

Report of the Strategic Director Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on the 6th October 2016.

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Subject: Adult and Community Services Annual Performance Report 2015/16

Summary statement: The following report sets out a summary of the Adult and Community Services Department for the financial year 2015/16 across a range of national performance indicators.

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Health and Social Care



1. SUMMARY

The following report provides an overview of the Department of Adult and Community Services performance across the Adult Social Care Outcomes Framework in 2015/16.

2. BACKGROUND

2.1 The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The key roles of the ASCOF are:

- It provides councils with robust information that enables us to monitor the success of local interventions in improving outcomes, and to identify our priorities for making improvements. We can also use ASCOF to inform outcome-based commissioning models
- It is a useful resource for our Health and Wellbeing board who can use the information to inform their strategic planning and leadership role for local commissioning
- It strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support services, it enables local people to hold councils to account for the quality of the services that they provide, commission or arrange. We also use the ASCOF to develop and publish our local account to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services
- Regionally, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice. In Bradford we are fully engaged in the Y&H Sector Led Improvement programme and the ASCOF measures are monitored on a quarterly basis together with Risk Awareness via the regional Performance and Standards network.
- At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform, and support, national policy development.

The Government does not seek to performance manage councils in relation to any of the measures set out in this framework. Instead, the ASCOF will inform and support improvement led by the sector itself, underpinned by strengthened transparency and local accountability.

2015-16 ASCOF measures are currently being validated by NHS Digital (formerly the Health and Social Care Information Centre) and so should be used for internal benchmarking only until publication in Oct 2016.



The 27 ASCOF measures are derived from the following data collections are co-ordinated nationally by NHS Digital and managed locally in Bradford by Performance and Intelligence staff working to the Chief Executive's Office but linked to the Dept. of Adult and Community Services:

ASCS Adult Social Care Survey (Annual) *7 ASCOF measures*

SALT Short and Long Term Support Data Collection (Annual) *11 ASCOF measures*

SACE Survey of Adult Carers Experience (Biennial) *5 ASCOF measures*

NHS England Situation Report (Monthly) *2 ASCOF measures*

Mental Health Minimum Dataset (Monthly) *2 ASCOF measures*

The Adult Social Care Survey is carried out annually to help ensure that services are helping adults to live safely and independently, experience better outcomes and that essential needs are being met. The aim of the survey is to measure the extent to which the lives of adult users have improved as a result of a care package.

2.4 The survey was carried out during February 2016, based on a standard questionnaire provided by the Department of Health. Questionnaires were sent to a random sample of residents who were receiving long term adult social care services provided or commissioned by Bradford Council. The sample of people was split into four distinct groups:

- Adults with learning disabilities in the community
- Adults with learning disabilities in residential care
- Residents in their own home
- Residents in care homes

2.5 In total 1,500 questionnaires were sent to residents chosen at random using a stratified sample process to ensure representation from the four main user groups. We had a questionnaire response rate of 37%. This was the fifth year that a survey of this kind had been sent out to residents in Bradford.



3. REPORT ISSUES

3.1 The data reported is currently subject to validation from NHS Digital and is due to be published nationally in October 2016. The data is currently restricted and therefore this report will not provide any comparator information with named other authorities. The report does however draw comparison with our 2014/15 performance.

3.2 In 2015/16 there were a total of 22 ASCOF measures reported, all comparable with 2014/15. Table 1 below sets out these measures detailing the direction of travel for each:

Table 1

		2015-16		2014-15	2014-15	
ASCOF		<i>Direction of</i>				
		Bradford	Travel	Bradford	Y&H	England
1A	Social Care Quality Of Life	19.5	↑	19.4	19.1	19.1
1B	Control Over Daily Life	79.2%	↑	77.8%	78.5%	77.3%
1C(1a)	Self-Directed Support (Cared For)	86.8%	↑	79.4%	82.5%	83.7%
1C(1b)	Self-Directed Support (Carers)	82.5%	↑	81.8%	71.7%	77.4%
1C(2a)	Direct Payments (Cared For)	17.5%	↑	14.8%	25.0%	26.3%
1C(2b)	Direct Payments (Carers)	81.9%	↑	81.8%	60.4%	66.9%
1E	LD Employment	5.5%	↑	5.1%	6.4%	6.0%
1F	MH Employment	6.1%	↓	7.0%	8.1%	6.8%
1G	LD Independence	86.3%	↑	84.4%	80.4%	73.3%
1H	MH Independence	69.1%	↑	66.5%	68.6%	59.7%
1L(i)	Social Contact	51.4%	↓	52.2%	45.7%	44.8%
2A(i)	Perm Admissions To Care 18-64	14	□ □	14	11.8	14.2
2A(ii)	Perm Admissions To Care 65+	513	↑	572	720.3	668.8
2B(i)	Re-ablement (effectiveness)	88.2%	↓	88.5%	84.4%	82.1%
2B(ii)	Re-ablement (offered)	2.8%	↑	2.1	2.2	3.1
2C(i)	Delayed Transfers of Care (ALL)	3.38	↑	3.7	9.3	11.1
2C(ii)	Delayed Transfers of Care (Soc. Care)	0.19	↑	0.60	2.7	3.7
2D	Outcomes from Short Term Support	64.8%	↑	54.4%	67.6%	74.6%
3A	Satisfaction	63.1%	↑	62.5%	66.6%	64.7%
3D(i)	Information and Advice	70.8%	↓	73.3%	75.6%	74.5%
4A	Feeling Safe	73.2%	↑	70.7%	68.2%	68.5%
4B	Feeling Safe As A Result of Services	84.8%	↑	82.3%	83.2%	84.5%

3.3 Performance in 17 measures have shown an improvement over 2014/15, with 1 measure remaining the same. The following 4 measures are showing deterioration on 2014/15:

ASCOF 1F Proportion of adults in contact with secondary mental health services in paid employment

ASCOF 1I Proportion of people who use services who reported that they had as much social contact as they would like



ASCOF 2B pt1 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
 ASCOF 3D pt1 The proportion of people who use services who find it easy to find information about support.

Feedback from the HSCOSC following our 2014-15 Annual Performance report has also prompted us to provide additional information on each of the ASCOF measures. The next section of this report includes the rationale for each measure, clarification on the definition and data sources.

ASCOF Domain 1: Enhancing Quality of Life for People with Care and Support Needs

ASCOF 1A Social Care Related Quality of Life

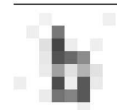
ASCOF 1A is a patient reported experience measure giving an overarching view of the quality of life of users of social care. This measure is an average quality of life score based on responses to the annual Adult Social Care Survey and covering the eight domains; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.

Continuous improvement over the last 3 years is significant as the survey is sent to a random sample of people receiving long term adult social care and support in community or residential/nursing settings provided or commissioned by BMDC Adult & Community Services. Both the England and Regional average in 14-15 was 19.1 and at 19.4 Bradford was the 3rd highest performing LA in Y&H. Initial analysis for 15-16 shows the Regional average to have improved to around 19.2 with Bradford also improved to 19.5 and currently placed 5th out of the 15 LAs in the Y&H Region.

ASCOF 1A		2013-14	2014-15	2015-16
Social Care Related Quality of Life	Numerator: The sum of the scores for all respondents who answered Q3a to 9a and 11. Higher scores are assigned to better outcomes.	109,965	107,975	112,105
	Denominator: The number of respondents who answered questions 3a to 9a and 11 in the ASC Survey	5,770	5,550	5,738
	Outcome	19.1	19.4	19.5

ASCOF 1B Control over Daily Life

A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this outcome is being achieved.



Performance improvement on ASCOF 1B is indicative of the progress made on Personalisation and Self Directed Support within Adult Services Access, Assessment and Support and Community Services. In 2014-15 78% of people surveyed said they had as much/adequate control over their daily lives, above the England average of 77% and in line with the Regional average of 78%. Initial analysis for 15-16 shows Bradford improving to 79% and placed 6th out of the 15 LAs in the Y&H Region.

ASCOF 1B		2013-14	2014-15	2015-16
Control over Daily Life	Numerator: Of the respondents those who answered 'I have as much control over my daily life as I want' and 'I have adequate control over my daily life'. (weighted)	5,400	4,320	4,544
	Denominator: Total number of people responding to Q3a in the ASC Survey, "Which of the following statements best describes how much control you have over your daily life?", (weighted)	6,915	5,550	5,738
	Outcome	78.1%	77.8%	79.2%

ASCOF 1C pt1a Proportion of adults aged over 18 using social care and receiving self-directed support

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. The Care Act places personal budgets on a statutory footing as part of the care and support plan.

Performance in 15-16 has improved as more people in receipt of long term community based support have been assessed via a self-directed support Care Act Assessment resulting in a personal budget.

We have also improved our reporting processes following Regional ADASS Sector Led Improvement work on data consistency, resulting in a planned improved resubmission of our Short and Long Term Support Data Collection to NHS Digital. Although the National average in 14-15 was 83.7% initial analysis for 15-16 shows Bradford to be just below the Regional average of 88%. Our implementation of Integrated Digital Care Records should have a positive impact on the allocation and throughput of re-assessments and reviews which will benefit the data contributing to this measure.



ASCOF IC pt1a		2013-14	2014-15	2015-16
Proportion of adults aged over 18 using social care and receiving self-directed support	Numerator: The number of clients receiving either a Direct Payment or council managed Personal Budget at the year-end 31st March.	n/a	3,040	3,266
	Denominator: The number of clients (aged 18+) accessing long term community support at the year-end 31st March.	n/a	3,825	3,761
	Outcome	n/a	79.5%	86.8%

ASCOF 1C pt1b Proportion of carers receiving self-directed support

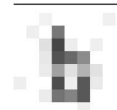
The same narrative above also applies for Carers. The National average in 14-15 was 77.4%, well above the Regional average of 63%. Initial analysis of the 15-16 provisional ASCOF measures indicate that Bradford remain above the Regional average although there still appears to be a high variation between councils indicating either different models of operations and possibly reporting methodology in place.

In Bradford we have revised our methodology on this measure in line with ADASS Sector Led Improvement work on data consistency, resulting in a resubmitted HSCIC Short and Long Term Support data collection for 2014-15. We expect our implementation of Integrated Digital Care Records to facilitate improved recording and reporting of Carers Self Directed Support data. A key feature of IDCR is a joined up Care Management and Finance system that will enable better quality data flows, help improve links between Performance and Commissioning and prove and enabler in future Health and Social Care Integration.

ASCOF IC pt1b		2013-14	2014-15	2015-16
Proportion of carers receiving self-directed support	Numerator: The number of carers receiving either a Direct Payment or Council managed Personal Budget in the year to 31st March	n/a	2,670	2,728
	Denominator: The number of carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March.	n/a	3,264	3,308
	Outcome	n/a	81.8%	82.5%

ASCOF 1C pt2a Proportion of adults using social care receiving Direct Payments

Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation. The Care Act requires that all local authorities inform those using services and their carers of their personal budget, which will set out the cost to the Local Authority of meeting their needs. They will have the right, in most circumstances, to request this as a direct payment. There is likely to be a significant impact on this measure and work is being



taken forward to assess, in light of the Care Act, how best personalisation of services can be reflected in the ASCOF.

In Bradford, despite improving performance in 15-16, we remain one of the bottom 3 performing councils in the Region on this measure. In 14-15 the Regional average was 25%, and initial analysis of provisional 15-16 ASCOF data shows only a slight increase to around 26%.

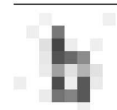
ASCOF 1C pt2a		2013-14	2014-15	2015-16
Proportion of adults using social care receiving Direct Payments	Numerator: The number of clients receiving direct-payments and part-direct payments at the year end 31st March Denominator: The number of clients (aged 18+) accessing long term community support at the year-end 31st March.	n/a	565	660
		n/a	3,825	3,761
	Outcome	n/a	14.8%	17.5%

ASCOF 1C pt2b Proportion of Carers using Direct Payments for support direct to the carer

The narrative above also applies to Carers Direct Payments. The England average for this measure in 14-15 was 66.9% so despite little movement on last year we appear to remain a top performer on this measure in 15-16 with initial figures from the Y&H Region indicating an average of around 70%.

The Integrated Carers Service in Bradford builds on local and national best practice in relation to supporting carers and recognises the critical role carers play in supporting people with health and care needs at home. A central hub delivers services locally ensure carers are identified, recognised and supported to continue their caring role while having an opportunity for a life outside of caring in work, education and leisure. We are looking to strengthen internal links between Commissioning and Performance teams in the council to improve our business intelligence in this area and to ensure our information contributes to all the Carers measures in the Adult Social Care Outcomes Framework.

ASCOF 1C pt2b		2013-14	2014-15	2015-16
Proportion of Carers using Direct Payments for support direct to the carer	Numerator: The number of carers receiving direct-payments and part-direct payments at the year end 31st March Denominator: The number of carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March.	n/a	2,670	2,709
		n/a	3,264	3,308
	Outcome	n/a	81.8%	81.9%



ASCOF 1E Proportion of adults with a learning disability in paid employment

The measure is intended to improve the employment outcomes for adults with a learning disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits. This measure is complementary with other measures in the Public Health and NHS Outcomes Frameworks.

The England average in 14-15 was 6% and so although we've improved on last year we look to be below this and the provisional 15-16 Regional average of 6.4%. Service Improvement work has been identified by Commissioning Leads and Assessment and Support Service Managers to better understand how we can improve on this measure and promote those organisations whom we commission to provide an employment support service. Our implementation of Integrated Digital Care Records in 2016 will help improve the data quality for this measure and will enable more accurate real time reporting for monitoring performance and personal outcomes for individuals.

ASCOF 1E		2013-14	2014-15	2015-16
Proportion of adults with a learning disability in paid employment	Numerator: All people within the denominator, who are in paid employment	70	70	82
	Denominator: The number of eligible adults (aged 18-64), who have received long term support for learning disability during the year	1,275	1,385	1,491
	Outcome	5.5%	5.1%	5.5%

ASCOF 1F Proportion of adults in contact with secondary mental health services in paid employment

The measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support is personalised. Employment is a wider determinant of health and social inequalities.

The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). The Regional average in 14-15 was 8.1% and Bradford were ranked 9th out of the 15 councils.



ASCOF 1F		2013-14	2014-15	2015-16
Proportion of adults in contact with secondary mental health services in paid employment	Numerator: All people within the denominator, who are in paid employment	n/a	n/a	150
	Denominator: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the Care Programme Approach at the end of the month.	n/a	n/a	2,360
	Outcome	6.5%	7.0%	6.1%

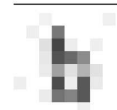
ASCOF 1G Proportion of adults with a learning disability who live in their own home or with their family

The measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion.

The England average for ASCOF 1G in 14-15 was 73% and we have continued to improve year on year to 86.3% in 2015-16, which on early indication of provisional ASCOF data would put Bradford in the top 3 performing councils in the Region and above the 79% average.

As above the implementation of Integrated Digital Care Records in 2016 will help improve the data quality for both the numerator and denominator and will enable more accurate real time reporting on this measure.

ASCOF 1G		2013-14	2014-15	2015-16
Proportion of adults with a learning disability who live in their own home or with their family	Numerator: All people within the denominator who are "living on their own or with their family" as per the DoH definition	1,060	1,170	1,286
	Denominator: The number of eligible adults (aged 18-64), who have received long term support for learning disability during the year	1,275	1,385	1,491
	Outcome	83.1%	84.5%	86.3%



ASCOF 1H Proportion of adults in contact with secondary mental health services living independently, with or without support

The measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.

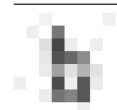
Interpretation of the measure should take into account the point above regarding scope, and the likelihood that some people in contact with mental health services are being supported in accommodation by the council, but are not captured within the current definition because they are not on the CPA. The England average for ASCOF 1G in 14-15 was 59.7% and we have continued to improve year on year to 69.1% in 2015-16.

ASCOF 1H		2013-14	2014-15	2015-16
Proportion of adults in contact with secondary mental health services living independently, with or without support	Numerator: All people within the denominator, who are in paid employment	n/a	n/a	1,610
	Denominator: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the Care Programme Approach at the end of the month.	n/a	n/a	2,360
	Outcome	64.3%	66.5%	69.1%

ASCOF 1I pt1 Proportion of people who use services who reported that they had as much social contact as they would like

There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care.

Although performance on this measure has dipped slightly on 14-15 Bradford were in the Top 3 performing councils in 14-15 and so the 15-16 outcome remains positive in comparison to neighbouring LAs, and we're likely to be in the top 3 performers once again in 15-16. The England average in 14-15 was 45%, Y&H Region 46%. Our implementation of Integrated Digital Care Records in 2016 will enable real time reporting of this measure for people long term and short term adult social care support.



ASCOF II pt1		2013-14	2014-15	2015-16
Proportion of people who use services who reported that they had as much social contact as they would like	Numerator: In response to Q8a of the ASC Survey, those who selected the response "I have as much social contact as I want with people I like" (weighted)	3,155	2,895	2,949
	Denominator: All respondents to Q8a "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" (weighted)	6,445	5,550	5,738
	Outcome	49.0%	52.2%	51.4%

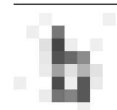
ASCOF Domain 2: Delaying and reducing the need for care and support

ASCOF 2A Pt1 Long-term support needs for people aged 18-64 met by admission to residential and nursing care homes, per 100,000 population

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.

Performance on ASCOF 2A pt1, which represents those aged 18-64, has remained stable and in line with the Y&H Regional average which was 11.8 in 14-15 and looks to be around the 14 mark in 15-16. We have improved our reporting processes in this area and aligned to ADASS led Sector Led Improvement work on data consistency, resulting in a re-submission of our data to NHS Digital for both 14-15 and 15-16 ASCOF.

ASCOF 2A Pt1		2013-14	2014-15	2015-16
Long-term support needs for people aged 18-64 met by admission to res/nurs care homes, per 100,000 pop	Numerator: The number of council-supported younger adults (aged 18-64) whose long-term support needs were met by a change of setting to residential and nursing care during the year	n/a	44	44
	Denominator: The population of younger adults in the area (then *100,000)	n/a	314,250	314,300
	Outcome	n/a	14.0	14.0



ASCOF 2A Pt2 Long-term support needs for people aged 65+ met by admission to residential and nursing care homes, per 100,000 population

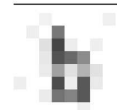
Performance on ASCOF 2A pt2, which represents those aged 65+, has improved year on year and above the Y&H Regional average which was 720 in 14-15. Provisional 15-16 ASCOF data suggests Bradford are the best performing council in the Region on this measure in 15-16.

ASCOF 2A Pt2		2013-14	2014-15	2015-16
Long-term support needs for people aged 65+ met by admission to res/nurs care homes, per 100,000 pop	Numerator: The number of council-supported older people (aged 65+) whose long-term support needs were met by a change of setting to residential and nursing care during the year	n/a	421	385
	Denominator: The population of older people in the area (then *100,000)	n/a	73,570	75,000
	Outcome	n/a	572	513

ASCOF 2B Pt1 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for on-going support and dependence on public services. ASCOF 2B measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – a key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.

Performance on ASCOF 2B pt1, has deteriorated slightly year on year but at 88% Bradford remain above the England and Regional averages which were 82% and 84% respectively in 14-15. Provisional 15-16 ASCOF data puts Bradford 7th out of the 15 LAs. The volume of people receiving short term support to maximise independence has increased year on year and our Bradford Enablement Support Team now provide an enablement and rapid response service as part of an integrated intermediate care service at our hospitals.



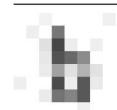
ASCOF 2B Pt1		2013-14	2014-15	2015-16
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Numerator: Of those in the denominator those who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital	165	230	328
	Denominator: No. of older people discharged from hospital to their own home or to a res/nurs home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home	175	260	372
	Outcome	94.3%	88.5%	88.2%

ASCOF 2B Pt2 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

The rationale for a two-part measure is to capture the volume of reablement offered as well as the success of the reablement service offered. This will prevent areas scoring well on the measure while offering reablement services to only a very small number of people. Again the volume of people receiving short term support to maximise independence has increased year on year which has had a positive impact on this particular measure when compared to the denominator of the total number of people discharged from hospital. The England average in 14-15 was 3.1, significantly higher than the Regional average of 2.2 which we have exceeded in 15-16.

Improved joint business intelligence between the NHS and BMDC Adult Social Care would improve the reporting of this measure and implementation of IDCR in Adult and Community Services including the adoption of the NHS Number as the unique patient identifier is also a positive step.

ASCOF 2B Pt2		2013-14	2014-15	2015-16
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Numerator: No. of older people discharged from hospital to their own home or to a res/nurs home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home	175	260	372
	Denominator: Total number of people, aged 65+, discharged alive from hospitals in England between 1 Oct 2015 and 31 Dec 2015. This includes all specialities and zero-length stays.	12,075	12,575	13,132
	Outcome	1.4%	2.1%	2.8%



ASCOF 2C Pt1 Delayed transfers of care from hospital per 100,000 population

This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

Bradford are one of the best performers in the country on DToCs and in 15-16 have improved further on this measure. Effective joint working between health and social care in hospital settings is central to this and the detailed analysis on DToCs provided by the LGA provides us with the business intelligence to monitor this as part of our Better Care Fund arrangements with the NHS Clinical Commissioning Groups. In Oct 2015 Bradford presented an ADASS 'masterclass' in this area to local and national Adult Social Care senior managers.

ASCOF 2C Pt1		2013-14	2014-15	2015-16
Delayed transfers of care from hospital per 100,000 population	Numerator: The average number of delayed transfers of care (aged 18+) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly NHS England Report	14	14	13
	Denominator: Size of adult population in area (aged 18+) *100,000	388,065	389,210	389,300
	Outcome	3.61	3.60	3.38

ASCOF 2C Pt2 Delayed transfers of care from hospital per 100,000 population attributable to Adult Social Care

Part 2 of the Delayed Transfers of Care measure reports those delays that are attributable to Adult Social Care or jointly to Adult Social Care and the NHS. Again Bradford are one of the best performers in the country on DToCs and in 15-16 have improved further on this measure. Initial analysis of the 15-16 ASCOF data shows we are the top performing council in the Region on this (we were second best in 14-15 to Barnsley).



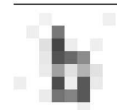
ASCOF 2C Pt2		2013-14	2014-15	2015-16
Delayed transfers of care from hospital per 100,000 population attributable to Adult Social Care	Numerator: The average no. of delayed transfers of care (aged 18+) on a particular day taken over the year, attributable to social care or jointly to social care and the NHS. This is the average of the 12 monthly snapshots.	5	2	1
	Denominator: Size of adult population in area (aged 18+) *100,000	388,065	389,210	389,300
	Outcome	1.29	0.51	0.19

ASCOF 2D Outcome of short-term services: sequel to service

This measure will reflect the proportion of those new clients who received short-term services during the year, where no further request was made for on-going support. Since the aim of short-term services is to reable people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for services. The measure is the percentage of those that received a short term service during the year where the sequel was either no ongoing support or support of a lower level .

The figures are indicative of the enablement model in place in Bradford and which was subject to a service review in 2015-16. Personal outcome measures from our BEST service are positive for those who complete the period short term support to maximise independence.

ASCOF 2D		2013-14	2014-15	2015-16
Outcome of short-term services: sequel to service	Numerator: Number of new clients where the sequel to "Short Term Support to maximise independence" was on-going low level or other short term support, or no services provided.	n/a	855	1,877
	Denominator: No. of new clients who had short-term support to maximise independence. Those with a sequel of either early cessation of service, or those who have had needs identified but have either declined support or are self-funding are excluded.	n/a	1,570	2,896
	Outcome	n/a	54.5%	64.8%



ASCOF Domain 3: Ensuring that people have a positive experience of care and support

ASCOF 3A Overall satisfaction of people who use services with their care and support

This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of people's overall experience of services. The relevant question drawn from the ASC Survey is Q 1: "Overall, how satisfied or dissatisfied are you with the care and support services you receive?".

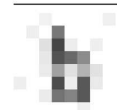
This measure has improved slightly year on year from a relatively poor outcome of 61.9% in 2013-14 to 63.1% in 2015-16. The England average in 14-15 was 64.7% and the Y&H Regional average 65.9% where Bradford were placed 13th out of 15 councils. Although initial analysis of 15-16 ASCOF suggests we may have climbed out of the bottom 3 we still remain below the Regional average and we will be producing further analysis of 15-16 survey results by Service Type, Primary Support Reason etc. to inform Service Improvement and Commissioning.

ASCOF 3A		2013-14	2014-15	2015-16
Overall satisfaction of people who use services with their care and support	Numerator: In response to Q1 in the ASC Survey, those individuals who selected the response "I am extremely satisfied" or "I am very satisfied" (weighted)	4,240	3,470	3,622
	Denominator: All those that responded to the question 1 in the ASC Survey (weighted)	6,845	5,550	5,738
	Outcome	61.9%	62.5%	63.1%

ASCOF 3D pt1 The proportion of people who use services who find it easy to find information about support

This measure reflects social services users' experience of access to information and advice about social care in the past year. Information is a core universal service and a key factor in early intervention and reducing dependency. Improved and/or more information benefits carers and the people they support by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements. These benefits accrue only where information is accessed that would not otherwise have been accessed, or in those cases where the same information is obtained more easily.

A 2 part measure with the Carers survey this is one of the areas where we need to improve and the disappointing outcomes in this area are mirrored by our poor results in 2015-16 Regional mystery shopping (both Face to Face and Reception rated as 'Unsatisfactory' and only the Website rated 'Excellent'). The England average in 14-15 was 75% and provisional ASCOF 15-16 results show Bradford to be in the bottom 3 regionally.



ASCOF 3D pt1		2013-14	2014-15	2015-16
The proportion of people who use services who find it easy to find information about support	Numerator: Those responding to Q12 in the ASC Survey, by choosing the answer “very easy to find” and “fairly easy to find” (weighted)	3,205	4,070	4,065
	Denominator: All respondents to Q12 in the ASC Survey "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?" (weighted)	4,475	5,550	5,738
	Outcome	71.6%	73.3%	70.8%

ASCOF Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

ASCOF 4A Proportion of people who use services who feel safe

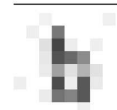
Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users’ experience and their care and support. There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services.

This measure has improved from 70.7% in 14-15 to 73.2% in 15-16, the best outcome over the last 3 years.

ASCOF 4A		2013-14	2014-15	2015-16
Proportion of people who use services who feel safe	Numerator: Those who responded to Q7a in the ASC Survey with “I feel as safe as I want” (weighted)	4,865	3,930	4,198
	Denominator: The number of respondents to Q7a in the ASC Survey: “Which of the following statements best describes how safe you feel?” (weighted)	6,805	5,550	5,738
	Outcome	71.5%	70.7%	73.2%

ASCOF 4B Proportion of people who use services who say that those services have made them feel safe and secure

This measure supports ASCOF measure 4A by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure.



As such, it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socio-economic factors. This measure has improved significantly year on year from 73% in 13-14 to 84.8% in 15-16 proving that Adult and Community Services provided or commissioned by BMDC are having a more positive impact on individuals' safety. The England average in 14-15 was 84.5% and the Regional average 83.2%.

Initial analysis of provisional 15-16 ASCOF data places Bradford still below the Regional average of 87% and just out of the bottom 3 performing councils. Adult and Community Services have managed the development of the care market, including working closely with CQC to ensure the supply of all care provision is maintained safely. This has required adult services staff going into support care homes to support them to improve quality and safety on several occasions this year, and has included the management of the closure of nursing homes.

ASCOF 4B		2013-14	2014-15	2015-16
Proportion of people who use services who say that those services have made them feel safe and secure	Numerator: Those who responded to Q7b in the ASC Survey with "Yes".	4,940	4,570	4,864
	Denominator: The number of respondents to Q7b in the ASC Survey : "Do care and support services help you in feeling safe?" (weighted)	6,740	5,550	5,738
	Outcome	73%	82.3%	84.8%

Short Term Adult Social Care Support

Requests for support and sequels to request

In 2015–16 there were 31,500 requests for adult social care support from new people of which 6,800 or 22% of whom were under 65 years, 24,700 or 78% over 65 years. Year on year there has been a 7.5% increase in the number of new requests for support. Of the total requests for support from new clients 3,000 resulted in some form of short term re-ablement or rehabilitation support to maximise independence, predominantly provided by the BMDC Adult and Community Services BEST (Bradford Enablement Support Team).

4,100 requests resulted in long term eligible support services. 9,600 requests for support met with on-going short term support or low level services for example equipment or assistive technology. 14,500 requests for support resulted in referrals to universal services or signposting to other services.

52% of all requests for support received at the Adult Services Access Point were signposted or dealt with at point of contact.



Short Term Support to Maximise Independence

Of the 3,000 new requests for short term support to maximise independence, 1,000 or 33% went on to receive some kind of long term support. The most common reason for people needing this type of support was in relation to physical personal care support, 81% of people under 65 years and 86% for people over 65 years.

Long Term Adult Social Care Support

Long Term Support in the Community

5,030 people received long term support in the community in 2015/16 of which 2,080 (42%) were aged 18-64 and 2,950 (58%) over 65 years.

3,765 were in receipt of community based services as at the 31st March 2016; of which 1,935 were aged 18-64 and 1,830 over 65 years. In total 3,600 people were in receipt of services for more than twelve months.

Long Term Support in Residential and Nursing Care

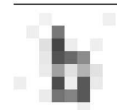
There were **44** admissions to long term residential or nursing care placements for people aged 18-64. In the case of older people there were **385** admissions, a 9% reduction on 2014-15.

In total there are **1,980** people living in long stay residential or nursing care, **430** aged 18-64 and **1,550** over 65 years.

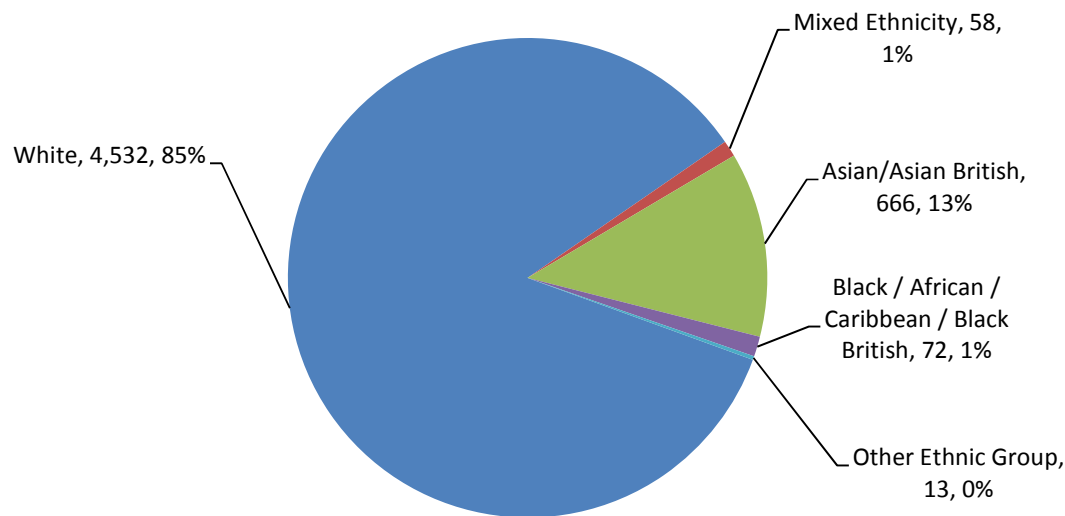
Table 2 shows the ethnicity of those people in receipt of long term adult social care support as at 31st March 2016:

Table 2

	Male	Female	Total
White	1,795	2,737	4,532
Mixed Ethnicity	30	28	58
Asian/Asian British	328	338	666
Black / African / Caribbean / Black British	34	38	72
Other Ethnic Group	6	7	13



People receiving long term adult social care support as at 31st March 2016



Carers

In 2015/16 3,580 carers received carer specific support provided or commissioned by the council of which 2,700 carers received a direct payment.

Overall the Council's Performance on Adult Social Care remains good and the information set out in the report is used within the Adult and Community Services Department to identify specific actions for officers in order to improve performance in all areas.

The Department remains committed and active to the Yorkshire and Humber Sector Led Improvement Approach to driving up performance.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising from this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

N/A

6. LEGAL APPRAISAL



There are no legal implications at this time.

7. RECOMMENDATIONS

Members are invited to comment on the report.

8. APPENDICES

None

9. BACKGROUND DOCUMENTS

None

