

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 5 October 2017.

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**Subject: Adult and Community Services Annual Performance
Report 2016/17**

Summary statement: The following report sets out a summary of the Adult and Community Services Department for the financial year 2016/17 across a range of national performance indicators.

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1.0 SUMMARY

- 1.1 The report provides an overview of the Department of Health and Wellbeing's performance across the Adult Social Care Outcomes Framework (Public Health Outcome Framework) in 2016/17.
- 1.2 The report also builds on the Home First Vision and Operating Model presentation at the Feb O&S Committee meeting and sets the improvement activity we are putting in place to strengthen performance management arrangements to measure the implementation process and the impact on the people who we support.

2.0 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.
- 2.2 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.

2.3 The ASCOF outcome measures come from a variety of data sources, mainly:

Adult Social Care Survey	Annual random survey of people receiving longer term Adult Social Care Services, in the Community and in Residential or Nursing Care	This informs 7 ASCOF Outcomes: <ul style="list-style-type: none"> • 1A Social Care related Quality of Life • 1B Control Over Daily Life • 11(i) Social Contact • 3A Satisfaction with Care and Support • 3D(i) Information and Advice • 4A Feeling Safe and 4B Feeling Safe as a result of Services
Survey of Adult Carers Experience	Biennial random survey of Adult Carers of people receiving longer term Adult Social Care Services.	This survey informs 5 ASCOF Outcomes : <ul style="list-style-type: none"> • 1D Carers Quality of Life • 11(ii) Social Contact • 3B Satisfaction with Care and Support • 3C Consultation/Discussion • 3D(ii) Information and Advice
Short and Long Term Support (SALT) Data Collection	Adult Social Care activity data from the Customer Journey i.e. Initial Contact through short term support to maximise independence, assessment and support to longer term service delivery. This data collection informs 11 ASCOF Outcomes:	<ul style="list-style-type: none"> • 1C (pt1/pt2) Self Directed Support and Direct Payments (Cared For and Carers) • 1E/1G People with Learning Disabilities in Paid Employment / Settled Accommodation • 2A Long Term Care Needs met by Permanent Admissions to Res/Nurs Care • 2B Effectiveness of Re-ablement • 2D Outcomes from Short Term Support

3.0 REPORT ISSUES

3.1 In August 2016 we implemented SystmOne, which has made a huge step change in data quality compared to previous years and we are now in place where we have increasing confidence in data quality.

While we have included data from previous years for comparison purpose, this needs to be taken with a degree of caution.

3.2 ASCOF outcomes measures

3.2.1 The table below summarises the latest ASCOF outcomes measures, compared to previous year's performance and showing direction of travel and an overall rating based on latest comparator data available. We will share a revised version of this table once the official regional and national data is made available.

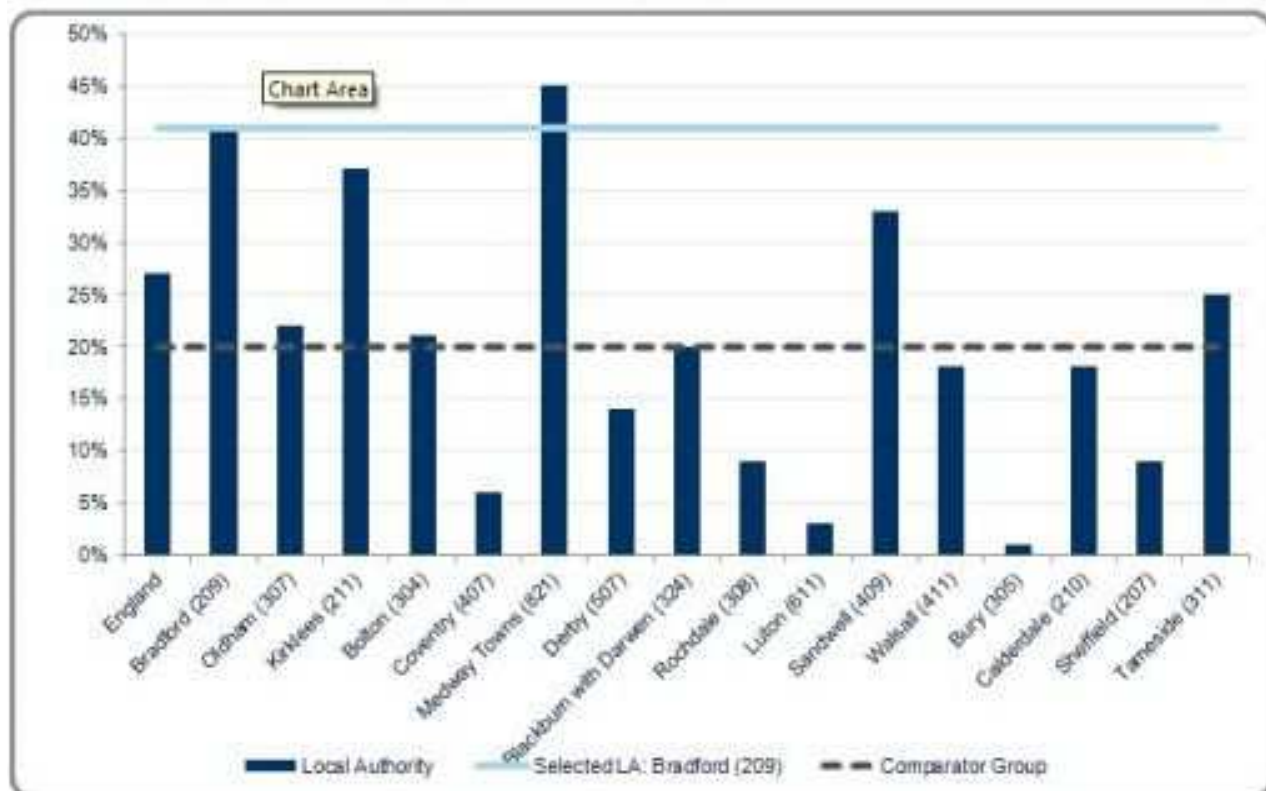
ASCOF	2016-17 Out-turns					2015-16 Final						
	Num	Denom	Outcome	DoT	RAG	Outcome	DoT	RAG	Regional	National	Region	National
									Rank	Rank	Ave	Ave
1A						19.5	↑		5	28	19.1	19.1
1B						79.2%	↑		6	46	76.2%	76.6%
1C(1a)						86.8%	↑		9	99	87.9%	86.9%
1C(1b)						82.5%	↑		10	113	70.3%	77.7%
1C(2a)	638	2,719	23.5%	↑		17.5%	↑		13	132	25.8%	28.1%
1C(2b)						81.9%	↑		7	92	59.8%	67.4%
1D	2,397	299	8.0	↓		-			-	-	8.1	7.9
1E						5.5%	↑		8	77	6.3%	5.8%
1F	210	2,615	8.0%	↑		6.1%	↓		11	78	8.2%	6.7%
1G						86.3%	↑		3	24	78.6%	75.4%
1H	1,915	2,615	73.2%	↑		69.1%	↑		7	65	64.7%	58.6%
1I(i)						51.4%	↓		2	17	46.0%	45.4%
1I(ii)	125	318	39.3%	↓		-			-	-	40.8%	38.5%
2A(i)	42	315,051	13	↑		14.0	↑		9	91	13.9	13.3
2A(ii)	392	76,088	515	↓		513	↑		1	35	699.5	628.2
2B(i)	197	225	87.6%	↓		88.2%	↓		7	43	82.9%	82.7%
2B(ii)						2.8%	↑		4	81	3.1	2.9
2C(i)	13.2	391,139	3.4	↑		3.4	↑		2	7	10.2	12.1
2C(ii)	5.7	391,139	1.46	↓		0.19	↑		1	4	3.4	4.7
2D						64.8%	↑		12	120	73.1%	75.8%
3A						63.1%	↑		11	90	63.8%	64.4%
3B	87	244	35.7%	↓		-			-	-	43.7%	41.2%
3C	160	217	73.7%	↓		-			-	-	74.7%	72.3%
3D(i)						70.8%	↓		13	113	75.3%	73.5%
3D(ii)	140	199	70.4%	↑		-			-	-	68.9%	65.5%
4A						73.2%	↑		5	24	69.9%	69.2%
4B						84.8%	↑		12	85	85.9%	85.4%

3.2.2 Key areas for strength

- The overall **access to social care advice, information and services** in Bradford has been rated as 'Good' in the 2016/17 ADASS Regional Assessment with improvements in every area. It's the first time in 5 years we've had no 'Unsatisfactory'

Scenario	2012	2013	2014	2015	2016
telephone	Unsatisfactory	Fair	Good	Fair	Good
Website	Good	Good	Good	Excellent	Excellent
Face to face	Unsatisfactory	Unsatisfactory	Unsatisfactory	Unsatisfactory	Good
Reception	Unsatisfactory	Unsatisfactory	Unsatisfactory	Unsatisfactory	Fair
Out of hours	Good	Excellent	Excellent	Fair	Good
Safeguarding		Fair	Fair	Fair	Good

- The Adult Services Access Team receive over 56,000 calls each year and the Department's overall signposting to other 'universal' services rate in 2015-16 was double that of the national average. Latest figures from Access indicate around 64% of requests for support are dealt with at point of contact. A recent review of our approach has show that that the level of support provided to some individuals may not be appropriate to their needs as such we are putting in measures to address this



- 2C: Delayed Transfers of Care (2C)**

Traditionally an area of excellent performance. 3 adults per 100,000 population in Bradford experienced a delayed transfer of care in 2016-17, compared with the Y&H Regional average of 10 and an England average of 12. In Bradford only 0.6 per 100,000 population were attributable to social care, compared to Y&H average of 3.4 and an England average of 4.7.

- 2A: Long-term support needs for older people met by admission to residential and nursing care homes**

The best performance in Y&H and integral to the joint LA/NHS Better Care Fund In 2016-17 55 people aged 18-64 care needs were met by admission to permanent care, an increase from the 44 reported in 2015-16 and representative of 18 people per 100,000 population, compared to 14 in Y&H Region and 13 England average.

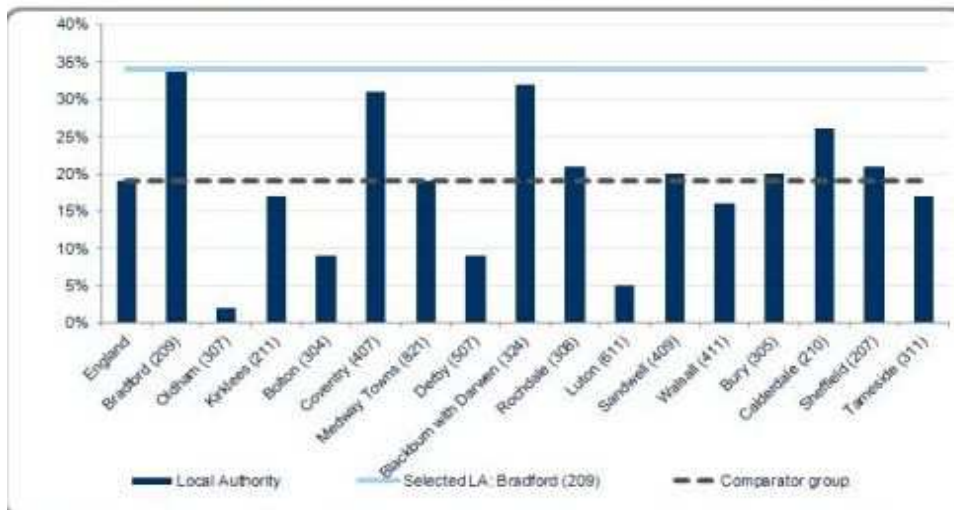
The same measure for people aged 65+ saw 441 individuals' care and support needs met by admission to residential and nursing care, up from 385 in 2015-16. This equates to 580 people per 100,000 population in Bradford, 700 in Y&H and 628 in England.

- 4A Proportion of people who use services who feel safe**
73% of people receiving Adult Social Care Services say that they feel safe, which is in the top 5 in the Region and 25th best from 152 councils with social services responsibilities.
- 1A Social Care Related Quality of Life**
Our Social Care related Quality of Life score encompasses multiple ASCOF domains from questions in our Annual Adult Social Care Survey, and at 19.5 is one of the highest in the Region and 28th highest from 152 councils.
- 4B: The proportion of people who use services who say that those services have made them feel safe and secure**
In 2016-17 86% of people receiving long term social care and support reported that the services they received helped make them feel safe and secure, improved from 84.8% in 2015-16 and to above the latest England average of 85.4%.
- We have strong partnerships with health and the voluntary sector and we have been implementing new integrated digital care records systems so our confidence in reporting on performance and outcomes is improving

3.2.3 Key areas for improvement

- Work is currently underway to integrate all our Adult Social Care intelligence into our new systems and to develop our reporting capabilities. This includes the roll out of Power BI performance management tool across all our front line staff. Power BI will enable us to provide bespoke performance management reports to staff on their individual and team performance.
- We are also reviewing our performance management framework to reflect Short and Long Term Support activity, in line with national SALT Data Collection and consistent with our configuration of SystemOne.
- 2D Outcome of short-term services: sequel to service** - Our model of short term support to maximise independence results in a proportionately higher number of older people going into long term care

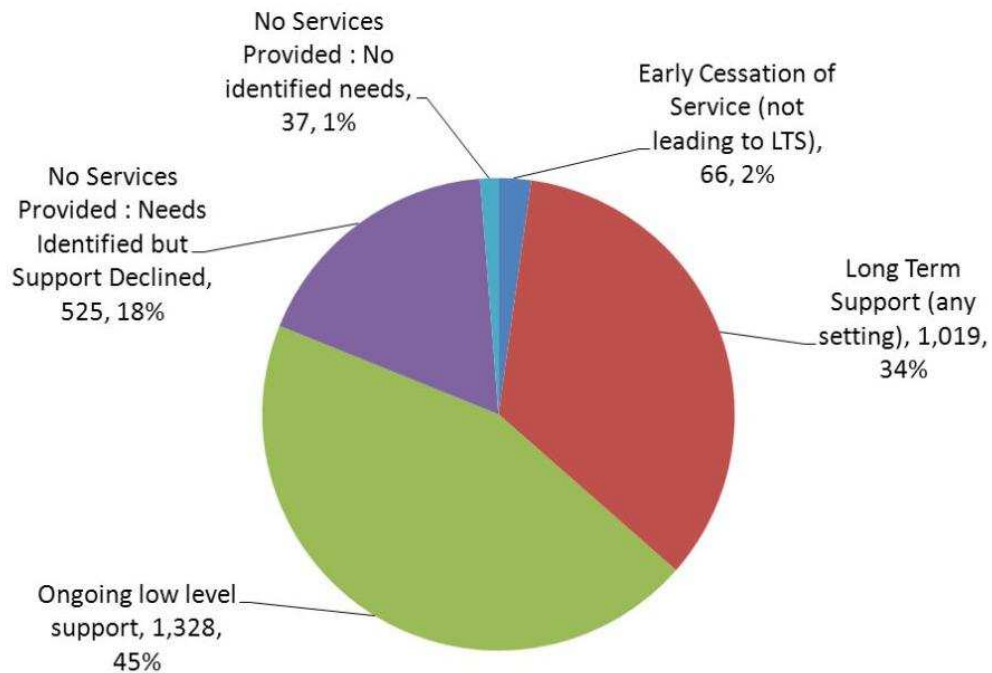
Percentage of sequels to ST-Max that are Long Term Support (any setting) for selected LA and adults aged 65 and over



Data Sources: SALT STS002a Tables 2a and 2b, 2015 Mid-Year Population Estimates from the Office for National Statistics

Chart

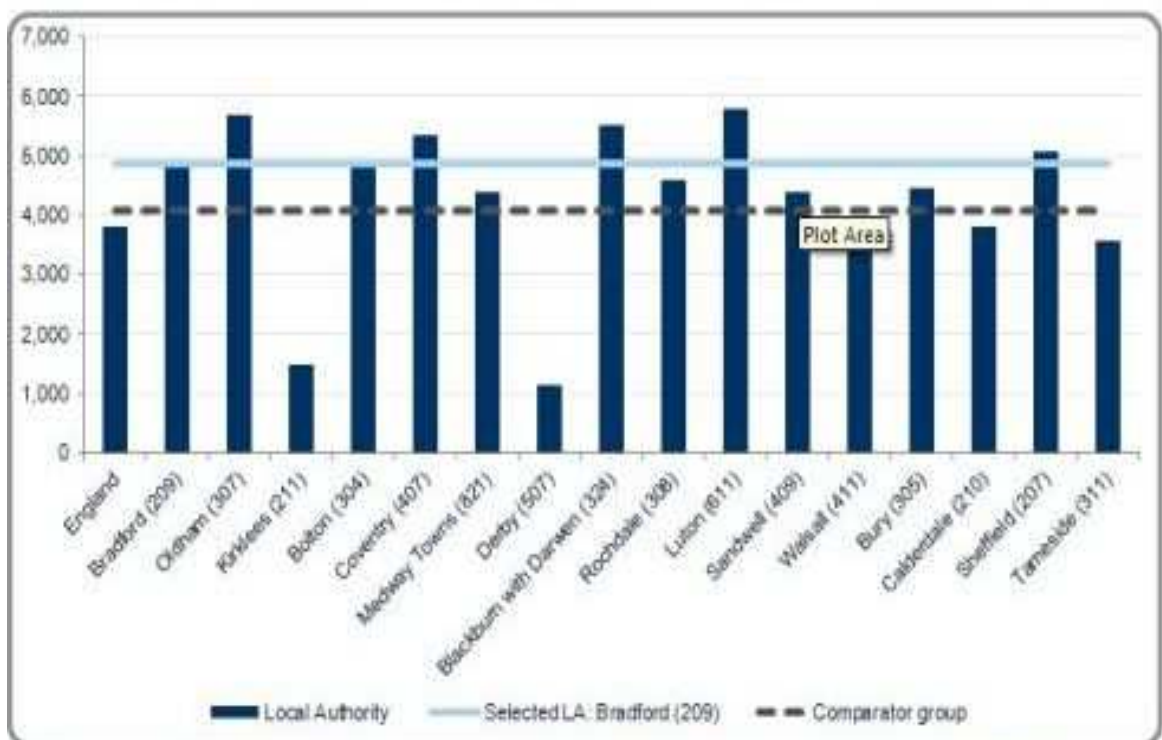
ASCOF 2D Outcomes from Short Term Services 2015-16



Source: NHS Digital SALT Data Collection

- We have above average numbers of people receiving long term care and support, particularly in Personal Care

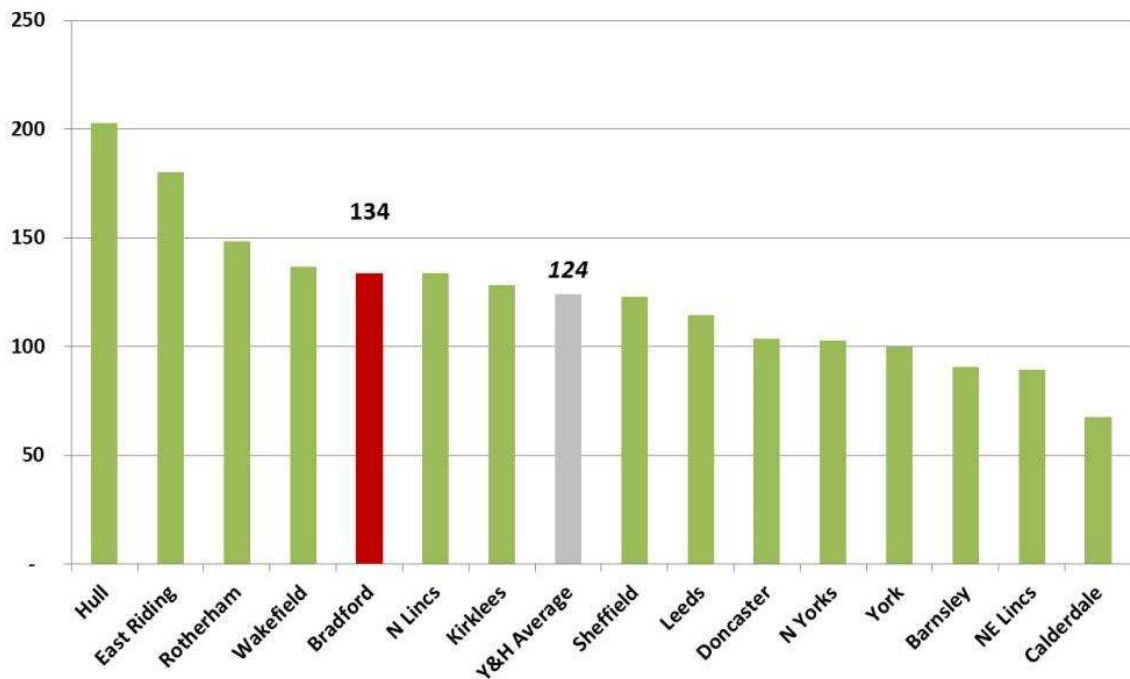
Long Term Support clients with a PSR of Physical Support: Personal care support for selected LA and adults aged 65+



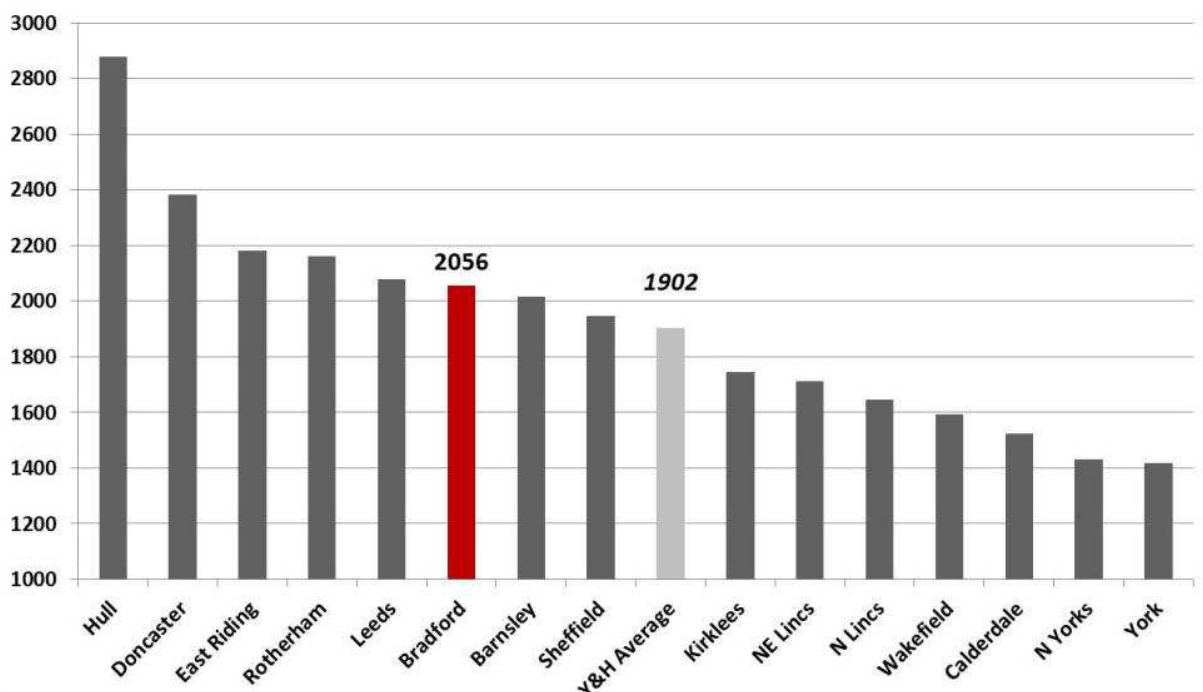
Data Sources: SALT LTS001a Tables 1a and 1b, 2015 Mid-Year Population Estimates from the Office for National Statistics

- We have a relatively high number of people who are in care homes, aged 18-64 and 65+. The tables below show our performance compared to other LAs.

The No. of People Aged 18-64 in Permanent Care settings per 100,000 population



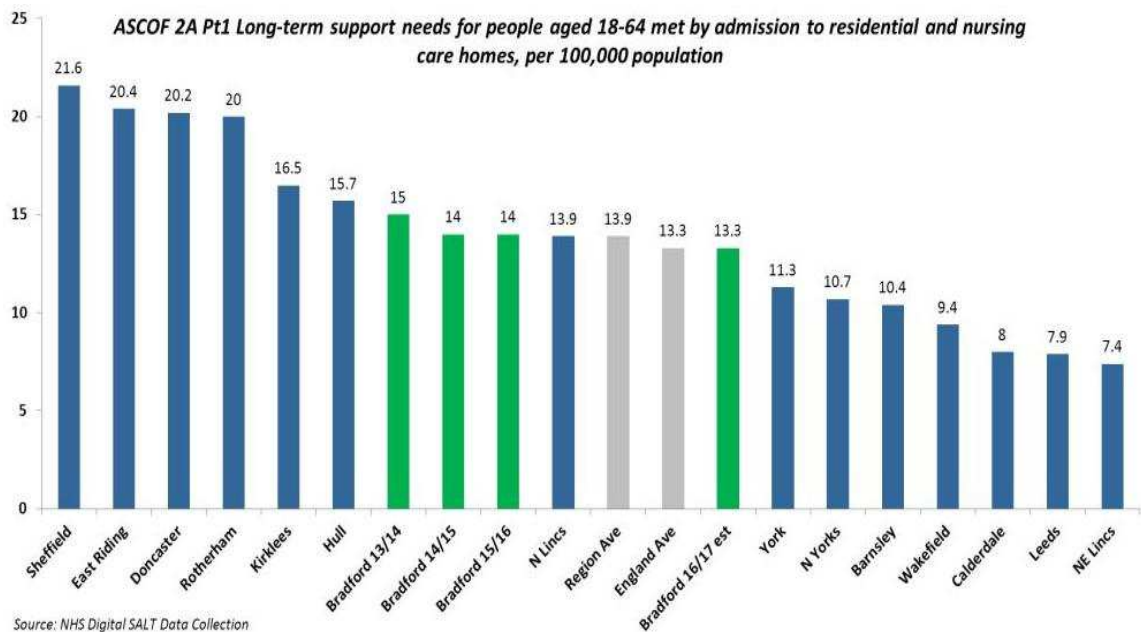
The No. of Older People Aged 65+ in Permanent Care settings per 100,000 population



Source: NHS Digital SALT LTS001a 2015-16

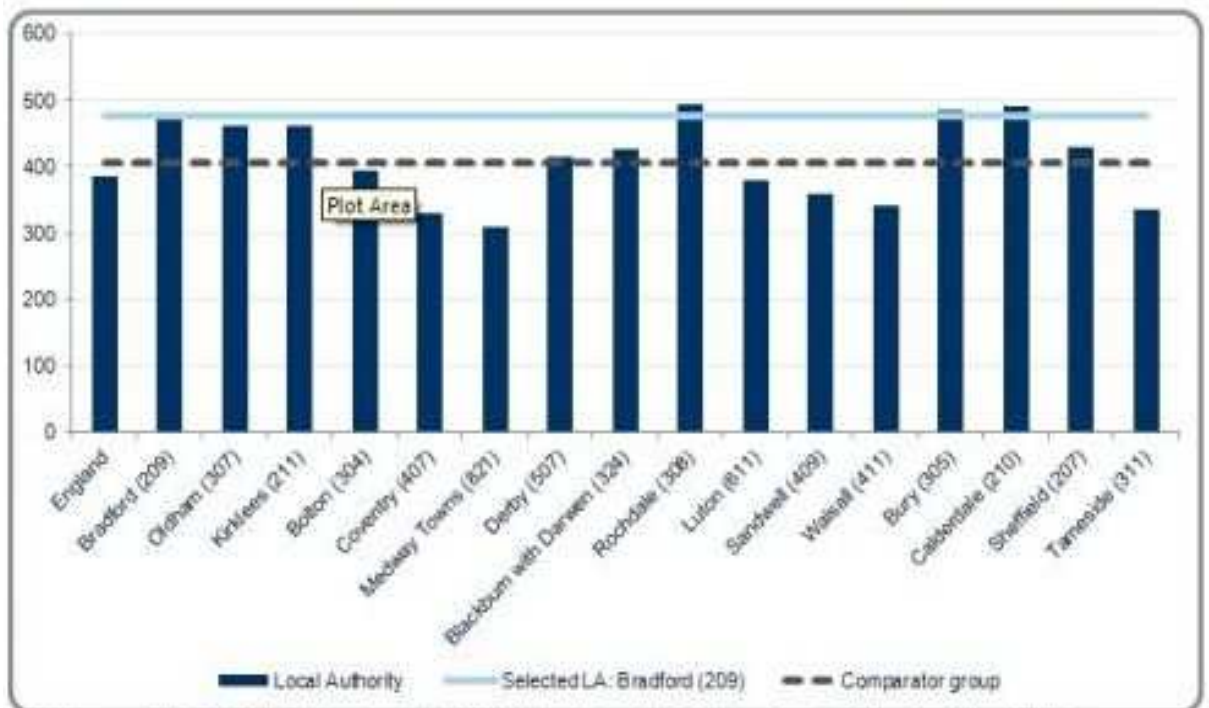
- When we review people receiving long term support we are seeing a high proportion of care packages staying the same or with increased care. Latest figures from SystmOne indicate that of the Outcomes from Reviews 86% of planned reviews result in no change or increased support, and 96% of unplanned.

- The number of younger people (aged 18-64) whose long term care needs have been met by residential care has remained roughly the same since 2013



- We have a relatively higher population of people with a learning disability receiving long term care and support and a number we have assessed as being “at risk” of a care home or hospital admission through transforming care

Long Term Support clients with a PSR of Learning Disability Support for selected LA and adults aged 18-64



Data Sources: SALT LTS001a Tables 1a and 1b, 2015 Mid-Year Population Estimates from the Office for National Statistics

- 1D, 3B, 3C, 3D(ii) : Carer Quality of Life, Satisfaction, Involvement and Information and Advice

The outcomes from the 2016-17 Survey of Adult Carers Experience were generally poor. Compared to the last time the survey was carried out in 2013-14 carers' self-reported overall quality of life was worse at 8.2 compared to 8.4 though still above the latest Regional and England averages of 8.1 and 7.9.

The sample of carers surveyed were less satisfied with their care and support, 37% compared to 40%, less involved in consultation and discussion about the person they care for, 75% compared to 78%.

The only improvement on the ASCOF measure was that carers felt that the provision of information and advice had improved, 72% in 2016-17 from 67% in 2013-14.

- Our review of ADASS Performance and Risk Dashboard shows that we currently benchmark low on:
 - Number of people in receipt of long term care whose primary health care need is met/funded by health commissioners through Continuing Health Care
 - Q3 Delayed Transfers of Care performance has deteriorated as pressures on the acute hospital sector are mounting
 - Initial Outcomes from the 2016-17 Carers Survey are poor and worse than previous survey in 2014-15 (where we were one of the poorer performing LAs)

- We are putting in further measures to strengthen the performance management approach within the department which includes:
 - buddying up with Rotherham through the regional Sector Led Improvement Programme
 - developing our performance reporting and look to incorporate into our Dashboard the Y&H Performance and Risk data, allowing quarterly benchmarking on Leadership and Governance, Safeguarding, DoLS, Resource and Workforce, Commissioning and Quality, Complaints.
 - Implementing of PowerBI to support team and individual performance reporting, to identify and address variations within practice and approach

3.3 SALT Activity

3.3.1 It has been a transitional year for systems and reporting relating to Adult Social Care in Bradford. Our implementation of Integrated Digital Care Records in August 2016 has seen us move from AIS to System One, Commcare to ContrOcc, wholesale changes in business and recording processes as well as performance and business intelligence tools.

This has impacted on reported SALT activity in 2016-17, some positive and some negative and so in some cases year on year comparisons are not advised. However, transparency of data has never been greater and a post SALT review of activity will help inform a gap analysis already underway, taking in Care Act and statutory reporting requirements, to improve the recording and reporting of an accurate Adult Social Care customer journey in Bradford.

Information not previously available from legacy systems has been reported for the first time, from Systm One, for example Route of Access, Primary Support Reason, Reported Health Condition, Reason for Unplanned Review. Many of these new data items are subject to on-going data quality monitoring. Our 2016-17 SALT Data Collection is now subject to further validation from NHS Digital ahead of publication later in the year.

3.3.2 The table below summarises some of the key SALT activity, compared to previous year's performance.

SALT Ref	Short and Long Term Support Statistics	16-17*	15-16
STS001	Total requests for support from new clients aged 18-64	3,258	6,805
STS001	Total requests for support from new clients aged 65+	8,439	24,700
STS002a	Total sequels to STS Max for new clients	3,127	3,005
STS002b	Total sequels to STS Max for existing clients	232	480
STS004	Hospital Discharges in period to Rehab/Reablement	337	370
STS004	Of which person was still at home 91 days later	296	330
LTS001a	No. of people aged 18-64 receiving LTS during year	2,518	2,550
LTS001a	No. of people aged 65+ receiving LTS during year	4,918	5,075
LTS001b	No. of people aged 18-64 in LTS at year end	2,263	2,365
LTS001b	No. of people aged 65+ in LTS at year end	3,377	3,375
LTS001b	No. of people aged 18-64 in Long Term Res/Nurs Care at year end	393	430
LTS001b	No. of people aged 65+ in Long Term Res/Nurs Care at year end	1,297	1,547
LTS001b	No. of people aged 18-64 in Long Term Comm Care at year end	1,872	1,934
LTS001b	No. of people aged 65+ in Long Term Comm Care at year end	2,080	1,827
LTS001c	No. of people aged 18-64 receiving LTS for >12months	1,609	2,220
LTS001c	No. of people aged 65+ receiving LTS for >12months	1,900	2,800
LTS002	No. of unplanned reviews for those in LTS001a 18-64	139	200
LTS002	No. of unplanned reviews for those in LTS001a 65+	643	1,025

SALT Ref	Short and Long Term Support Statistics	16-17*	15-16
LTS002	Planned reviews leading to Permanent Care	103	140
LTS003	No. of Carers Supported	1,402	3,580
LTS004	No. of people with LD in settled accommodation	1,203	1,285
LTS004	No. of people with LD in unsettled accommodation	151	205
LTS004	No. of people with LD in paid employment	44	82
LTS004	No. of people with LD not in employment	1,310	1,409
SSDA902	No. of blind/severely sighted on Vi Register	1,295	1,445**
SSDA902	No. of partially sighted on Vi Register	1,482	1,625**

3.4. Accessible Information

3.4.1 Work on accessible information within the Health and Wellbeing department has recently undergone a review to ensure that the Accessible Information Standards are embedded in the implementation plans to deliver our new Home First vision (approved by the Council Executive on 4 April 2017).

As part of this review we have identified dedicated resources to support the implementation of this work stream going forward – we believe this resource will help to improve the speed of implementation and provide a better coordination of activity.

3.4.2 Other key developments over the last few months include:

- Home First Vision main document and the easy read version has been sent to services users.
- A review of all Adult Services Literature (leaflets, policy documents etc.) is underway with the aim to update content, reflect the Home First Vision and also identify areas which need addressing from an accessible information point of view

As part of this review we are also currently updating content of the Adult Services web pages on the Council's website – this work is being supported by the Strategic Disability Partnership (SDP) who are reviewing content and providing feedback on issues which need addressing

- Staff at all points of contact have been trained in the standard. There are systems in place to flag an Accessible Information need on SystmOne and to record what the need is and how to meet it. The services trained are Adult Services Access Point, Sensory Needs Services and the two hospital sites

The table below provides an update against the information provided in March:

Area	March 17	Sept 17
(Xabsc) Requires contact by short message service text message	1	2
(Xabsd) Requires contact by letter	9	10
(XacJU) Reqs written information in at least 20 point sans serif font	4	3
(XacJV) Reqs written information in at least 24 point sans serif font	56	84
(XacJW) Reqs written information in at least 28 point sans serif font	2	3
(Xad6e) Requires contact via carer	6	13
(XaJPI) Using Makaton sign language	4	4
(XaLTC) Interpreter needed - British Sign Language	9	15
(XaPSq) Requires information verbally	3	4
(XaR7B) Preferred method of communication: written	7	7
(XaYA0) Requires contact by telephone	3	8
(XaYAB) Requires information on audio cassette tape	2	2
(XaILE) Using British sign language	165	159
Grand Total	271	314

- We are undertaking further work to roll out capturing accessible information standards to all staff. This will allow the information to be updated at each point along the Customer Journey, providing a more accurate/real time picture of people's requirements and ensuring that communication is tailored to their needs
- We are in the process of reviewing and updating all forward facing communications (e.g. letters) that go out from the service via SystemOne, with a view to developing accessible information versions. At the moment the work is being updated on a priority basis, however we are considering whether to commission an external partner to speed this up
- We have worked with Bradford Talking Media (BTM) to deliver training to all providers of residential, domiciliary and nursing care across the district that are contracted by the council. BTM delivered training to 180 people face to face

BTM created an ELearning platform to enhance knowledge base – this allows for close monitoring of those who had engaged with the training and those who had started, completed, identifying providers in the process.

We also arranged for BTM to attend a Home Care Provider Forum meeting to explain and discuss the duties for health and social care providers under the Accessible Information Standard

Following these sessions it was highlighted that our own in house providers had not received any training - This is under discussion at present as extra funding needs identifying

- Healthwatch have agreed to monitor how the standard is being applied when they complete their Enter and View visits. All their Enter and View staff have been trained
- As part of the wider roll out of Connect to Support Portal, we have consulted with the SDP and the Access to Care and Support group to identify issues and areas that need addressing from an accessibility point of view. The Virtual Village is now in place and improvement work from an accessibility point of view will take place over the next few months
- The NHS and Social Care Leads group are reviewing a document management system - 'Synertic' as a way of improving the way we might meet our Accessible Information obligations.

3.4.3 The implementation Plan, will undergo a further review in Oct 2017, to incorporate feedback from the national review undertaken by NHS England. The implementation plan will also include additional activity required to meet the Council's Equality Objectives - aspirations of all customer facing services to meet the NHS Information Standard.

4.0 FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising from this report.

5.0 RISK MANAGEMENT AND GOVERNANCE ISSUES

N/A

6.0 LEGAL APPRAISAL

There are no legal implications at this time.

7.0 RECOMMENDATIONS

Members are invited to comment on the report.

8.0 APPENDICES

None

9.0 BACKGROUND DOCUMENTS

None