

Subject:	Adult Care Performance		
Date of Meeting:	23 March 2016		
Report of:	Executive Director of Adult Services		
Contact Officer:	Name:	Philip Letchfield	Tel: 29-5078
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of the report is to provide a summary of the adult care performance framework and specific benchmarked information against national performance indicators in 2014-15.
- 1.2 The report is intended to support the Committee in its overview and scrutiny functions.

2. RECOMMENDATIONS:

- 2.1 That the Committee considers any recommendations it would wish to make in relation to the performance of adult care services.
- 2.2 That the Committee considers any recommendations it would wish to make regarding the local arrangements to implement the national performance framework.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The national performance framework in adult social care continues to go through a period of significant change. The previous framework was characterised by Inspections and Annual Reviews by the national regulator, extensive self-assessment, 'star ratings' for Councils and 'league tables' for each performance indicator. This has been replaced by a model of sector led improvement outlined from 3.2 below onwards. This period of change will continue in the coming years, driven by the requirements of the Care Act and the Better Care Programme. In addition a 'zero based review' of all national data reporting has been completed and a new data reporting framework introduced in 2014/15.
- 3.2 The Adult Social Care Outcomes Framework (ASCOF) is a national set of indicators grouped under 4 outcome headings. Several of these indicators are derived from a standard annual survey of people using services and a biennial survey of informal carers with a focus on outcomes for people. The Health &

Social Care Information Centre (HSCIC) collect and validate all the data returns from Councils. They also provide annual public reports on the benchmarked performance of individual Councils. A copy of the most recent ASCOF report (2014/15) for the city is appended at appendix 1. Some of the indicators are also included in NHS related performance frameworks and some drawn from NHS sources. This report also includes information about in year performance (2015/16), where this is available, but it is important to note this data is not yet validated by HSCIC and benchmarked data will not be available until later in 2016.

- 3.3 Those indicators which are drawn from the user survey focus on outcomes for those people, such as control over daily life(1B), social contact (1L part 1), satisfaction (3a) , feeling safe (4a and b) and accessing advice and information (3d part1). The quality of life score (1A) is an overarching composite measure which draws on the responses to 8 questions in the survey. The maximum possible score is 24 for this specific indicator. With the exception of the social contact measure, the Council is broadly above average in performance and scores relatively highly on the composite quality of life measure. Performance in 14/15 did dip on some measures from its previous high in 2013/14. The national framework within which the survey is undertaken does enable the Council to identify and make contact with people whose responses to specific questions raise high levels of concern about their welfare. For example when people respond negatively to questions about their safety the Council will follow up directly with those individuals. The annual survey for 2015/16 is currently underway and performance data will be available later in the year.
- 3.4 It is of note that the range of possible responses to each question varies and the actual numerator for each question will be at a different response threshold. For example there are 4 possible responses to the question regarding social contact; the actual measure included in the ASCOF report only includes those people who responded 'I have as much contact as I want', which was 42% in Brighton & Hove. However a further 40% responded 'I have adequate social contact with people'. By comparison 2% of people reported 'I have little social contact with people and feel socially isolated'. This can be contrasted with the satisfaction measure where there are 7 possible responses to the question and the 'top' two responses are the actual reported performance ; that is people who are 'extremely' and 'very' satisfied, it does not include those who are 'quite' satisfied for example. The survey asks a range of questions which are not reported in the ASCOF and so cannot be benchmarked and allows for a limited number of local questions to be asked. The Council for example asks a 'local' question asking people to rate services out of 10 and gives an opportunity for people to comment on what would make the service a 10 for those who scored lower than this. In 2014/15 37% of people who responded to this question rated services as a 10 and 24 people provided comments where they did not rate services a 10.
- 3.5 There is a similar survey, though on a bi-ennial basis, for carers. This has a similar set of indicators that relate to carers outcomes focused on social contact (part1L part2), satisfaction (3b), inclusion in discussions about the person they care for (3c) and access to information and advice (3D part2). Again there is a composite quality of life score, this time out of 12 (1D). Committee members may recall from last year's performance report that the results from the first survey were disappointing. It is encouraging therefore the performance in the second

survey in 14/15 showed notable improvement and performance is now above average across all measures. The next carer's survey will be in 2016/17.

- 3.6 The ASCOF includes some key indicators in relation to the personalisation of care services, these focus on self-directed support (1c; 1a and 1b)) and direct payments (1c part 2a and 2b). It is clear from these indicators that our performance in relation to carers is excellent and this has been sustained as at quarter 3 in 15/16. However performance in relation to people using services, although improving, has now fallen behind our comparator group. In 2015/16 performance in relation to direct payments for people using services has continued to improve and as at quarter 3 had reached just over 21%, however it is unlikely we will achieve our target of 30% by year end. Performance in relation to these indicators may well be linked to the outcomes from the user and carer survey, for example in relation to control and satisfaction.
- 3.7 The ASCOF includes indicators which measure the admission rates to long term residential and nursing home care (2a part 1 and 2). Performance in relation to people aged 18 -64 remains excellent and is in fact the best performance in our comparator group. However performance in relation to people aged 65 and over is of concern. These numbers have been steadily declining for many years in line with our strategic aims but in 14/15 they increased significantly for the first time. The indications at quarter 2 in 15/16 are that whilst the performance in relation to people aged 18 -64 may slightly increase , it will remain comparatively excellent, however the numbers of older people admitted continues to increase. We have been analysing the reasons for this to inform improvement planning.
- 3.8 Indicator 2B in the ASCOF is focused on reablement services for older people being discharged from hospital and it is important to consider both parts of the indicator. It is clear that within Brighton & Hove the offer of reablement is high, the second highest in our comparator group. Within this context the number of people still at home after 91 days (as a measure of success) is comparatively average. Analysis indicated that of those people not at home most were either deceased or in a care home. The indicator is only taken from one quarter's performance so we have no available data for this year. A new indicator (2D), focused on the success of short term services, was included for the first time in 14/15. Clearly our performance here was significantly below average; we need to better understand the pathways and resources linked to this measure.
- 3.9 In relation to delayed transfers of care (2c) where performance is just above average (i.e. fewer delays), it is of note that most delays in relation to social care in the city are in the non-acute sector and relate to a lack of capacity particularly for older people with mental health needs.
- 3.10 Performance in relation to people with a learning disability in employment (1E) remains excellent and in relation to settled accommodation (1G) is above average.
- 3.11 The Council has been actively and fully involved in the other elements of sector led improvement as reported in previous years. These elements are all on a voluntary basis. This has included annual City Summits, the publication of a Local Account each year, engagement in Peer Reviews and active involvement with the national Think Local Act Personal programme. We have drawn on

national best practice that has emerged from the sector led improvement programme.

- 3.12 In 2015/16 we have scaled back our local involvement, in part linked to issues of capacity and competing priorities, and partly to review our approach and explore opportunities. There will be no City Summit event in 15/16 for example and we will be publishing an updated Local Account based on the 14/15 publication. We remain actively involved in peer review and the regional improvement opportunities through the Association of Directors of Adult Social Services and the Local Government Association.
- 3.13 Looking forward we are looking at developing a local framework that better reflects our direction of travel and draws together a broader range of other 'local' indicators.
- 3.14 The performance activity identified above is used within adult care to support business and improvement planning.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The report is essentially providing the Committee with information to support its overview and scrutiny function. Adult Care is subject to a national performance framework (ASCOF) and local performance arrangements need to take account of this. However as there is local flexibility in relation to the overall sector led improvement programme as outlined in 3.11 and 3.12 above.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The report provides information regarding community engagement through the mechanisms of the user and carer surveys, City Summit and Local Account

6. CONCLUSION

- 6.1 Overview and scrutiny of adult care services performance is a key function of the Committee and this report is seeking to support the Committee in carrying out that function

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 Adult Social care performance informs Value for Money and influences budget strategy and resourcing priorities within the Council and in joint arrangements with Health (Better Care Fund).

Finance Officer Consulted: Anne Silley

Date: 15/02/16

Legal Implications:

- 7.2 Both the rationale and national requirement for adherence to ASCOF are described in detail in the body of this report. The local outcomes relating to Adult Social Care performance are relevant to the function of Overview and Scrutiny Committee.

Lawyer Consulted:

Name Sandra O'Brien

Date: 22/2/2016

Equalities Implications:

- 7.3 The information gathered through the performance arrangements described within this report is used to inform business planning and equalities impact assessments in adult care.

Sustainability Implications:

- 7.4 There are no specific sustainability implications in the report.

Any Other Significant Implications:

- 7.5 There are no other significant implications.

SUPPORTING DOCUMENTATION

Appendices:

1. ASCOF Comparator Report 2014/15

Documents in Members' Rooms

1. None

Background Documents

1. None.

