Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	23 January 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Outcomes of Workshop on Adult Social Care Outcomes Framework

1. Background

1.1 **Present**: Cllrs R Elliott (Chair), Bird, Jarvis and Short

1.2 **Apologies**: Cllr Keenan

1.3 **Attendees**: Deborah Johnson, Anne Marie Lubanski and Charna Manterfield.

1.4 **Focus of the session**
- Final year end performance on the Adult Social Care Outcomes Framework (ASCOF).
- Regional, national and CIPFA benchmarking data with statistical neighbours to show how Rotherham compared with other local authorities in 2018-19.
- Key findings from the annual Service User Survey and biennial Carer Survey.

2. Key Issues

2.1 **Overview of ASCOF 2018-19 year end position**

National benchmarked profile including Carers Survey measures

	No of Top Quartile Indicators	No of Upper Middle Quartile Indicators	No of Lower Middle Quartile Indicators	No of Bottom Quartile Indicators
Rotherham	7	10	8	4
Change from 2017-18 (+/-)	5	1	-3	2

* There were an additonal 5 measures in 2018-19 as the Carer's Survey was completed

National benchmarked profile excluding Carer's Survey measures

	No of Top Quartile Indicators	No of Upper Middle Quartile Indicators	No of Lower Middle Quartile Indicators	No of Bottom Quartile Indicators
Rotherham	4	8	8	4
Change from 2017-18 (+/-)	2	-1	-3	2

	Final scores for each measure, together with regional and national benchmarking data and comparison with statistical neighbours, were presented. The data showed performance over the last two years and the direction of travel. Overall Rotherham remained in a similar "mid-pack" position to where it had been the previous year.
	Measures come under four domains, as follows: 1) Enhancing quality of life for people with care and support needs 2) Delaying and reducing the need for support 3) Ensuring that people have a positive experience of care (survey measures) 4) Safeguarding Adults whose circumstances make them vulnerable and protecting them from avoidable harm
2.2	**Top and Bottom Quartile Performance:** – Three top quartile measures compared with both statistical neighbours and within Yorkshire and Humber - 1C1B/2A1/2D – One other top quartile measure compared with statistical neighbours - 3A – Five bottom quartile measures compared with both statistical neighbours and within Yorkshire and Humber - 1E/1F/1H/2B2/2C2 – One other bottom quartile measure compared with statistical neighbours – 4B
2.3	**Positive progress:** – 100% of adults receiving self-directed support – i.e. personalisation – Improvement in composite measure for adult social care related quality of life – Number of admissions to residential care reduced – the number of older people had reduced from 400 to just over 300, lengths of stay were shorter and people who were admitted permanently were older so more people were living independently for longer. – All five carer survey measures were in the top 50% – Good on measure 2D - maximising independence – Making Safeguarding Personal – embedded and achieving good outcomes (Council Plan)
2.4	**Annual Service User Survey and biennial Carer Survey** Key findings from the two surveys plus further analysis were included in one of the supplementary papers. It was important to get underneath the data and understand it better. Three survey measures had been designated as ones to watch by Adult Social Care, as follows: – 4B – proportion of people who use services who say these have made them feel safe and secure – 1I1 and 1I2 – social contact (both service users and carers) Surveys provided a perception snapshot at the time of completion. Scores for measures 4A and 4B may appear contradictory and when the ASCOF is reviewed these measures may change. In previous years a supplementary question had been asked about why people were not feeling safe and this could be due to fear of falls or about their neighbourhood. Follow ups would take place with people who had reported not feeling unsafe if necessary. For more regarding social contact see below.

3. Key Points Discussed

3.1	• Second successive large decline in measure 1H – adults in contact with secondary mental health services living independently (80% - 70% - 51%) *Was this due to a lack of help or support?* A number of factors influenced this measure, including deprivation, substance misuse

and chaotic lifestyles. People could have been in contact with secondary care for a day or for a very long time and there was a lag in the data. Those with 24 hour support were not classed as living independently. As stated before, in Rotherham too many people were in residential care, which may impact on both their physical and cognitive functions. A number of younger people with multiple issues were also coming through, such as personality disorder combined with chaotic lifestyles or people who were sexual offenders. As discussed recently at OSMB, current services were not set up for these service user cohorts, so it was a challenge in how to work with them and to quantify this. Staff recruitment in mental health services remained challenging with recurrent advertisements for vacancies.

Was data recorded on the issues for each individual?
In individual assessments in primary/secondary care but not from monitoring. Adult Social Care (ASC) collected data but had no control over national benchmarking data.

3.2	• Fifth successive reduction in the score for measure 1E – adults with learning disability on long term service in employment (6% in 2014-15 to 3.2%)

Had the end of Remploy been a factor in this reduction?
- Issues around employment in general were a factor, together with resources and capacity and the target had been set high nationally.
- As Rotherham had a high percentage of people with learning disability this makes it harder to create opportunities.
- Social enterprise work would help but only involved small numbers at a time.
- AdPro provided support but was a small organisation, together with job finders/ community job coaches.
- Some people would also be working who were not known to services.
- To count towards the measure people had to work 16 or more hours per week and earn the minimum wage; working in a charity shop of volunteering did not count.
- South Yorkshire had obtained some European funding recently and it was planned to visit Barnsley to see what they were doing as they scored higher on the measure, but it would probably be another year or two before the numbers increased.
- The Employment and Skills Strategy considers particular cohorts, including people with learning disability, and will be monitored by Improving Places.

3.3	• Delayed transfers of care (DTOC) had declined in all three measures; including measure 2C2 (attributable to adult social care)

It was important to work with partners to improve patient flow. The national target was 3.5% and the clock starts once the patient is ready for discharge. A large number of the delays were mental health patients waiting for appropriate housing. Other factors that impact on the measure were acuity, availability of step down beds, winter pressure and staff sickness.

3.4	• Performance Management Framework

Monthly performance reports were produced during this year rather than quarterly, with more information for service managers regarding performance and increased formal reporting. 14 ASCOF measures were monitored in year and four were top quartile, two upper middle, three lower middle and five bottom quartile.

The new Target Operating Model had only been in place for a month following consultation that had commenced in June. In the implementation phase a dip was expected and KPIs were in place for teams that would lead to increased confidence and productivity.

3.5	• Service user survey showed that people aged 65+ in the community reported the poorest quality of life and the least amount of control over their daily life.

Are we confident the new model will work in the community?
It is only one month in but we are monitoring and it is the right pathway. There are challenges with the workforce and recruitment. The service will work with the over 65's reporting the poorest quality of life but not everything can be changed by ASC. Technology is a potential means of giving people more control. Therapy cats or dogs have proved good, including for people with dementia – they provide a focus and a sense of caring for something.

Parallels were drawn with the POP summer camps where a labrador had been specially trained to identify young people who were not joining in the activities and to go to them. |
| **3.6** | • Mears
It was clarified that Mears provided care services and were a provider commissioned by both ASC and health. |
| **3.7** | • Maintaining contact with service users
The service tried to do this, bearing in mind that people also have a right to family life. Contact tended to be more with friends and families and with associated professionals rather than with the individual and ASC did not provide a befriending service. For people without a family, not necessarily, as the assessment should help to address any issues around isolation. People would be enabled through the process and Community Connectors were in the new pathway. |
| **3.8** | • Amount of Social Contact
As mentioned above, the Community Connectors are in post and will look to work with the Link Workers in the Primary Care Networks. Social prescribing was delivered through VAR and had been successful, although possibly more with people already identified as having needs, so it would be a case of trying to move to more preventative work before needs developed. |
| **3.9** | • Information, Advice and Guidance
Information may be requested in large print and copies of the surveys made available in large print, easy read or translated copies. Rotherham had improved on this measure.

Concerns regarding information being available on-line and if people felt that was alienating?
It was surprising that it was18-64 year olds who were most likely to find it very difficult to access information or advice, but could in part be due to the number with very complex needs. The refresh of the website might also have an impact although key ASC pages had been done.

Applying for Blue Badges on line was not easy and there seemed to be less help from staff in libraries.
Although not ASC functions these concerns would be fed back. |
| **3.10** | • Carers
Although the number of carers who stated they sometimes did not look after themselves or were neglecting themselves had decreased from the previous survey, this was a concern. Under the new model a lead for carers would have contact with carer groups. However carer satisfaction scores were positive although some issues with access to IAG were reported. |

	Although there were no real surprises in some of the findings, would services be able to tackle the issues raised? Who cares for the carers? It was admitted that this was an area for improvement with a lot of fragmentation and would come back to HSC in the future. A "state of the nation" report was being produced and the current strategy and action plan would be revisited to determine the direction of travel. Hand offs would change as a result of the new pathways and services were improving transition from children's services. It was also important to broaden out engagement with carers and carers groups and to capture the carer voice in a different way. Ward profiles would also recognise carer groups. Support for carers was not just an ASC issue but a wider issue, including with partners, as carers was not a direct service and social isolation was a factor for many carers. The 2021 census would be of interest to see the data on carers – time spent on caring, number of people who self-identify as carers and who was in receipt of care and support. Currently a significant number of carers spent many hours each week looking after the person they care for, some reporting 100 hours, virtually full on 1:1 care.
3.11	• Reablement was achieving good outcomes but the proportion of people over 65 who received reablement/rehab services following discharge from hospital (2B2) had fallen from 2.2% to 1.6%. *With the new intermediate care and reablement service and pathways was the number receiving these services expected to increase?* Again this would work through and be seen in one or two years and there was potential for a slight dip with the changes.
3.12	• Shared Lives *Was it new or existing service users who were coming in?* Numbers were starting to increase and not just for people with learning disability. Some families did say no and confidence did remain an issue. *How widely was it publicised?* Officers were out and about and Shared Lives teams would go out to meet people.
4. Agreed actions	
4.1	The Strategic Director to feed back issues raised regarding Blue Badges and libraries.
4.2	The Health Select Commission to have a report on work to support carers in 2020.