

Adult Social Care Outcomes Framework provisional year end performance 2017-18

Present: Cllrs Andrews, R Elliott, Ellis, Evans, Jarvis
 Presentation: Scott Clayton and Charna Manterfield

Apologies: Cllr Bird
 Notes: Janet Spurling

Focus of session – Provisional year end performance on the Adult Social Care Outcomes Framework (ASCOF), including a RAG based thematic review under the headings of prevention and delay; independence; personalisation; and perception and experience, linking in the relevant ASCOF measures.

This was the provisional report, rather than the final version as national and regional benchmarking data would not become available until the end of 2018. In terms of direction of travel, performance on eight indicators had improved, three had stayed the same and 16 had declined. Any changes in the relative position of Rotherham compared with other local authorities would be reported in January.

In addition, although the service user survey is annual the carer survey is only undertaken every two years (government decision). The last survey was in 2016-17 so there was no data for 2017-18 and the service was preparing for the survey to go out in November or December. Carer Survey measures are ASCOF 1D/1liii/3B/3C/3D part 2.

Theme 1 Prevention and Delay

- Outcomes from Reablement are good. High percentage living at home without formal support
- Continued positive trend in numbers of older people admitted to long term residential/nursing care

ASCOF 2D/2A Part 2

- Expansion of offer in Single Point of Access to include; access to Social Work, Voluntary Sector, and Occupational Therapists which has enabled an improved offer for information, advice and guidance

ASCOF 3D Parts 1&2 link in

- Worsening trend in delayed discharges from hospital – performance remains above regional average on social care delays
- Volume of young people in transition to adult care is considerable

ASCOF 2C Parts 1-3

- Numbers offered Reablement remains low. One of the lowest in Rotherham's peer group.
- High numbers of younger adults in residential and nursing care.

ASCOF 2Bii/2A Part 1

- Permanent admissions to residential care – improving performance to reduce numbers but it is a question of balance according to needs.
- Reablement – numbers offered the service are low but the outcomes are good for those who do have the service. Hospital data used to calculate this figure will be refreshed nationally prior to publication and would be added for the final report.
- Delayed Transfer of Care (DTOC) ASCOF 2C – this had been impacted by staff being on annual leave during the summer.

- 18-64 admissions are mainly with regard to mental health or people with physical disability such as an acquired head injury.
- Single Point of Access for information, advice and guidance (IAG) – this links to demand management so that needs may be met by other means rather than bringing people into service. Access is mainly by telephone.

The IAG PI does seem to be one where we have struggled from looking at reports on the Council Plan performance. - It is hard to see the offer through the website and there is a mismatch between PI and performance.

Risk of digital exclusion for certain cohorts of service users/carers as the Council moves to digital by default in terms of equality of access and access to IT.

Carers who do and don't receive services – can there be more information or access through GPs? - I age well detail on GP screens

Additional survey question possible to ask about preferred ways of receiving information?
- Some leeway is possible for local questions to be added to the national survey.

Why is the reablement offer low?

- Increased resources have been put in this year and the intention is to increase the offer. It includes community enablers and intermediate care. The default position would be to put enabling in for someone but if it is not available that would lead to a commissioned service, possibly over the longer term, which would not count towards the measure.

If someone on a commissioned service goes into hospital, would they then go back on to that commissioned service once discharge or would they have reablement?

- It depends on how long they were in hospital but that service could be suspended and then re-picked up subject to the outcome of the assessment. The SALT return keeps records of enablement /commissioned services.

Theme 2 Independence

- Flexibility of direct payments to promote independence
- My front door..... providing and supporting people with learning disabilities to live a life rather than solely accessing traditional services.

ASCOF 1C/1E/1G

- Embedding of strength based approach supported by wellbeing forums
- Transitions – Coordinated approach “pathways to adulthood”. Strong working relationship with colleagues in Children’s

- Historic traditional based approach to assessment/service provision – Higher than regional average numbers who receive service after formal assessment

- Numbers supported in employment continues to decline.
- Decline in numbers of working age adults in receipt of secondary mental health services living independently

ASCOF 1E/1F/1H

- Settled accommodation – the measure does not include people living in residential care i.e. people need to have their own front door/key and funded
- Transitions – broadening out the work and trying to meet needs more upstream. It is a small number but there can be costly care packages, so it is important to have young people on the radar early.
- Position on assessments – for new customers the trajectory is on the move from traditional services to the new strength-based approach. Impact of the legacy of the previous approach is still there and it is about having a mature range of alternative options.
- There had been a steady decline in adults with learning disabilities on long term service in employment (ASCOF 1E) over the last four years from 6% to 4.13%.

Members drew attention to feedback from the public/service users regarding reviews and reassessments.

Theme 3 Personalisation

Carers

- improved performance on carers accessing support by Direct Payment (DP) (ASCOF 1C part 2B)
- access to Carer's Support officers at single point of access (SPA) (ASCOF 3D part 2)
- refreshed methodology for carer's assessment measure in Council Plan

Service users

- improved take up of offer of a personal budget
- targeted review of managed DP
- high cost services impact on spend – right sized packages
- Carers assessments – changed methodology as now done in carer's own right not jointly with the cared for person. There is no impact on payments as a result.
- Managed accounts – similar to being on a commissioned service so reviews will discuss moving to either a full direct payment or to a commissioned service.

Theme 4 Perception and Experience of Care and Support

- improved social care quality of life (ASCOF 1A)
- more service users feel safe (ASCOF 4A)
- service users feel they have choice and control (ASCOF 1B)
- more people have as much social contact as they would like (ASCOF 1li) – 48%
- decline in satisfaction with care and support services (ASCOF 3A)
- decreased numbers of service users who find it easy to access information about support (ASCOF 3D part1)
- Social contact – this measure had been increasing over time and to provide some context the provisional range of scores for this measure was 41-54%.

Members commented on the seeming dissonance between the self-reported increase in choice and control on one hand but reduced satisfaction with services/fewer people who found it easy to access information about support on the other. They recalled that last year it had been suggested that service transformation and uncertainty had had an impact on perception measures.

- It was important to tease out reasons around service users/carers perceptions and if they were linked to any key events or changes. Other dialogue and engagement takes place with service users throughout the year and there are non-perception measures, including for carers, in the ASCOF. There were also possibly links to make to contract management and quality assurance.

Additional issues explored by Members

Average contract lengths and issues around continuity of care and provider stability.

- Commissioning questions were more appropriate to direct to the Assistant Director of Strategic Commissioning (AD). Following a restructure performance, including for ASC and Housing (but not CYPS) has been within the ACX directorate for several months although the team still provides data for the directorate. The AD receives all the performance data and used to manage the team so is well versed on the data and the performance, which is also discussed at DLT meetings.

Ability to compare performance of in-house and external residential/nursing care provision? - Only for older people, not for 18-64s.

Other reporting and scrutiny of performance data?

- Some measures are included in other workstreams and are reported to the Cabinet Member and relevant boards and linked in with the MTFS, but probably not all of them. Several ASCOF measures are included within the Council Plan and performance of that is scrutinised by OSMB quarterly.

Links with housing if people have changing care needs?

- The Scrutiny Officer reported that in a presentation at a recent Health and Wellbeing Board meeting on the refresh of the housing strategy it was indicated that there would be closer links between housing, health and social care.

Follow up actions

1. HSC to consider undertaking a more focused piece of work on reablement/enablement in its work programme.
2. To further clarify areas for OSMB and HSC scrutiny of ASC performance - OSMB had previously recommended that HSC would monitor the impact of the changes regarding intermediate care.
3. To check attendance of HSC members at OSMB for update from Principal Social Worker
4. The sub-group to consider the final year end report in January 2019 – date tbc.

Recommendations and Response

1. Officers to explore the possibility of adding a survey question this year to ask about people's preferred way of receiving information.

Response: This needs to go through various local and national governance steps to be an 'approved – non biased format', this would not be possible for this year's survey which is already in progress but can be explored in respect of the next scheduled biennial survey due in 2020/21.

2. Future reporting of carer perception measures to be reported side by side over a number of years.
3. To include more narrative in future reports around factors that have contributed towards a decline in performance on any of the performance measures.
4. To develop a table collating all adult social care measures and where these are reported.

Response: These will be factored in from the next report in January to run alongside the benchmarking of the national data that will be reported.