performance Report for 2016/17**

### **1. Recommendations**

#### **That Members of Health Select Commission:**

- 1.1 Note the content of final published year end performance results.

### **2. Background**

- 2.1 Each Council with Adult Social Services Responsibility (CASSR) have to submit relevant national statutory returns to NHS Digital throughout the reporting year. Most but not all 'returns', reflect the activity for the financial year end and are submitted during the May/June period.
- 2.2 From the data/activity submitted, NHS Digital are able to publish a range of performance reports of which include ASCOF; The measures contained within ASCOF detail how well the Council and its partners are working to achieve the outcomes which matter most to people.
- 2.3 2016/17 has seen the implementation of the new social care case management system "Liquidlogic" which went "live" in December 2016 and data to fulfil statutory returns has been extracted and quality assured from this new system.
- 2.4 Targets set for 2016/17 were constructed to either maintain (where performing well) or deliver continued improvement to allow for the anticipated impact of new structures, systems and changes to service delivery.
- 2.5 Contained within the report (see Appendix 1) is a refreshed final table, of year end performance, which also shows Direction of Travel and relative benchmarking positions against comparative councils in Yorkshire and Humber (Y&H) region and national rankings.
- 2.6 Analysis of the Direction of Travel data (see Appendix 1) shows that from the 28 ASCOF measures outcomes: 8 improved, 3 maintained performance and 16 declined (one indicator was new for 2016/17). Whilst a number of indicators declined in performance when compared to the previous year; there were some improvements in regional and national rankings in some indicators (see Appendix 1). The charts below demonstrate how Rotherham's performance on ASCOF measures compares both nationally and regionally.

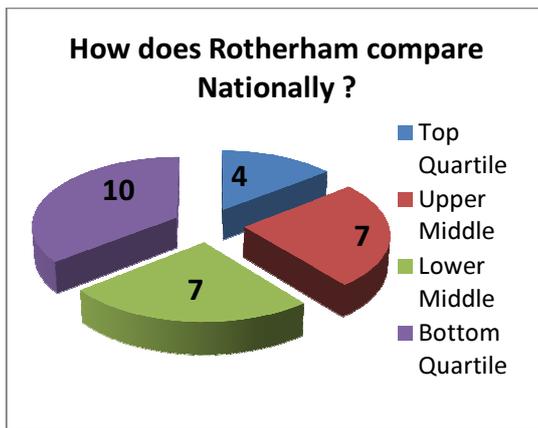


Chart1: No of ASCOF Measures by National Quartile

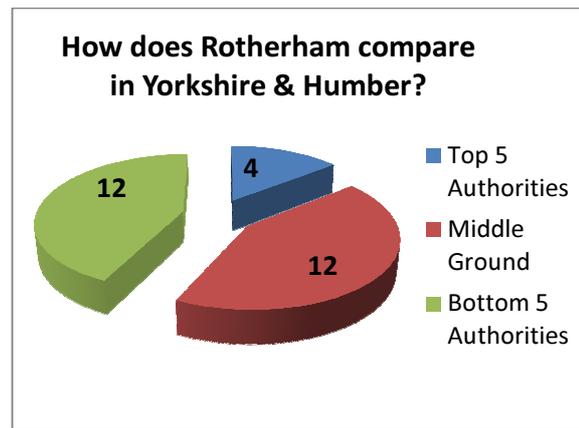


Chart 2: No of ASCOF Measures by Yorkshire and Humber ranking

2.7 Overall the Council's year end performance and benchmarking analysis needs to be considered against the context of:

- Delivery against the suite of actions contained in the Adult Care Improvement Plan
- Embedding requirements of the Care Act 2014.
- Developing the prevention and early intervention agenda
- Embedding of strength based approach in Assessment and Care Management.

2.8 The role of Performance and Intelligence will be key in supporting the transformation of Adult Care.

In order to drive through continuous improvement requires a re-focussed towards Business Intelligence activity. The performance function have developed a performance dashboard which provides improved cohort data, detailed activity data to monitor and track caseloads, data relating to demand management and analysis of core activity (including Safeguarding) as we look to effectively manage demand, manage budgets and implement change whilst ensuring "Every adult secure, responsible and empowered" (Corporate Priority 2) . We need to:

- Deliver the Adult Care Improvement Plan
- Move from traditional models to prevention and improved demand management models.
- Continue strong partnership working with NHS and Voluntary Community Sector.
- Improve provision of good information and advice.

2.9 Demand for services is increasing and we must implement changes to effectively manage resources:

- The Council commissioned research from reputable external consultants using anonymised Adult Care data in November 2017 to gauge anticipated future demand. From this profile, the consultants projected an increase in demand of referrals by 60 per month overall. Based on current proportions of people that go on to receive services this could translate into the equivalent of a 4% increase on the current customer baseline.
- In Rotherham, over 70% of new referrals result in no formal services being provided, with most of these signposted to other services. This profile is quite different to other authorities regionally and nationally, and could suggest that there is an opportunity to reduce unnecessary contact at the front door.
- Rotherham support 80% more than the national average of people aged 18-64 and 30% more than the national average of people aged 65 and over.

### 3. Key Issues

#### 3.1 Performance Highlights 2016/17

3.1.1 From the 28 national final ASCOF year-end performance measures published data.

- **30%** (8 of 27) ASCOF measures are showing improvement.
- **19%** (5 of 27) 2016/17 targets being met.

Performance on Delayed transfers of care (Dtoc) attributable to Social Care or both NHS and Social Care continued to improve despite well documented increases nationally. Despite a slight decrease in performance on the indicator which measures total delays from hospital, Rotherham's performance improved nationally.

Rotherham's performance on outcomes for people after a period of short term support (Reablement) remained in the top 3 of all Yorkshire and Humber authorities with over 80% of all individuals completing reablement being able to live independently within their own home without any formal support in place.

Areas of performance which continue to challenge include supporting individuals in receipt of services with Learning Disabilities and Mental Health needs to gain and sustain paid employment. Performance on indicators which demonstrate how care and support is personalised continue to place Rotherham in the bottom 3 of Yorkshire and Humber authorities. The embedding of strength based

approach to care and support together with market shaping activity should deliver improvement.

It is worth noting that a high proportion of indicators resulting from responses to both the Adult Carer's and User Surveys declined in 2016/17 against a continued positive direction of travel in previous years. Satisfaction of service users and carer's remains high when compared to regionally and nationally; Rotherham ranks 5<sup>th</sup> of 15<sup>th</sup> Yorkshire and Humber authorities on both service user and carer satisfaction. Actions within the improvement plan will resolve issues detailed within surveys specifically with regards provision of information and advice, improving social contact and improving communication with service users and carers. Additional questions were added to the service user survey to gain a better understanding of why they did not feel safe, responses gathered from this question were linked to fear of crime and going out unaccompanied in their neighbourhood and a fear of falling within their home.

The decline in performance could also be attributed to survey "fatigue", the national surveys were conducted alongside a survey by our mental health partner and large scale consultation event with learning disability service users and their Carers.

The Council sent out over 1000 user surveys to customers and 700 survey's to Carers and had over 39% (Users), 47%(Carers) returned. The 2017/18 national user survey will be issued in January 2018.

3.1.2 Adult Social Care activity provided or arranged by Local Authorities covers a wide range of services including Long Term and Short Term care and support to carers. Service users may take a variety of different pathways through the system, according to their needs, and information regarding the provision of this care is captured in the Short and Long Term (SALT) return. The SALT return is useful in identifying demand management activity and monitoring attrition rates of those in receipt of long term support.

- Data shows that numbers of new clients requesting support from the Council remains high, although there was a decrease in requests from older people. Equivalent of 34 new requests per day were received in 2016-17.
- Nationally, 24% of all new requests for people aged 65 and over are received in relation to hospital discharge. The figures in Rotherham are much lower at 9% which may indicate that close partnership working between the council and NHS is effectively signposting patients and preventing requests for support being received.

- Of those requests received; the numbers of working age adults signposted or provided with information and advice is much higher (85%) than those received from older people (46%). This may be in part due to prevent, delay, reduce initiative which ensures individuals are supported to live independently within their own home. There is further scope to improve as numbers of older people who go on to receive long term support (service) is much higher at 11% than the Yorkshire and Humber average of 6%.
- The number of people receiving long term services increased by 2.6% in 2016-17. Rotherham supports the highest number of people per 100,000 population in Yorkshire and Humber region. The number of working age people supported is significantly higher than both the national and regional averages this is in part due to the high numbers supported with a mental health need (44% of all working age service users, the national average is 18%); given this disparity we have engaged with our mental health partner to both understand and quality assure this data which has resulted in a significant number of individuals being identified as having no social care need which will reduce numbers to being in line with other authorities.
- National data suggests that 74% of people receiving long term support were in receipt of services for over 12 months. Comparative data for Rotherham is 61% (a positive effect due to the high numbers accessing services).

## **Conclusion**

- Historical practices in Rotherham of meeting need by the provision of service is negatively impacting performance and limiting in the short term improvement across the suite of indicators. Benchmarking indicates that other councils have a better established strength based approach, more effectively managing demand at “front door” and have alternatives to traditional service provision. This where successful, is reducing demand for service or services are being delivered more innovatively and personalised to the needs of the service user.
- Continued delivery of the suite of actions contained within the Adult Care Improvement plan will enable individuals to be supported to live independently for longer without accessing formal services which will further deliver an improved direction

of travel in terms of performance creating a Rotherham more comparable with the national and regional picture. Actions taken thus far which include to co-location of therapy and voluntary services organisations within the “front door” team Single Point of Access has seen a decline in numbers of new requests passed through for assessment/review due to better signposting/provision of information and advice and a reduction in size of care packages for new/existing service users due to joint working with therapy teams to issue assistive technology/equipment earlier.

### 3.1.3 Safeguarding Adults Collection (SAC)

- 2016-17 was the second submission of the statutory Safeguarding collection (SAC) which collates data relating to safeguarding concerns, safeguarding enquiries, abuse types and making safeguarding personal.
- The number of individuals involved in Section 42 Safeguarding Enquiries (per 100,000 population) increased Nationally and Regionally. Rotherham data on enquiries decreased slightly from 275 to 260. Neighbouring authorities performance is as follows; Barnsley - 204, Doncaster - 247 and Sheffield – 269. Rotherham data on S42 enquiries remains above the Regional and National average although there has been a slight decrease in 2016-17. Engagement activity within Yorkshire and Humber (ADASS) has identified some areas of inconsistency with recording of Safeguarding data which may have resulted in significant increases for some authorities in 2016-17; Rotherham data and processes were not impacted by the identified issues.
- Making Safeguarding Personal (MSP) data; of authorities who responded, individuals were asked what their outcomes were in 71% of enquiries in Yorkshire & Humber. In Rotherham 92% of individuals were asked what their outcomes were which provides good evidence that MSP is embedded in practice. 86% of these individuals had their outcomes either fully or partially met which is comparable with Yorkshire & Humber average of 87%

## 3.2 How will the Council use the information?

3.2.1 The information is already being used in conjunction with additional measures contained within the Council Plan to better understand demographics, service cohorts and inform in year Adult Care

2017/18 performance reporting. By using available data more “intelligently” we are able to better inform service planning, predict future demand and shape commissioning activity to meet service needs.

### **3.2.2 Future reporting:**

Continued development of the “Insight” dashboard to support and strengthen robust performance management arrangements.

In response to challenges posed by unallocated assessments and the emergence of the Adult Care Improvement Plan during the summer of 2017, the Performance and Intelligence function have developed reports which have assisted in ascertaining the baseline position for assessment and review performance. This has enabled a dashboard to be built to provide real time information to identify trends and issues.

Work has commenced to understand the Adult Care customer base and profile reports have been developed to cover the following areas:

- 1) Customers with a community based service
- 2) Customers in a residential placement
- 3) Customers profiles for both age groups and the Primary support reasons.

The next step is to further develop the reporting to understand the attrition rates for both the cost and number of on service this will allow more accurate predictions on future spend. This will add to the reports already developed which use ONS population prediction to give an indication on the future demand. Effective demand management will be crucial to manage the Adult Care budget and to inform future budget setting processes. The reporting functionality will be based around the tests contained within the Institute of Public Care’s Six Steps to Managing Demand in Adult Social Care.

Working collaboratively with Yorkshire and Humber authorities will continue as part of ADASS sector led improvement to identify shared risks and challenges. Further analysis of data collated in the performance and risk dashboard to identify and share best practice. Examples of which include sharing learning and knowledge of improving information and advice, better monitoring of delayed transfers of care and developing region wide protocols in relation to ensuring accuracy in recording of safeguarding activity.

**4. Options considered and recommended proposal**

4.1 Members of the Health Select Commission note the contents of the report covering the period 2016-17.

**5. Consultation**

5.1 None

**6. Timetable and Accountability for Implementing this Decision**

6.1 None

**7. Financial and Procurement Implications**

7.1 None

**8. Legal Implications**

8.1 None

**9. Human Resources Implications**

9.1 None

**10. Implications for Children and Young People and Vulnerable Adults**

10.1 None

**11. Equalities and Human Rights Implications**

11.1 None

**12. Implications for Partners and Other Directorates**

12.1 None

**13. Risks and Mitigation**

13.1 None

**14. Accountable Officer(s)**

Approvals Obtained from:-

Anne Marie Lubanski, Strategic Director Adult Care and Housing

Nathan Atkinson, Assistant Director Strategic Commissioning

## Appendix 1 - Final Year End ASCOF (inc Benchmarking)

Key	
Indicator ID	National ASCOF reference. Those indicators prefixed with * are captured from survey responses. Indicators prefixed with # are collated from NHS data.
ASCOF Measure	Provides a description of what the detail/data the measure relates to.
Good Performance	Indicates whether good performance is measured by a lower or higher score.
Direction of Travel	Depicts improvement, decline and maintenance of performance.
Rank	Details where Rotherham ranks nationally and in the Yorkshire and Humber region.

Indicator ID	ASCOF Measure	Good Performance is	2016/17	2015/16	Direction of Travel	Y & H Rank 2016/17	Y & H Rank 2015/16	Direction of Travel	National Rank 2016/17	National Rank 2015/16	Direction of Travel
* ASCOF-1A	Social Care related quality of life	High	18.8	18.8	↔	12	13	↑	109	100	↓
* ASCOF-1B	Proportion of people who use services who have control over their daily life	High	77.3	74.1	↑	9	10	↑	82	104	↑
ASCOF-1C Part 1A	Proportion of Adults receiving long term community support who receive services via self-directed support	High	78.30%	75.70%	↑	13	14	↑	134	132	↓
ASCOF-1C Part 1B	Proportion of Carer's in receipt of carer specific services who receive services via self-directed support	High	6.02%	29.20%	↓	14	14	↔	147	141	↓
ASCOF-1C Part 2A	Proportion of Adults on service receiving direct payments	High	19.20%	17.50%	↑	13	13	↔	129	132	↑
ASCOF-1C Part 2B	Proportion of Carers on service receiving direct payments	High	1.20%	29.20%	↓	15	13	↓	149	122	↓
* ASCOF-1D	Carer Reported Quality of Life	High	7.8	-	↓	9	-		46	-	
ASCOF-1E	Adults with learning disabilities on long term service in employment	High	4.40%	5.60%	↓	11	7	↓	91	73	↓
# ASCOF 1F	Adults receiving secondary mental health services in employment	High	3.00%	5.20%	↓	14	8	↓	128	99	↓
ASCOF-1G	Adults with learning disabilities on long term service in settled accommodation	High	78.20%	78.40%	↔	10	9	↓	69	66	↓
# ASCOF 1H	Adults receiving secondary mental health services in settled accommodation	High	80.00%	74.60%	↑	4	4	↔	20	40	↑
* ASCOF-1li	Proportion of people who use services , who reported that they had as much social contact as they would like	High	45.40%	45.50%	↔	10	10	↔	80	73	↓
* ASCOF-1lii	Proportion of carers, who reported that they had as much social contact as they would like	High	37.30%	-	↓	9	-		46	-	
* ASCOF-1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	High	37.80%	-	n/a	14	-		127	-	

Indicator ID	ASCOF Measure	Good Performance is	2016/17	2015/16	Direction of Travel	Y & H Rank 2016/17	Y & H Rank 2015/16	Direction of Travel	National Rank 2016/17	National Rank 2015/16	Direction of Travel
ASCOF-2A Part 1	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	Low	18.1	20.03	↑	14	13	↓	125	133	↑
ASCOF-2A Part 2	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	Low	653.9	808.10	↑	9	12	↑	91	122	↑
ASCOF-2Bi	Proportion of older people (65+) who were still at home 91 days after discharge (effectiveness of the service)	High	87.50%	89.60%	↓	7	4	↓	44	30	↓
ASCOF-2Bii	Proportion of older people (65+) who were still at home 91 days after discharge (offered the service)	High	1.80	1.67	↑	10	12	↓	116	127	↑
# ASCOF-2C part 1	Average delayed transfers of care from hospital per 100,000 population	Low	8.80	8.30	↓	8	6	↓	52	53	↑
# ASCOF-2C-Part2	Average delayed transfers of care from hospital which are attributable to adult social care or both health and adult social care per 100,000 population	Low	1.30	1.60	↑	6	4	↓	27	31	↑
ASCOF-2D	The outcomes of short-term support: sequel to service	High	81.40%	86.10%	↓	3	2	↓	48	27	↓
* ASCOF-3A	Overall satisfaction of people who use services with their care and support	High	68.40	70.00	↓	5	2	↓	33	13	↓
* ASCOF-3B	Overall satisfaction of carers with social services	High	42.90	-	↓	5	-		33	-	
* ASCOF-3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	High	68.50	-	↓	13	-		91	-	
* ASCOF-3D part 1	The proportion of people who use services who find it easy to find information about support	High	73.40	78.30	↓	9	4	↓	81	27	↓
* ASCOF-3D part 2	The proportion of carers who find it easy to find information about support	High	64.50	-	↓	10	-		75	-	
* ASCOF-4A	The proportion of people who use services who feel safe	High	61.20	65.90	↓	14	13	↓	147	115	↓
* ASCOF-4B	The proportion of people who use services who say that those services have made them feel safe and secure	High	80.60	84.50	↓	14	12	↓	127	88	↓