

<b>ADULTS AND COMMUNITIES SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 5
<b>21 JUNE 2017</b>	<b>PUBLIC REPORT</b>

Report of:	Adrian Chapman, Service Director, Adult Services and Communities	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health	
Contact Officer(s):	Debbie McQuade, Assistant Director, ASC Operations Oliver Hayward, Assistant Director, Commissioning	Tel. 452440 Tel.

**UPDATE REPORT ON ADULT SOCIAL CARE**

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> Service Director for Adult Services and Communities	<b>Deadline date:</b> N/A
<p>It is recommended that Adults and Communities Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Note and comment upon progress made, note the priorities, challenges and opportunities facing Adult Social Care (ASC) and any specific areas that the Committee may wish to scrutinise during 2017/18.</li> <li>2. Note the four outcomes in the Department of Health’s Adult Social Care Outcomes Framework and the Local Account 2015/16 (2016/17 pending) that ASC use as a self assessment tool.</li> <li>3. Agree to the presentation of performance dashboard information ahead of each Scrutiny Committee to inform the agenda setting process.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report has been requested by the Committee as part of its annual work planning process, to help inform those aspects of Adult Social Care that it may wish to scrutinise throughout the year.

**2. PURPOSE AND REASON FOR REPORT**

2.1 This report provides an overview of the work of the Adult Social Care service which forms part of the Adults and Communities Department and the progress in delivering Adult Social Care and the transformation programme for Adult Social Care. The report evidences how Adult Social Care meets the four outcomes in the Department of Health’s Adult Social Care Outcomes Framework as well as its statutory duties as determined by the Care Act. Adult Social Care sits within the portfolio of the Cabinet Member for Integrated Adult Social Care and Health.

2.2 This report is for the Adults and Communities Scrutiny Committee to consider under its Terms of Reference . No.2.1, Functions determined by Council, 1. Adult Social Care.

2.3 *How does this report link to the Corporate Priorities?*

The Adult Social Care Transformation Programme is part of the wider Customer Experience programme and part of the integration of health and social care through the Sustainable Transformation Plan (STP) and the Better Care Fund (BCF) to help the Council manage demand for services and to improve the experience of people when accessing key services.

The programme specifically links to the corporate priority to safeguard vulnerable children and

adults, and contributes to the priorities (i) to keep our communities safe, cohesive and healthy, and (ii) to achieve the best health and wellbeing for the city

2.4 *How does this report link to the Children in care Pledge?*

The redesign of the 0 to 25 service including residential short breaks, seeks to develop a model that will ensure children, young people and their families receive information, support and care that supports independence, personalisation and choice.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
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4. **BACKGROUND AND KEY ISSUES**

4.1 In 2015/16 adult social care was reformed through the implementation of the Care Act which has delivered the most fundamental changes to health and social care for a generation or more.

As previously reported, in 2014 NHS England published a paper on the changes the NHS need to make in terms of how it will provide care in the future and address its financial challenge. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) developed a plan with both Peterborough and Cambridgeshire councils explaining how they were going to meet these objectives. These plans are called the Sustainability Transformation Plans.

The Council has continued to establish closer working with Cambridgeshire County Council and Cambridgeshire and Peterborough Foundation Trust (mental health and community health provider) to improve outcomes for people who are currently living independently but are vulnerable to becoming frail or needing higher levels of support or intervention in the future and for those people that have significant ongoing needs and receive support from a range of organisations.

All of this is being addressed within the context of increasing demand and financial challenge faced by the council and the four outcomes within the Adult Social Care Framework:

- Keeping people safe (safeguarding vulnerable adults whose circumstances make them vulnerable and protecting them from avoidable harm)
- Making sure people have a good quality of life (ensuring quality of life for people with care and support needs)
- Supporting people to be independent (delaying and reducing the need for care and support)
- Listening to people (ensuring people have a positive experience of care and support)

4.2 **KEY ISSUES**

The arrangements described above provide a unique opportunity to think differently about the way services are delivered, alongside our commitment to becoming a commissioning council.

With this in mind, we have used the opportunity to identify the key priorities that will deliver services effectively and sustainably, each building on the good work already being delivered across the service.

The key work streams that have been identified so far are:

- To continue to improve and enhance our relationship with providers and build capacity for the provision of care
- To continue to support the improvement of quality in the care system working closely with the CCG and other key partners

- To continue to create a stronger focus on preventative work through creative and innovative projects, including comprehensive advice and information, making full use of digital technologies and ensuring a knowledgeable and skilled workforce with the Adult Social Care front door offer
- To continue to create a stronger focus on maintaining independence through the Home Services Delivery Model
- To continue to work closely with the Carers Trust to further improve our support to carers
- To continue to review safeguarding and quality assure practice to ensure it is robust but proportionate
- To review the Multi Agency Safeguarding Hub to consider a future co -located model with Cambridgeshire County Council and the police ensuring there is not a negative impact on the local model of early resolution
- To identify opportunities to work more effectively together and deliver the Sustainability and Transformation Plans with a focus on alignment of relevant services to further develop multi disciplinary work within neighbourhood teams
- To ensure opportunities for integration across health and wider social care systems are identified and pursued with a focus on developing a robust reablement and intermediate care pathway
- To measure and monitor performance, both quantitative and qualitative, robustly to ensure that potential issues and risks are identified early and, where possible, prevented
- To continue to be recognised as a good performer in terms of the numbers of delayed transfers of care from hospital attributable to Adult Social Care

Key issues are summarised in more detail below.

#### 4.2.1 **Market Position Statement**

The Council's Market position Statement was published towards the end of 2016; this statement is also located on the council's commissioning webpage along with a summary document which is attached at appendix 1. The statement, which is designed to set out the future needs of the city, is a live and evolving document amended and added to as the objectives/intentions are in progress or delivered.

The adult social care commissioning team has also focused activity on the development of a fee policy framework during 2016. This is to understand the core cost drivers of our residential and nursing care providers. We asked providers to complete a schedule of costs so that we could understand their pressures and identify a fair market price for care in the local economy. Alongside the response from providers we have also considered benchmark data and demand levels/forecasts and an initial outline fee policy framework is imminent.

Further work is needed to ensure the framework is fair and sustainable for both commissioners and providers; this work will include greater involvement of providers with the expectation that towards the end of the year we will be in a position to consult on the framework with all providers on the indicative fee levels for the next three years.

#### 4.2.2 **Quality Improvement**

In October 2016 we launched the Quality Improvement Team, the aim of this resource being to improve quality standards within the care sector and to ensure service users have the best possible experience of the care they receive, wherever that might be. The team also coordinates and manages notifications of concerns received by the Council in relation to care services delivery. The Quality Improvement Officers work with providers to recognise poor practice and develop action plans to consistently improve performance.

The team are also instrumental in identifying where a provider is likely to enter the Provider Failure process through contractual routes, be this via a breach, suspension or termination of service provision. The team work closely with other statutory and voluntary agencies to support providers, and to ensure that we have a whole systems approach to quality.

The analyst function within the team coordinates and manages a range of information and intelligence on provider performance, bringing this all together in a cohesive format that supports and informs decision making processes through weekly commissioning and safeguarding meetings.

During the past year the department invested in the development of a Registered Managers Network facilitated by a local organisation and supported by Skills for Care. The feedback from managers has been very positive, the managers are identifying areas for their professional development and training needs in addition to having the opportunity on a bi-monthly basis to hear keynote talks from a range of local and national agencies. It is also a great opportunity for managers to network and share good practice. The network continues to be supported throughout 2017-2018.

#### **4.2.3 Preventative Strategy**

Peterborough is developing a strategic approach to the commissioning and delivery of secondary preventative/early intervention services primarily for older adults in Peterborough. It will be designed to support the increasing demands of an ageing population to thrive in the community in their homes without drawing on the additional resources traditionally commissioned and provided by the Council.

A methodology based on the Association of Directors of Adult Social Services (ADASS) 'Count Me In' process will be utilised to develop the principles/priorities within the strategy while the "Thrive" framework will be used to create the overall vision.

In delivering the new ways of working it will be important to recognise that as service priorities change, the skills and attitudes of the workforce to deliver those changes also needs to be reviewed. This will require staff to move away from a deficit model to a new model that is solution focussed. In the same way as the workforce needs to change to meet new aspirations, the nature of commissioning will also need to change to enable better outcomes for the population. The strategy will recognise the need to reduce the demand for expensive traditional services as financial resources continue to diminish within Local Authorities. This however does not mean that the quality of life of those people impacted by the strategy diminishes as the alternative community support will improve well-being, independence and personalised outcomes. It is expected that the first draft will be completed by early summer 2017.

#### **4.2.4 Safeguarding and Quality Assurance**

The Development of the Adult and Children's Quality Assurance Unit has continued to focus on the effectiveness of the Local Authority to safeguard and promote the welfare of adults, children and young people providing leadership, a shared vision, added resilience and consistency to our provider partners and service users. This unit has implemented a robust audit programme with a focus on safeguarding to ensure practice is to a good standard.

The unit is also responsible for delivering the council's Deprivation of Liberty and Court of Protection functions.

#### **4.2.5 Access to Adult Social Care System**

The Council is delivering a major transformation programme that will make it clear and straightforward for residents and our partners to access information, advice or support they need quickly. The transformation includes the development of the 'Digital Front Door' and design is underway. The intention of the Digital Front Door is to support automation and self-service where appropriate and will encourage greater independent resolution of needs by people able to help themselves. This will extend to increased capacity to provide help, information, advice and guidance on line for vulnerable people, their families and carers and deliver a system wide Directory of Services.

It is widely recognised that whilst a significant number of people can self serve, there are also a

significant number of people that will need to be supported to either access the information online or will be better served through highly skilled workers within the Front Door to ensure early support and resolution.

#### 4.2.6 **Reablement and Prevention - Supporting People to be Independent**

As a council we are committed to achieving a stronger focus on preventative work in ways that are innovative, challenging, sometimes non-traditional, and which make full use of new technologies. The Home Services Delivery Model (HSDM) has been developed to offer joined up capability, focusing on prevention and early intervention and reducing the number of people requiring long term support. The model enables people to remain in their own home by enabling them to regain/retain skills and confidence and reduces the number of people moving into care homes through home improvements and adaptations.

The HSDM has been developed as a means to deliver support co-ordinated by a co-located multi professional team. The offer includes:

- Reablement
- Therapy Services including Occupational Therapy and Sensory Rehabilitation, and Community Support Workers
- Assistive Technology
- Care and Repair including the Handyperson service

The service became operational on 1<sup>st</sup> October 2016 and has worked towards streamlining processes, removing duplication and aligning capacity to manage demand with the development of multi skilled teams to increase resilience and flexibility improving outcomes for people. The HSDM should see increased numbers of people accessing the service in 2017/18 and improved outcomes.

The reablement service exceeded the target set of 1,008 referrals for 2016/17 (the service received 1,090 referrals) and achieved a total cost saving of £460k with £1.14m of cost avoidance which contributed to the Council's overall efficiency programme whilst delivering the right outcomes for people accessing the service - independent living. Reablement supports early discharge from hospital.

The 'Enabling Single Care' and Assistive Technology project led by Occupational Therapy (again supporting independent living) also contributed to Council's efficiency programme by achieving 600k in savings through provision of appropriate equipment and support and reducing the need for long term care and support.

Care and Repair have delivered 3,427 handyperson cases in 2016/17 and 1,077 Minor Aids and Adaptations to support people to remain in their own homes, prevent falls and support discharge from hospital.

The next developments for the the HSDM will also seek to drive channel shift encouraging customers to self-refer using the Council's website for services such as repairs assistance and Handyman Services. In addition the development and improvement of the model will see the alignment or integration of the Intermediate Care Tier (currently managed by CPFT) as part of the Sustainability Transformation Plan to enable more people to live independently and reducing the costs by being directed at the right people to manage demand effectively. The development should also support the system to manage the numbers of Delayed Transfer of Care from hospital attributable to health services (so, a system-wide approach) and avoid unnecessary admission to hospital.

#### 4.2.7 **Delayed Transfer of Care (DTOC)**

DTOC continues to be an area of concern and intense scrutiny for the NHS nationally.

Peterborough City Council is regarded as a good performer in terms of the numbers of DTOCs attributable to social care per 100,000 population for adults over the age of 65. Peterborough was mentioned in the Local Government Chronicle as the best performing local authority recording 5.6% per 100,000 and was also referenced at the ADASS Spring Conference.

Peterborough is also a good performer in terms of the number of DTOCs in an Acute Mental Health bed managed as part delivery contract with CPFT.

#### **4.2.8 Carers**

Peterborough City Council has improved services for carers, demonstrated by the last carer's survey on 5 of the 7 Social Care Related Quality of Life Measures. Overall the quality of life score has increased from 7.3 in 2014/15 to 7.8 in 2016/17.

The Carers Partnership board was relaunched in 2016 and the council are working closely with the Carers Trust and carers to further improve the support to carers. The operational lead in ASC continues to promote carers and there has been an increase in carers assessments and reviews in 2016/17 in line with target of 600 per 100,000 of the population - compared to 444.5 in the previous year.

#### **4.2.9 Health and Social Care Integration - Sustainability and Transformation Plan**

It is widely recognised that an integrated health and social care service is more likely to deliver the best outcomes for people who need those services. The current health and social care landscape is complex and not always aligned, resulting in inefficiency and variable outcomes. Services for people with significant and ongoing needs will be better coordinated with health and social care focussing on outcomes as opposed to process. The support for people who have significant and ongoing needs will be supported by Multi-Disciplinary Teams (health and social care) to deliver integrated care and facilitate a one-team approach. The ongoing development of the Neighbourhood Teams and the Cambridgeshire and Peterborough approach to case management is part of a joint vision between the CCG, CPFT, PCC and CCC to test a revised case management approach in four Neighbourhood Teams that can be rapidly rolled out across all neighbourhoods.

The effectiveness of the revised model will be measured via:

- Acute admission rates for patients with long term care needs
- Acute admission rates for patients who are frequently admitted
- Acute admission rates for patients in their last year of life
- Reduction in length of stay for admitted patients
- Number of long-term social care users and admissions to care homes
- Number of social care assessments

#### **4.2.10 Safeguarding and Quality Assurance - Keeping People Safe**

Adult Social Care ensures the safeguarding of adults at risk is a key priority. The Multi-Agency Safeguarding Hub (MASH) has continued to develop and embed an effective model of triage, risk assessment and early intervention. The model has enabled highly skilled social workers (Lead Practitioners) and a dedicated Team Manager to ensure early resolution of a high number of safeguarding concerns.

The average number of safeguarding referrals received on a monthly basis is between 150 - 160; however, due to the model of early intervention there has been a significant decrease in the number of section 42 enquiries and/or the need for onward referral to the Long Term Social Work Teams. The average number of section 42 enquiries each month is 16-20.

The impact of an effective MASH has contributed to a reduction in the number of open safeguarding enquiries and the year-end position was 64 open cases. The PCC Adult MASH works closely with all partners on a day to day basis and has noted increased participation of partners at Adult at Risk meetings.

Adult Social Care had a Safeguarding Adult's Peer Review in August 2016 to gain an external view on the effectiveness of the safeguarding arrangements in Peterborough which included safeguarding practice. It was noted that staff articulated a person centred and outcome focussed approach to safeguarding. However, further work to ensure the quality of making safeguarding personal through reflective supervision is required to ensure the philosophy is being embedded and making a difference.

The Development of the Adult and Children's Quality Assurance Unit in 2016, previously referred to, has continued to focus on the effectiveness of the Local Authority to safeguard and promote the welfare of adults, children and young people.

The Deprivation of Liberty Safeguards were introduced as an amendment to the Mental Capacity Act in 2009 to ensure that people who are accommodated in care homes or in hospitals, who are unable to consent to their care and accommodation, are assessed to ensure that any decisions taken on their behalf are in their best interests and proportionate and are the least restrictive response to their needs. Care homes and hospitals request that the Local Authority assesses the person within a timeframe set out in the guidance.

In the financial year 2016/17 we have received 816 requests for authorisations of deprivation of liberty. Of those 626 were granted and 189 were not granted or withdrawn.

We are currently managing the referrals in a timely manner and are continuing to develop processes to strengthen our monitoring of these authorisations once they are in place.

A small number of people (5) have objected to their deprivation and we have supported their right to take this objection to the Court of Protection.

This demonstrates that the safeguards are ensuring that those who are unable to make decisions about where they live and receive their care are supported to have their decisions made in their best interests, and that they can exercise their right to challenge this breach of their human rights in Court.

#### **4.2.11 0 to 25 Service Redesign**

As part of the implementation of the Special Educational Needs and Disabilities (SEND) reforms in September 2014, the Council brought together its Children with Disabilities (CWD) Team and Transitions Team. The service operates under a single team manager, with a single budget and is overseen by Adult Social Care. In September 2016 Cherry Lodge and The Manor - children's residential/short breaks homes - were transferred to Adult Social Care under a newly appointed single Head of Service with the following key objectives:

- Building a new 0-25 operating model to meet and manage future demands and mitigate forecast overspends
- Improving the pathways into and out of 0-25 services to ensure better outcomes for children and young people
- Providing the right services at the right time for this client group
- Identifying opportunities to enable children and young people to achieve their goals and ambitions, to be safe but not restricted and to support people in achieving a healthy lifestyle

The redesign will include aligning policies and procedures where appropriate (for example short breaks aligned to the respite care policy and increasing the offer to children and young people in relation to Direct Payments) to provide more choice and control for young people and their families. The redesign is currently co-producing a consultation document to ensure the views of children, young people and their families are taken into account.

#### 4.2.12 **Housing**

The Housing Related Support Programme (previously known as Supporting People) is funded from a non-ring fenced revenue grant from the Department of Communities and Local Government (DCLG).

The focus of the Housing Related Support programme is on the prevention of homelessness and funds the provision of homeless hostels, floating outreach support and drop in services to vulnerable groups such as young people at risk, offenders or people at risk of offending, young parents, victims of domestic abuse, single homeless people and homeless families, people with mental health illness, those who are chronically excluded and people with learning disabilities. The grant funding continues to contribute towards the cost of support staff providing Housing Related Support. See Appendix 2

#### 4.2.13 **Implementing the Care Act 2015 (Legal Framework for ASC)**

Alongside these important areas of work, we continue to implement all relevant aspects of the Care Act.

Part 1 of the Care Act came into law on 1 April 2015. The approach we have taken so far to implementing the Act is via integration into our core priorities which can be demonstrated as follows:

- i. Improved educational attainment and skills for our children & young people**  
The Care Act requires the council to explore all aspects of wellbeing for individuals including the outcome of accessing and engaging in work, training, education or volunteering. We are working with the local colleges to deliver these outcomes and also to promote career opportunities within care and support, working to develop a skilled social care workforce within the city.
- ii. Supporting our Culture and Leisure Trust to continue to deliver our culture, arts and sport in the city**  
The Care Act reinforces the impact on wellbeing of making use of necessary facilities or services in the local community including public transport and recreational facilities or services.
- iii. Safeguarding children and vulnerable adults**  
The Care Act brings clear duties to safeguard vulnerable adults. The council already works in partnership with other local organisations through the Multi Agency Safeguarding Hub.
- iv. Keeping our communities safe and cohesive and healthy**  
The Care Act supports the council's existing programme of community capacity building, and we intend to continue to invest in building capacity within our communities to support vulnerable residents.
- v. Pursuing the Environment Capital agenda to position Peterborough as a leading city in environmental matters**  
The Care Act supports our identified principles of support being provided closer to home, and access to public transport. Our information and advice service also signposts to advice on energy efficiency for those who would find this beneficial.
- vi. Growth, regeneration and economic development of the city to bring new investment and jobs**  
The Care Act supports the development of social enterprises, a key aspect of day opportunities which transferred to the City College in 2015. Development in this area includes a catering business and car washing service. The City College continues to expand on enterprises such as these.



The final priority – **to achieve the best health and wellbeing for the city** – underpins the principles of the Care Act and our overall operating model.

The Care Act places a number of general duties on the council, and these are summarised in the following section.

Below each of the duties, a short summary of the council's response to date is included.

(a) **Promoting Individual Wellbeing**

Local authorities have a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as the 'wellbeing principle'.

The wellbeing principle applies in all cases where a local authority is providing non-assessed 'universal' services available to the local population as a whole, as well as when carrying out a care and support function, or making a decision in relation to a person.

'Wellbeing' is a broad concept, which may include any or all of the following:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal circumstances
- suitability of living accommodation
- the individual's contribution to society

Council Response to Date:

We have been working closely with partners across the health and social care system to develop a wellbeing service which recognises and invests in services across the public and not for profit sectors to provide appropriate support to individuals and families that need it. Additionally bringing together a wide range of services including housing alongside ASC means we are able to take a whole-person view of an individual's situation and ensure the best solution is provided.

(b) **Preventing Needs for Care and Support**

It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and actively seeks to prevent people reaching a crisis point. It is vital, therefore that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence and prevents need or delays deteriorating wherever possible.

Council Response to Date:

We continue to develop our preventative services, most significantly our Home Services Delivery Model and The Older People's Day Services which have supported ageing healthy and prevention (a key work stream within the Better Care Fund) led by Public Health. The number of people attending has increased at just under 90 day session attendances per week which reduces social isolation as well as focusing on increased independence through gentle exercise classes and awareness on how to prevent falls.

(c) **Promoting Integration of Care and Support with Health Services**

Integration, cooperation and close partnership working seeks to improve patient and service user experience and outcomes by minimising barriers between organisations and services, and by delivering care that is tailored to meet the needs of those in need of care and support, their carers and families.

#### Council Response to Date:

We continue to develop positive and productive relationships with a wide range of relevant agencies and organisations across Peterborough and Cambridgeshire, including with the police, social landlords and care providers. Of most relevance though is our relationship with partners across the health services.

We have a number of positive examples of collaboration with health partners – the co-located team of Adult Social Care staff based in the Hospital who work alongside clinical and other hospital staff to ensure early supported discharge and our active involvement in the rigorous systems resilience planning to ensure the health and social care system runs safely and effectively. The approach to facilitate a ‘one team approach’ through multi-disciplinary working and Neighbourhood Teams and the alignment of the HSDM and the Intermediate Care Tier are further examples.

The further development of the MASH has seen close collaboration with Cambridgeshire County Council and the police.

#### 4.2.14 **Better Care Fund**

The Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care.

The Better Care Fund (BCF) in Peterborough is an agreement between the Clinical Commissioning Group, the City Council and Cambridgeshire County Council which sets out a plan to build on integrated working to improve outcomes for adults with health, care and support needs. Please note issues below.

The BCF detailed planning guidance for this year is still awaited and as yet we have no confirmed date as to when this will be available, however it is likely to be after Purdah. The BCF and Integration Policy Framework was published on the 31st March and the Council has seen some draft planning guidance.

In the interim we are moving ahead with planning as much as we can, closer alignment across Peterborough and Cambridgeshire in terms of the plans, with a view to keeping the plans as short and concise as possible this year. The focus continues around early intervention/prevention, community multi disciplinary team working and wellbeing/voluntary services as noted earlier in the report. The Council is trying to adhere to the original principles of the BCF, but focusing on areas where we can effect system change for integration and priority areas such as system wide Delayed Transfers of Care.

The BCF contributes to Peterborough’s vision for integration by focusing on initiatives that will help to prepare the health and social care system to deliver the Sustainability and Transformation Plans by:

- Improved services
- Access to care closer to home
- Proactive care and support, coordinated within the community

#### 4.2.15 **Self Assessment and the Local Account**

The Council has finalised the annual report for Adult Social Care in 2015-16 (the Local Account). This is attached for information at Appendix 3. The Local Account sets out the achievements in the year and summarises the performance against the national Adult Social Care Outcomes Framework. The Local Account for 2016-17 is being finalised.

#### 4.2.16 **Other Transformation Initiatives**

##### (a) **Single Consolidated Savings Plan**

As with all areas of the council Adult Social Care has been required to deliver savings in line

with funding pressures. The department identified initiatives for 2016/17 which amounted to savings of £8.9m which were achieved.

The initiatives that form part of the programme of work for 2017/18 are detailed below. The savings target for 2017/18 is £6.7m.

(b) **Review of Placements**

This project is continuing in 2017/18 and will review commissioned care packages across all client groups including Mental Health, Learning Disability, Sensory Impaired and Older People. The project was set up to achieve efficiencies and deliver better outcomes for individuals and to promote independence. There is a small team of two dedicated social workers on the project supported by an operational Team Manager, Head of Service and a commissioning lead, to deliver savings of £800k.

(c) **Assistive Technology**

The project's main aim has been to embed within service delivery the promotion and take up of Assistive Technology that aims to improve greater independence, self-determination and preserve dignity.

Working with the Occupational Therapy service within ASC, the assistive technology project has also been reviewing all double-up (2:1 support) care packages. Through appropriate training and efficient moving and handling equipment, the Occupational Therapy service has reduced the need for 2 carers to 1 carer when lifting and handling. This resulted in £300k of savings in 2016/17.

(d) **Continuing HealthCare (CHC)**

Peterborough City Council have been working closely with the CCG in relation to both the backlog of CHC cases and the funding arrangements for mental health after care. Whilst the Council had savings targets in relation to CHC it was more important to ensure that the Council did not fund care and support beyond its legal responsibilities and people's right to CHC ensuring they were not charged for the care and support.

Adult Social Care has made significant progress to address the backlog in 2016/17 which resulted in £890k in-year savings and where people had been charged they have been reimbursed appropriately. The plan is for this activity to continue in 2017/18 and should deliver a further £300k in savings.

(e) **Homecare**

The development and design of the model of care at home services has been an extensively researched exercise, not least because this is a vital piece of commissioning activity that absolutely needs to be capable of meeting demand [current and future] and growing complexity of need.

Various models have been explored and the rationale/arguments for and against vigorously debated. The key to success is to ensure as little disruption to the market place and most importantly service users, whilst ensuring an affordable quality service offer for service users within their own homes.

There are currently over 14,000 hours being delivered to 1,057 service users within their own homes [these figures exclude specialist supported living clients].

Extensive market engagement has been undertaken with local homecare providers and those not currently operating in Peterborough, and there has been engagement with social care staff and with people receiving homecare services to inform the specification.

The draft of the service specification and tender paperwork has been completed and it is planned that the tender will now go live in 2017.

## 4.3 **PERFORMANCE MANAGEMENT**

### 4.3.1 **National Adult Social Care Outcomes Framework (ASCOF)**

The Department of Health produces an annual Outcomes Framework which measures quality of care using performance data, providing relevant and timely information on the outcomes for people using social care services and their carers.

The ASCOF focusses on outcome measures and a large part is drawn from statutory surveys of carers and service users. Both quality of life measures and satisfaction measures within these surveys have largely improved this year (2016/17) which we feel is evidence of the impact of the changes we have made aligned to the Care Act to focus on wider wellbeing in care and support planning.

The results below are taken from the ASC Service User Survey - the figures in brackets show the latest available published regional average results:

<b>Weighted Results</b>	<b>2016-2017</b>	<b>2015-2016</b>	<b>2014-2015</b>	<b>2013-2014</b>
Social care-related quality of life	19.5 (19.0)	19.1	19.0	18.9
The proportion of people who use services who have control over their daily life	80% (76.6)	77%	78%	76%
The proportion of people who use services who reported that they had as much social contact as they would like	46% (43.9)	42%	42%	42%
Overall satisfaction of people who use service with their care and support	66% (62.7)	64%	59%	65%
The proportion of people who use services who find it easy to find information about services	79% (73.4)	73%	73%	75%
The proportion of people who use services who feel safe	71% (68.4)	65%	64%	64%
The proportion of people who use services who say that those services have made them feel safe and secure	84% (83.4)	88%	89%	84%

Areas where we perform better than the regional average:

- 80% of service users receiving a review in 12 months - compared to 60% for regional
- Continued low care home admissions for adults and older people

Areas where we perform below the regional average:

- Percentage of service users receiving direct payments

### 4.3.2 Eastern Region Performance Scorecard

Whilst the national product is a valuable tool to ensure service users are receiving the best services possible, it is generic in nature as it is applied nationally. The regional Association of Directors of Adult Social Services has therefore commissioned the development of an Eastern Region Performance Scorecard, which takes its steer from the national Framework but drills down into more relevant areas of concern or priority for the eastern region.

The Scorecard focuses on four priority areas:

- Care Management: volumes, user satisfaction and workforce metrics
- Commissioning and Service Delivery: admissions to and volumes in different settings, market quality measures and customer experience
- Integration: delays from hospitals, Better Care Fund metrics and prisons data
- Safeguarding and DoLS: volumes, Making Safeguarding Personal and customer experience

The Scorecard will report quarterly and will include historical data where known to show trends. Much of the work this year has focussed on standardising how we capture and report the data within the scorecard to ensure comparability is maximised.

### Peterborough's Performance Dashboards

#### 4.3.3

To provide an even more relevant and focussed performance framework, we have developed our own performance dashboards which combine a number of the most helpful national measures with some bespoke local measures.

A monthly performance challenge meeting, comprising managers across all services and chaired by the Service Director, discusses areas of concern and develops responses, mitigations and action plans.

From the latest performance dashboards, the following are of most significance:

- i. the overall numbers of contacts received by the front door have fallen slightly in the year and this coupled with the improvement in the survey results around availability of information might suggest we have improved the ability of people to access information and advice via self service
- ii. reablement services are having a positive impact on more people, reducing the need for costly or complex care and improving our service users' experience
- iii. however, the number of people receiving long term support is fairly static, which could indicate growth in demand
- iv. user satisfaction has improved and is better than the last published regional average
- v. delayed discharges from hospital attributable to adult social care are very low, and this indicates that our co-located team at the hospital is effective
- vi. the Better Care Fund target to reduce non-elective submissions has not yet been met, however this year showed a slight reduction compared to recent years which have seen an increase
- vii. continued low rates of admissions to care homes indicate a successful approach to keeping people supported in their own home for as long as possible
- viii. the number of safeguarding concerns received by the council has increased since the introduction of the Care Act although the numbers requiring an enquiry have reduced which suggests the increase in concerns raised is due to enhanced awareness rather than a real increase in harm to adults
- ix. excellent progress has been made around DoLS with no backlog in approvals despite an overall increase in the number of applications.

It is proposed that the performance dashboard is presented to Members ahead of each Scrutiny Committee meeting to enable them to consider what aspects of service they would like to scrutinise (n.b. this dashboard will be expanded to include all aspects of responsibility that fall within the remit of this Committee).

## **Service User Feedback**

4.3.4

An important part of measuring and maintaining quality and of improving services is the feedback we receive from our service users.

We measure this in a number of ways:

- Monitoring comments and complaints received, and ensuring we learn from them
- Analysing the results of the nationally-managed ASC Survey
- Analysing the results of the nationally-managed Carers Survey
- Analysing the results of the local reablement services surveys
- Analysing complaints and compliments

A quarterly customer feedback report is now produced as part of the wider performance framework

## **Complaints and Compliments**

4.3.5

79 complaints were received about adult social care services between April 2016 and March 2017. Of these 10 were informal concerns (i.e. concerns resolved within 3 days). 61% of formal complaints related to a delayed or failed service. 31% of formal complaints related to an independent care provider. In the same period last year 64 complaints were received.

A full analysis of complaints is provided to the Performance Challenge meeting each quarter which enables a thorough review to be undertaken and for any trends to be identified.

The service also receives a number of formal compliments each year and these too are reviewed to ensure we extend good practice.

## **Local Surveys**

4.3.6

We are particularly keen to understand the experience of service users that have been supported through our reablement services.

Whilst we believe the outcomes of successful reablement are far more positive and sustainable than, for example, hospitalisation or placement into a care setting, reablement isn't always the service user's first choice, and so measuring the impact the service has had on this group of users is extremely valuable.

At the end of each period of reablement, a decision is made on whether the individual is able to manage their own care or if they need ongoing support. It is at this point that they are asked to complete the survey. The results of the survey for the four quarters of 2015/16 are attached at Appendix 4.

These are encouraging results and provide a strong mandate for continuing to develop reablement services as a preferred option wherever feasible.

## **FUTURE PRIORITIES**

4.4

The Adult Social Care service has undergone significant change.

However, this work is not yet complete and so much of the focus for the coming year will be to continue with this programme. Specifically:

- The integration/alignment of health and social care where it is appropriate and adds value and benefit as part of the BCF/STP
- The delivery of the Customer Experience programme to make it easier for people to access adult social care information, advice or support in a timely manner including the development of the Digital Front Door

- The continued development of our relationships with the care provider market and the building of capacity
- The development of our workforce to ensure they are the best they can be
- Delivering financial efficiencies
- The redesign of the 0 to 25 service

We also need to consider the impacts of growing demand on our services caused by both population growth and demographic change. This coupled with the impact of the Living Wage and lack of capacity in the system for those with more complex needs adds significant pressure to our services, and throughout 2017/18 we will be working hard to plan for and mitigate these pressures whilst continuing to support those people most in need and to protect our care market from failure.

## **5. CONSULTATION**

5.1 Not Applicable

## **6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 This report sets out details of the work being carried out across all of Adult Social Care which will deliver improvements, efficiencies and better outcomes for Peterborough's residents and for our workforce and partners. Some of the programmes of work are ambitious (e.g. integration with health with the STP's and BCF) and so we will ensure the Scrutiny Commission are kept informed and engaged throughout the process.

## **7. REASON FOR THE RECOMMENDATION**

7.1 Report requested by the Adults and Communities Scrutiny Committee to inform their work programme for the 2017/18 year.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

## **9. IMPLICATIONS**

### **9.1 Financial Implications**

N/A

### **9.2 Legal Implications**

The report evidences how Adult Social Care complies with the four outcomes in the Department of Health's Adult Social Care Outcomes Framework as well as its statutory duties as determined by the Care Act 2014.

### **9.3 Equalities Implications**

N/A

### **9.4 Rural Implications**

N/A

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None.

**11. APPENDICES**

- 11.1 *Appendix 1 - Market Position Statement Summary*
- Appendix 2 - Housing Related Support Grants 2017/18*
- Appendix 3 - Local Account 2015/16*
- Appendix 4 - Reablement Survey Results*