Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 4 October 2018

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Subject: Adult Social Care Annual Performance Report 2017/18

Summary statement:

The following report sets out a summary of performance within Adult Social Care and how performance reporting and business intelligence processes are being improved.

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Portfolio:

Healthy People and Places

 Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

1.1   This report provides an overview of the Department of Health and Wellbeing's performance across the Adult Social Care Outcomes Framework (ASCOF) in 2017/18, as well as an updated position on the NHS-Social Care Interface Dashboard.

1.2   The report also provides an up to date position of the work taking place across 6 key areas including 4 transformation programmes within Adult Social Care.

1.3   There is also an update on the implementation of revised performance improvement and business intelligence frameworks within Adults Social Care.

2. BACKGROUND

2.1   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.

• 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.

2.2   The NHS-Social Care Interface dashboard brings together a range of metrics which show how health and social care partners in every Local Authority area in England are performing where health and social care work most closely together. It presents data for six (plus two for context) key metrics from across the sector and assesses local areas against their statistical nearest neighbours (CIPFA) and nationally. The metrics are: emergency admissions (65+) per 100,000 65+ population; 90th percentile of length of stay for emergency admissions (65+); total delayed days per day per 100,000 18+ population; NHS delayed days per day per 100,000 18+ population; proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services; proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services; proportion of discharges (following emergency admissions) which occur at the weekend.

3.   REPORT ISSUES

ASCOF

3.1   The table overleaf 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. The latest comparator data is for 2016/17, the data form 2017/18 will be released by the Department Of health in late 2018.

3.2   ASCOF outturns are ranked against 3 comparator peer groups, All councils in England, all councils in the Yorkshire and Humber region and all councils in Bradford's nearest neighbour peer group as defined by The Chartered Institute of Public Finance & Accountancy (CIPFA). Of the 20 ASCOF measures in 207/18, Bradford performs strongly and is forecast to be in the top quartile for 7 measures, and needing to improve from a position of being in the bottom quartile on 3 measures.

Bradford's areas of strength in comparison to our CIPFA group are;

-The proportion of carers who receive self-directed support

- Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

- Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

- The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

- Delayed transfer of care per 100,000 population (All delays)

- Delayed transfer of care per 100,000 population (attributable to Social Care)

- Overall satisfaction of people who use services with their care and support

Bradford's areas for improvement in comparison to our CIPFA group are;

- The proportion of people who use services who receive self-directed support

- The proportion of people who use services who receive direct payments

- The outcome of short-term services: sequel to service

Bradford Metropolitan District Council - ASCOF Analysis

2017/18 Analysis. All 17/18 data is provisional, with the exception of the DToC measures. Rankings have been calculated by comparing Bradford's provisional 17/18 data with confirmed 2016/17 data. DTOC rankings have been calculated by analysing published data.

	Comparator Group		
	England	Region	CIPFA
Councils in Group	152	15	16
BMDC Top Quartile Measures	5	6	7
BMDC Bottom Quartile Measures	3	3	3

ASCOF Measure	Good is;	12/13	13/14	14/15	15/16	16/17	17/18 Provisional	Bradford Trend	England	Region	CIPFA
									2017/18 Provisional rankings
1A - Social care-related quality of life score	High	19.1	19.1	19.4	19.5	19.4	19.2		62	9	6
1B - The proportion of people who use services who have control over their daily life	High	76.7	78.1	77.8	79.2	75.1	79		62	6	6
1C1A - The proportion of people who use services who receive self-directed support	High			79.4	86.8	82	82		124	11	14
1C1B - The proportion of carers who receive self-directed support	High			81.9	82.5	100	100		1	1	1
1C2A - The proportion of people who use services who receive direct payments	High			14.8	17.5	16.7	21.1		115	9	15
1C2B - The proportion of carers who receive direct payments	High			81.9	81.9	82.6	95		71	4	10
1E - The proportion of adults with a learning disability in paid employment	High				5.5	3.2	3.6		107	13	10
1G - The proportion of adults with a learning disability who live in their own home or with their family	High	83.1	83	84.4	86.3	88.8	88.1		19	3	6
1I1 - The proportion of people who use services who reported that they had as much social contact as they would like	High	46.4	49	52.2	51.3	50.3	47		57	7	6
2A1 - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Low			14	14	17.1	14.6		98	8	8
2A2 - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Low			561.6	506	571.3	492.9		42	3	2
2B1 - The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	High	92	93.2	88.8	88.2	87.8	87.9		43	6	4
2C (1) - Delayed transfer of care per 100,000 population (All delays)	Low	3.1	3.7	3.7	3.2	3.2	3.5		6	2	1
2C (2) - Delayed transfer of care per 100,000 population (attributable to Social Care)	Low	1	1.2	0.6	0.1	0.9	0.9		23	3	3
2C (3) - Delayed transfer of care per 100,000 population (attributable to both NHS and Social Care)	Low			\multicolumn{3}{	c	}{New Measure}	0.1		15	2	1
2D - The outcome of short-term services: sequel to service	High			68.4	64.8	63	61.2		128	12	14
3A - Overall satisfaction of people who use services with their care and support	High	60.6	61.9	62.5	63.1	64.5	65		73	8	4
3D1 - The proportion of people who use services who find it easy to find information about support	High	72.5	71.6	73.3	70.8	69.9	72		102	10	8
4A - The proportion of people who use services who feel safe	High	67.1	71.5	70.7	73.2	73.1	69		93	9	9
4B - The proportion of people who use services who say that those services have made them feel safe and secure	High	70.5	73.3	82.3	84.7	86	84		99	13	8

3.4   NHS & Social Care Interface Dashboard

NHS England have updated the NHS-Social Care Interface Dashboard. This dashboard was originally published in July 2017 and provides a set of measures indicating how health and social care partners in every local authority area in England are performing at the interface between health and social care. The dashboard has been developed by the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government working with stakeholders.

3.5   There are 6 measures which are then weighted and combined to give an overall national ranking. **Bradford's overall rank is 5 (ie 5th best out of 152)**. Bradford were ranked 4 in 2017. A breakdown of the overall ranking and at indicator level can be found below.

Measure	Rank	National Quartile
Overall Rank	5	1

Measure	Period	Data Source	Result	Rank	National Quartile
Emergency Admissions (65+) per 100,000 65+ population	Apr 2017 - Mar 2018	Hospital Episode Statistics (HES) - NHS Digital	30,502	116	4
90th percentile of length of stay for emergency admissions (65+)	Apr 2017 - Mar 2018	Hospital Episode Statistics (HES) - NHS Digital	16	5	1
TOTAL Delayed Days per day per 100,000 18+ population	Apr 2017 - Mar 2018	Delayed Transfers of Care - NHS England	3.5	6	1
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2016/17	ASC Outcomes Framework - NHS Digital	87.8	43	2
Proportion of older people (65 and over) who are discharged from hospital who recieve reablement/rehabilitation services	2016/17	ASC Outcomes Framework - NHS Digital	2.6	85	3
Proportion of discharges (following emergency admissions) which occur at the weekend	Apr 2016 - Mar 2017	NHS Digital - 7 day service statistics	21.6	4	1

3.6   Of the 6 individual measures Bradford are ranked in the top quartile on 3, DTOC, Length Of Stay in Hospital and % of admissions at the weekend. We are in the bottom quartile on 1 measure, the number of emergency admissions for people aged 65. People are moved out of hospital quickly with little delay, but too many people are being admitted into hospital.

**3.7   Performance and Business Intelligence framework update**

A revised Performance and Business Intelligence framework is being implemented in Adult Social Care.

3.8   Performance Clinics have been launched, which focus around 6 key areas, 4 of which are current transformation programmes. The first of these clinics took place on 10th September. The clinics will increase accountability and provide a platform

for the leadership group to act as a critical friend to the lead officers providing both challenge and support. At each clinic a performance paper will be written for key areas to be discussed, focusing on performance information from ASCOF and local management information, what work is currently happening to drive improvement and what else needs to happen in the future as well as identify issues with finance and any data development needs. Key performance indicators linked to each of these key areas will be agreed and tracked and discussed on an exceptions basis. Narrative from the performance papers can be found in appendices A-F. The 6 key areas are;

3.9 **Delayed Transfers Of Care**, see appendix A – The report highlights Bradford's good performance in this area, both in relation to our peers but also against NHS England's expectation levels. Whilst focus needs to remain to ensure that the level of performance is maintained we also need to ensure that positive longer term outcomes are being seen and that the number of avoidable hospital admissions is reduced

3.10 **Safeguarding and Deprivation of Liberty Safeguards (DOLS),** See appendix B – Significant work is taking place around process improvement, data recording and information reporting in both the Safeguarding and DOLS teams. Whilst work is taking place to more effectively keep people safe much of this is dependent on securing additional full time resource for the teams, work to secure this resource is on-going.

3.11 **Front Door**, See appendix C – There is evidence of improved outcomes being achieved at first contact with Adult Social Care, with an increased number of contacts being dealt with without the need for a formal care act assessment. Recent observations of call handing in Access have shown the team to be effectively having strengths based conversation and reducing/delaying/preventing people needing on-going long term support. Contacts via the hospital need to be monitored to ensure that good outcomes are achieved.

3.12 **Effective Community Support**, See appendix D – A lot of work is taking place within Bradford to identify best practice around providing appropriate short term response to social care needs to allow people to regain their independence and access the right community support quickly, reducing the demand for long term support. This work will impact upon the number of people accessing reablement. Reablement outcomes are an area for improvement, reducing the number of people in reablement would allow workers to spend more time with people in the service to work with them and reduce the reliance on long term care to meet their needs.

3.13 **Long Term Support**, See appendix E – There are currently 5,711 people in Bradford in receipt of long term Adult Social Care services, the gross cost of these services is over £2m/week. Work taking place at the front door and improved community support options will impact by reducing the number of people in long term support and also the average weekly cost of this support. There has been a significant shift in how needs are met with a much lower proportion of people now living in a care home than there were 2 years ago. It is important that the demand management ethos is also embedded through the reviewing process when people have been identified as having care and support needs. Reviews need to be more robust and consistent.

3.14 **Learning disabilities**, See appendix F – This is an area where there is potential for significant improvement. Outcomes around employment and independent living can be achieved as well as needing to reduce the number of younger adults living in a care home. More flexible and outcome focussed support needs to put in place to allow young adults with a learning disability to live more independent and enriching lives.

3.15 Alongside the performance clinic work is taking place implement a fit for purpose, robust and resilient business intelligence platform. The department is working with colleagues within the corporate Business Intelligence team and IT to develop reporting using Microsoft Power BI. Power BI allows users to interactive dashboards and reports to be developed which allow end users to interrogate their data and gain deeper insight. Data will be extracted from Adults Social Care management system, SystmOne, as well as other key systems, business intelligence reports will be updated on a daily basis.

3.16 Work started in August, to date a report on contacts made to Adult Social Care has been development and put live, and report on case management activity will be live in early October, followed by a report on all commissioned service activity in late October. Two screenshots from the contacts report can be seen below.
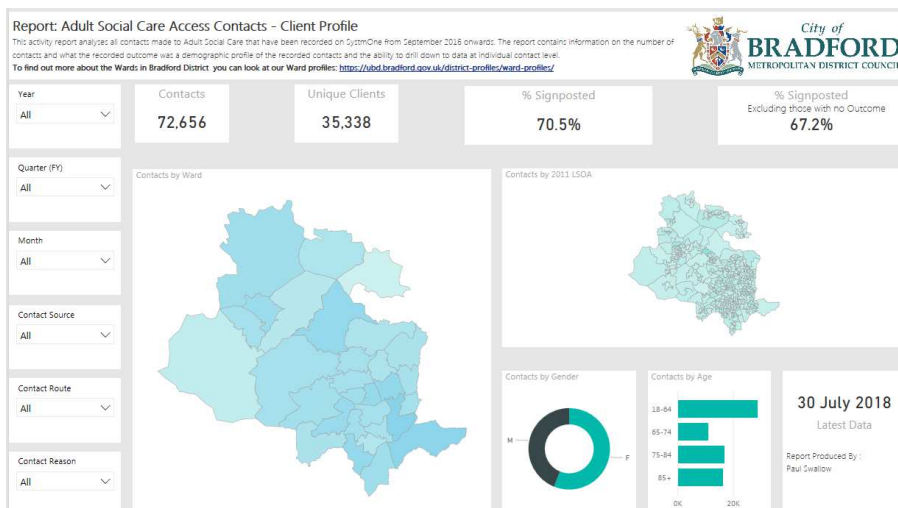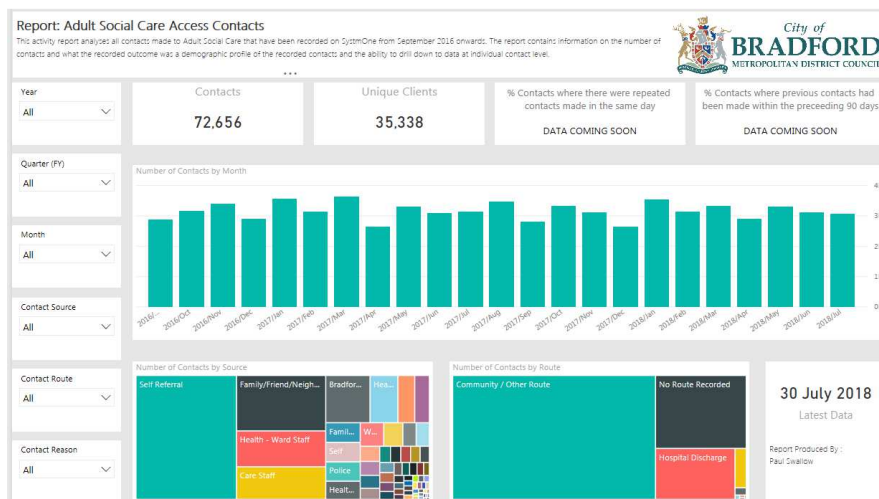
3.17   When a development has been put live we are working with users to ensure they can confidently and quickly use the reports to make the best use of the data within them. We will be working with the service managers to understand how they can use the reports to monitor and improvement performance around key performance indicators.

3.18   The new Performance and Business Intelligence framework will allow us to embed evidence and intelligence into daily and strategic decision making more effective and efficient uses of council resources and allow people outcomes to be met more effectively. We will be able to monitor and report on the impacts of the Home First strategy, tracking the reduction in demand, already being seen in residential and nursing care services, for long term support and understanding how to best target resources to manage demand and improve outcomes.

4.   FINANCIAL & RESOURCE APPRAISAL

4.1   There are no direct financial implications arising from the detail of the report. As a result of implementing actions in the report we will see increased quality data and as a result will be in a position to better model costs and forecast spend. This is a very positive step going forward.

5.   RISK MANAGEMENT AND GOVERNANCE ISSUES
NA

6.   LEGAL APPRAISAL
There are no recommendations or actions of the Council on this report being sought, for legal to comment on at this time

7.   OTHER IMPLICATIONS
NA

8.   NOT FOR PUBLICATION DOCUMENTS
NA

9.   OPTIONS
NA

10.   RECOMMENDATIONS
Members are invited to comment on the report

11.   APPENDICES
A - Delayed Transfers Of care
B - Safeguarding and Deprivation of Liberty Safeguards (DOLS)
C - Front Door
D- Effective Community Support
E - Long Term Support
F - Learning disabilities

12.   BACKGROUND DOCUMENTS
None

Appendix A

Key Area – Delayed Transfers of Care

What is the data telling us?

During the whole of June 2018 there was a total of 283 delayed days, of which 222 were in acute care. This equates to an average 9.4 patients delayed each day, of which 7.4 were acute patients. 79.5% of all delayed days were attributable to the NHS, 20.5% were attributable to Social Care. Bradford's June position ranks us as a good performer against our peers, compared to all single tier and county councils in England, Bradford is ranked 4 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 11 on the rate of delayed days attributable to the NHS, and 24 on the rate of delayed days attributable to social care. The days delayed in June 2018 showed a slight rise from May though there has been a trend of improvement in DTOC performance since September 2017

What are we doing to improve and is there evidence of impact?

NHS performance expectations were implemented in 2017. Bradford's target is 3.8 delayed days on average per 100k population. Bradford has consistently achieved this target.

There continues to be tight controls around DTOC, continued good relationships have been developed between stakeholders. There has been significant improvement in performance and NHS expectation levels are consistently met. Focus will be on maintaining this high level of performance.

What else needs to happen?

- Work with ADASS and further develop communication flow across the regional. In each of the previous 3 months there have been health providers outside of Bradford who have attributed delayed transfer of care days to us. On each occasion we were not communicated with by the relevant hospital provider, and did not pick this up until data was published by the department of health.

- Process needs to be developed and embedded within the Multi agency discharge team operating model which ensures that staff, hospital patients and their families and carers understand that they will be discharged from hospital and assessed at home, rather than assessed in hospital. This leads to more timely hospital discharges and assessments taking when people are at home rather than in an unfamiliar hospital setting, leading to improved outcomes.

- Work with Airedale hospital to implement a new ambulatory care unit. And work with the Bradford hospitals on embedding a multi agency assessment unit based within Accident and Emergency departments. This work will be focused on reducing the number of avoidable hospital admissions which will impact positively on DTOC performance.

Appendix B

Key Area -Safeguarding and Deprivation of Liberty Safeguards (DOLS)

What is the data telling us?

In early 2018 the number of DOLS applications awaiting screening, prior to being allocated stood at over 1,000, significant work has taken place to reduce this number. On a day to day basis this number is now fewer than 100. Currently there are 638 applications that have been screened and are waiting to be allocated; There are 504 applications that are being dealt with. Whilst significant work has taken place to reduce the number of cases waiting screening without adequate resource this number could rise again.

There were 4,815, Safeguarding concerns raised in 2017/18 and 1,425 received in Q1 of 2018/19. The 1,425 concerns received in 2017/18 Q1 equate to 362 per 100k of adult population, this is slightly above the average across the region of 313. 30% of the concerns raised in Q1 progressed to a section 42 enquiry, the average across the region is 46%,this conversion rate ranges from 11% to 99%. Work is taking place within the regional performance and Quality group to understand the range of conversion rates across the region.

Both the DOLS and Safeguarding statutory returns have been submitted, there are no ASCOF measures attached to these returns, though the Department of Health will publish comparator data later in the year.

What are we doing to improve and is there evidence of impact?

New safeguarding procedures are being implemented which will see screening of safeguarding concerns take place in both Access and MASH to ensure that they are dealt with appropriately and in a timely manner. A smaller proportion of concerns will be dealt with by the Care Management and Safeguarding team as a result but these will be the more complex concerns and section 42 enquires.

Alongside the implementation of the new procedures a business case has been written to provide additional permanent staffing resource for both the Safeguarding and DOLS teams. There is significant reliance on agency staff to meet the demands of the workload. The business case will be considered by the councils executive group in December 2018. If approved this will allow both teams to be more resilient to the demands and provide a higher quality response.

SystemOne is being developed and a new workspace for Safeguarding and amendments to the DOLS workspace are expected to go live in early 2019. Alongside this, Power BI reporting functionality will be developed to allow improved performance management of the services.

What else needs to happen?

The Deprivation of Liberty Safeguards are in the process of being reformed by the government. They will be replaced by the 'Liberty Protection Safeguards'. The reforms seek to introduce a simpler process that involves families more and gives swifter access to

assessments and allow the NHS, rather than local authorities, to make decisions about their patients, allowing a more efficient and clearly accountable process

There will be a significant impact upon the council, Health and care providers. Work is already taking place to understand the impacts upon the council and how we will need to work with partners to ensure that they are prepared. Timescales on when the Liberty Protection Safeguards will be passed in to law are currently unclear.

Appendix C

<u>Key Area – Front Door</u>

What is the data telling us?

There have been 22,408 contacts recorded on SystmOne in 2018 up to 31st July. Of these 69 % where a decision has been recorded have been signposted, with 31% 'Progressing to Assessment'. In 2017 67% of contacts did not Progress to Assessment.
When looking at the contacts that have been dealt with in Access, there have been 9,698 contacts recorded on system one in 2018 up to 31st July. Of these 57 % of cases where a decision has been recorded have been signposted, with 43% 'Progressing to Assessment'. In 2017 56% of contacts did not Progress to Assessment.

The 9,698 contacts dealt with in Access related to 7,208 unique clients , 43% of these contacts were either a self-referral or a contact made by friends or family. The majority of the remaining contacts were made either by Social care staff, health partners or other partners.

 What are we doing to improve and is there evidence of impact?

A Power BI report has been developed and put live analysing the contacts made. Access have been involved in the development of this report. This development work has highlighted improvements that need to be made to more accurately report the level of signposting and low level work that is taking place to meet outcomes. The contact outcome of 'Progress to Assessment' is used to record many things including a referral to Best and also passing a case through to care management to complete a care act assessment.

The recording is having a significant impact on the reported levels of performance. Whilst a slight increase in the level of signposting has been evidenced a change in how activity is reported needs to be made. Work is taking place to review both the options available to record in system 1 and how people should use them.

Since July 2018 Impower have been working with Adult Social Care to review the transformation and change plans, as part of this they have been observing call handling within Access and have reported positively of their findings and that there is a good level of screening taking place to prevent / reduce/ delay people being brought into long term services.

What else needs to happen?

• There needs to be an evaluation of Access following on from Impowers observations so that successes and impacts to demand for services resulting from Access can be evidenced. It is envisaged that we would see a reducing in the number of people being signposted to BEST and BUSH as a result of the screening taking place in Access as people with lower level needs have their outcomes met without the need to refer to these services.

• To build upon the evaluation of Access call handling by Impower we will train peer

reviewers to evaluate the quality of the call handling on an ongoing basis, this data will be built into a key performance indicator set around monitoring the impact of the Front Door.

- Care coordination in place by winter and closer relations with Safe and Sound and district nursing need to be developed to ensure that people can access appropriate Telecare equipment and community nursing when required.

- The majority of contacts reported on SystemOne are not made via Access, therefore we need to scale up working practice in Access roll out more widely across the wider health and social care sector, this should result in a reduced number of contacts being made as the sector as a whole focuses more closely on demand management.

Appendix D

<u>Key Area – Effective Community Support</u>

What is the data telling us?
Adult Social Care Outcome Framework (ASCOF data) shows that reablement outcomes in Bradford to be poorer than that of comparator councils. ASCOF 2D, shows that 61% of people are discharged from reablement without long term care and support needs, this places Bradford in the bottom quartile against regional, CIPFA and All England peers. Bradford perform better on ASCOF 2B1 which measures the proportion of people who access reablement who are still living at home 91 days after discharge from hospital, Bradford are an average performer against the region and all England, and in the top quartile against the CIPFA peer group with 88% of people still at home after 91 days.

The 2017/18 data shows that 54% of all new social care contacts went on to receive on going low level support, such as Telecare. This is higher than what was reported in 2016/17 by the majority of councils in our comparator group. Month by month comparison of performance from June 2017 and June 2018 shows a positive change in the proportion of people whose query is resolved by Access from 60% in June 2017 to 65% in June 2018.

What are we doing to improve and is there evidence of impact?
The Early Help And Prevention (EHAP) pilot began in Access in May with occupational therapists integrated within the team. The aim is to respond quickly to contacts to prevent issues escalating and reducing the need for reablement and potentially long term support. So far of 71 cases only 7 have been passed through to reablement. Previously all 71 cases would have progressed through to BEST for support. People are visited the same day or the next day at the latest, Providing small pieces of equipment or advising where these can be purchased and advising on voluntary sector organisations that can support. All 77 of the cases seen to date could have potentially been passed to reablement if they had not been seen by the EHAP service.

Supported by the National Development Team for Inclusion (NDTI)Community Led Social Work programme, we are developing Let's Connect hubs across the district so that people can have a face to face chat with a social care worker. Co-production brings people and organisations together around a shared vision. There is a focus on communities and each will be different. Let's Connect Keighley has hubs in Keighley Healthy Living Centre on Tuesday and will soon be opening in the Market on a Thursday. Let's Connect Bradford has a hub in the Bedale Centre on Buttershaw estate. This approach focusses on community and working in a person centred way with a focus on seeking alternatives to paid support and if support is needed not going straight to 'traditional options'.
Roll out of Let's Connect has begun with the Community Learning Disabilities Team who have seen 36 'less complex ' cases to date of which 33 have been signposted to universal community based services.

What else needs to happen?

- NDTI Community led Support programme to be fully implemented across Learning Disabilities and Transitions Services.

- Impower evaluation of the effectiveness of the adult social care front door to be reported on during September 2018 and associated recommendations.

- As part of the renewal of the Better Care Fund Plan following publication of the Social Care Green Paper this autumn, a full return on investment to be undertaken aligned to the home care recommissioning process led by the incoming Assistant Director Of Integration and Commissioning of reablement outcomes commissioned through the Better Care Programme.

- Outcomes from the OT led review of effectiveness of early help and prevention to be escalated to DMT with proposals for implementation.

Appendix E

Key Area – Long Term Support

What is the data telling us?

There are 5,711 people in receipt of long term adult social care support in Bradford. 42% are aged 18-64 and 58% aged 65+. The total gross weekly cost to the council is £2.1m, with an average package cost of £19.5k.

The data is showing a significant change in how people are accessing services with a shift away from Residential and Nursing services, to community based services. In April 2017, 37% of all people accessing long term services were in either a residential or Nursing setting, this has now fallen to 31%. Reflecting this the ASCOF measures linked to new care home placements show improved performance. Provisional ASCOF data shows 493 new placements /100k population for people aged 65+, this puts Bradford as a good performer. In the 18-64 age band there were 14.6 new placements per 100k population in 2017-18 which puts Bradford in a similar position to its peer groups. This shift should improve long term outcomes and reduce costs.

Performance needs to improve on the % of people receiving self direct support (82% per 2017/18 ASCOF) and % of people accessing Direct Payments (21% per 2017/18 ASCOF), Bradford are a bottom quartile performer on both of these measures. Based on 2016/17 finance data, Bradford spends more on Long term adult social care per 100k population than 14 of the other 15 councils in its CIPFA peer group.

What are we doing to improve and is there evidence of impact?

Change in practice is being evidence by the shift toward more community based services. Work within the department to improve outcomes from initial contacts and from reablement will have an impact upon the numbers of people accessing long term care. We expect the overall number to begin to fall as demand for services continues to be managed more effectively.

Budgets and support plan costs need to be monitored and managed more effectively. We are developing care management power BI report, to track outcomes of assessment and level of indicative budgets, following this data on commissioned services will be passed into Power BI so numbers and costs of services can be tracked on a daily basis.

What else needs to happen?
• Ensure people are pro actively reviewed to ensure package sizes are managed and that crisis is avoided. There should be a review within 3 months of a person coming into long term services and then on-going annual reviews. This more timely review will allow us to identify if people needs are increasing and that the CHC funding threshold is met sooner. This is not currently happening consistently and the resources needed to ensure it does need to be identified.
• The culture of embedding independence that we are seeing within Access, Community Led Support and our short term services needs to embedded within long term support.

- Explore imbedding the Personal Outcomes Evaluation Tool (POET) survey as part of review and assessment, this will allow us to more closely monitor outcomes on and on-going basis both for the service as a whole and also to track individuals outcomes.
- Ensure that all clients in receipt of long term support have had a RAS assessment and have an indicative budget
- Further promote the use more flexible types of community service delivery such as Direct Payments and Individual Service Fund's.

Appendix F

Key area – Learning disabilities

What is the data telling us?

Currently 3,500 people with a LD on GP register. 85% of the population are over 18. 2,300 are known to Adult Social Care . 1,476 people were in receipt of long term support funded by Bradford council at 1st July 2018. 60% of people are attending traditional day care services. Weekly packages sizes range from £12 to £4,463. The wide variance in the package sizes, and the high numbers of people receiving day services indicates inconsistencies of practice. An element of expenditure is against block contracts which do not pull through into SystmOne resulting in inaccuracies in financial forecasting. Impower benchmarking against CIPFA family group neighbours indicates that we have an unusually low number of learning disabled people who live at home with family and an unusually high number of people who live in commissioner funded supported living settings. 3.3% of learning disabled people are in employment, this is half the national average which is extremely low and reflects endemic low aspiration and ambition for outcomes for people with a learning disability.

What are we doing to improve and is there evidence of impact?
A dedicated transformation programme has been set up and the management capacity is being significantly enhanced to strengthen core decision making. All agency workers are due to be replaced by contracted staff recruitment taking place during August 2018.
A review has taken place of all contacts through Community Learning Disabilities Team (CTLD) over the last 24 months to identify trends and themes emerging from referrals to the team.

A review is taking place with the team of the criteria for acceptance into Transitions and CLTD. At the end of August changes were made to the panel quality and assurance processes. The Panel process is being strengthened to ensure visible management footprints across all cases. The Resource Allocation System was switched on from 1st July 2018 and is being calibrated through till end September to provide for a transparent decision making process for setting Personal Budgets and agreeing Support Plan Values.

Targeted reviews are taking place, reviewing people Out of Area and with larger packages sizes (>£50k). We are already seeing success with this, eight cases resolved during August 2018 resulted in reductions/reclaiming of responsible commissioner funds/ordinary residence to the value of £1M.

What else needs to happen?

- Roll out of the NDTI supported community led social work ethos to underpin the Let's Connect approach towards completing strengths based conversational assessment.

- Review of Team structure to reflect enhanced management capacity and supervisory oversight to ensure visible management footprints across decision making.

- Bradford Talking Media, supported by the Public Health England Learning Disabilities Observatory co-hosted by NDTI and Lancaster University as the research and evaluation partner, to lead a self-advocate led Big Learning Disabilities Conversation defining what a better life looks like and what makes you happy. Work to be underpinned by the Big Lottery Hear Our Voice project (due to be announced Sept 2018 by Big Lottery).

- Personal Outcomes Evaluation Tool (POET) to be implemented to track people's outcomes.