

ADULTS AND COMMUNITIES SCRUTINY COMMITTEE	Agenda Item No. 6
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Report of the Service Director for Adults and Communities

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ADULT SOCIAL CARE TRANSFORMATION OVERVIEW

1. PURPOSE

1.1 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.

2. RECOMMENDATIONS

2.1 The Scrutiny Committee is asked to scrutinise and comment upon the progress made and note the priorities, challenges and opportunities facing the service over the coming period, offering any suggestions for how these might be overcome or any areas where they would like the opportunity for further scrutiny.

3. LINKS TO THE CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO

3.1 The Adult Social Care Transformation programme is part of the wider Customer Experience programme which is designed 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.

3.2 Adult Social Care sits within the portfolio of the Cabinet Member for Integrated Adult Social Care and Health.

4. BACKGROUND

4.1 In March 2015 the council concluded a restructure of its senior management arrangements. This process created the role of Corporate Director for People and Communities, a role which includes the statutory functions of Director of Children’s Services and Director of Adult Social Services. In 2016 The Corporate Director (Wendi Ogle-Welbourn) was also appointed as the interim Director of Children’s Services and Director of Adult Social Services for Cambridgeshire. The Corporate Director is supported by two Service Directors in Peterborough – the Service Director for Adult Services and Communities (Adrian Chapman), and the Service Director for Children’s Services and Safeguarding (Lou Williams).

4.2 Alongside these internal changes, 2015/16 has seen the long term reform of Adult Social Care with the implementation of the Care Act 2014 (from 1st April 2015). The Care Act has delivered the most fundamental changes to health and social care for a generation or more.

4.3 In 2014 NHS England published a paper on the changes the NHS need to make and how it will provide care in the future. This included how it will address its financial challenge. Every clinical Commissioning Group was asked to produce a plan explaining how they were going to meet

these objectives. These plans are called the Sustainability Transformation Plans and have been developed with Peterborough and Cambridgeshire councils.

4.4 The council has also established closer working relationships with Cambridgeshire County Council and Cambridgeshire and Peterborough Foundation Trust 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.

4.5 All of this has been addressed within the context of increasing demand and financial challenge faced by the council.

5. KEY ISSUES

5.1 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.

5.2 The key workstreams that have been identified so far are:

- To improve and enhance our relationship with providers and build capacity
- To continue to review safeguarding and quality assurance practice to ensure it is robust but proportionate
- To support the improvement of quality in the care system
- To identify opportunities to work more effectively together and deliver the Sustainability and Transformation Plans
- To make effective use of the Multi Agency Safeguarding Hub, ensuring that only appropriate cases are referred and that there is a full multi-agency response
- To ensure opportunities for integration across health and wider social care systems are identified and pursued
- 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 create a stronger focus on preventative work through creative and innovative projects, including making full use of digital technologies

5.3 Each of these is summarised in more detail below.

5.3.1 Provider Relationships

Our reliance on care providers across the whole market is fundamental to the effective delivery of safe adult social care. We need to ensure that our relationship is built on trust and transparency and is a mutually supportive one, whilst at the same time providing proportionate challenge where necessary. We have reviewed the ways in which providers are engaged and have started direct dialogue with some of our key providers to better understand how they might see relationships working more effectively. We are keen to engage directly with providers in arenas appropriate to them, and are happy to support a new provider-led forum which will give opportunities for providers across both adults and children's services to engage directly with the council and with each other.

We need to build capacity in the adult social care system and by engaging with providers they will have the information they need to build their businesses and create new ones where they see we have the need. The cost of placements for adults with the most complex needs has increased significantly and this is partially due to the lack of market competition.

5.3.2 Safeguarding and Quality Assurance

The Development of an Adults and Children's Quality Assurance Unit focussing on the effectiveness of the Local Authority to safeguard and promote the welfare of adults, children and young people provides leadership, a shared vision, added resilience and consistency to our

provider partners and service users. This unit has 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 councils Deprivation of Liberty and Court of Protection functions.

5.3.3 Quality Improvement

Until recently, the way we worked with providers to support improvement and development was inconsistent – we did not ensure a fully joined-up and contextualised approach to dealing with concerns which inherently built in additional layers of reporting and complexity which don't make it easy for providers to navigate through and this had a direct impact on our ability to build and maintain a good relationship with the market. We have therefore developed into a single commissioning function that includes strategy, quality improvement and contract compliance. This will enable us to better identify and respond to needs and concerns in a more joined-up way.

5.3.4 Navigating Through the Adult Social Care System

It can be difficult to find the right entry point to access information or services about adult social care or health services, especially if you are vulnerable or in crisis. The council is delivering a major transformation programme under Customer Experience that will make it clear and straightforward for residents and our partners to access information, advice or support they need quickly. In July 2016, a review of the potential alignment of the Adult Social Care 'front door' and the NHS/111/Out of Hours service was initiated, to determine whether closer alignment would drive out more effective demand management across the health and social care system. As a result of the review, a commitment was made across the system to deliver aligned working between Adult Social Care and the NHS/111/Out of Hours service. Discussions with the CCG to review the alignment options and progress the design of an urgent multi-disciplinary hub will commence in January 2017.

5.3.5 Digital Front Door

Approval has been granted to proceed with the development of the 'Digital Front Door' project and design is underway. The intention of the Digital Front Door is to support automation and self-service and will encourage greater independent resolution of needs by people. This will extend to increased capacity to provide help, information, advice and guidance on line for vulnerable people, their families and carers - work is in hand to deliver a system wide Directory of Services.

5.3.6 Health and Social Care Integration

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. Neighbourhood Teams have been established by Cambridgeshire and Peterborough Foundation Trust for physical and mental health and the next stage will focus on integration/alignment with Primary Care, social care and the voluntary sector. A clear understanding of the whole system pathway and robust case finding and case management techniques will help to anticipate future need and also to wrap integrated services around the person, preventing them going into crisis and therefore hospital.

5.3.7 Performance Management

It is clearly vital that we can effectively monitor real-time data and information to ensure our services are safe and responding appropriately to the right issues. This process also needs to inform our commissioning work and the deployment of our resources especially where we are able to prevent crisis before it happens. Although there has been both national and regional work on this issue, we want to ensure we have clear visibility of our performance in Peterborough and that we also gather local data and information that can be converted to intelligence to inform our collective decision making. We have therefore produced a local performance framework built on the regional model that will achieve this for us and our

partners.

5.3.8 Reablement and Prevention

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 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 Home Services Delivery Model comprises a number of services under a single Head of Service to deliver these outcomes: reablement, therapy services, assistive technology, care and repair, the handyperson and the home improvement service. The service became operational on 1st October 2016 and is now working 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.

5.4 Implementing the Care Act 2015

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

5.4.2 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 the council's 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.

5.4.3 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.

5.4.4 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.

i. 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
- suitability of living accommodation
- the individual's contribution to society

Council response to date: we have been working closely with partners across the health system to develop and establish 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, the council's restructure has brought together a wide range of previously separate community services including housing alongside adult social care services which means we are able to take a whole-person view of an individual's situation and ensure the best solution possible is provided.

ii. 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.

We also operate a team of social work staff within the Hospital to support effective and timely discharge into safe and appropriate care arrangements or to return home.

iii. 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 and our active involvement in the rigorous systems resilience planning to ensure the health and social care system runs safely and effectively, and the approach to facilitate a ‘one team approach’ through multi-disciplinary working and Neighbourhood Teams and the alignment of the Adult Social Care ‘front door’ with NHS 111/Out of Hours.

5.5 **Better Care Fund**

- 5.5.1 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.
- 5.5.2 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.
- 5.5.3 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
- 5.5.4 The BCF plan contains five work streams for which a summary of progress is given below:
- i. **Data Sharing** – This work stream seeks to ensure better sharing of patient records at the point of delivery across health and social care.
 - ii. **Seven day working** – This work stream seeks to ensure availability of health and social care services across 7 days through the Home Services Delivery Model, social work support into the acute hospital, the development of Neighbourhood Teams and the Joint Emergency Team (JET) which links into the GP out of hours service to provide additional professional response outside of core hours.
 - iii. **Person Centred Systems** – As part of this workstream the council is working with health colleagues to develop multi-disciplinary Neighbourhood Teams aligned to GP practices. This would create a joint locality health and social care team able to work cohesively as a single unit.
 - iv. **Information, Communication and Advice** – As part of this work stream the council is leading on the development of an information and advice hub which can be accessed by the public and by health and social care professionals alike. This work also overlaps with work being carried out in the Customer Experience programme.
 - v. **Ageing Healthily and Prevention** – This workstream pulls in expertise from Public Health to address the modifiable lifestyle factors that can support residents to stay healthier for longer and maintain independence in the event of health conditions developing. Joint work around isolation, dementia and falls is progressing well.

5.6 **Mental Capacity and Deprivation of Liberty Safeguards**

- 5.6.1 The Deprivation of Liberty Safeguards (DoLS) established a process for oversight of decisions made to deprive people without mental capacity of their liberty within hospital or care home settings. In broad terms the DoLS process provides a professional assessment, conducted independently of the hospital or care home in question, of whether:
- The person suffers from an impairment of the mind as diagnosed by a section 12 medical practitioner
 - The person lacks capacity to decide whether to be accommodated in the hospital or care

home in question for the purpose of care and treatment, and

- It is in their best interests to be deprived of their liberty in the ways proposed by the hospital or care home setting

5.6.2 In 2014, the Supreme Court handed down a long awaited ruling in respect of conjoined cases of ***P v Cheshire West and P & Q v Surrey*** on the meaning of 'deprivation of liberty' for people who lack the mental capacity to make their own decision on their residence and their care package. The result was a widening of the definition of deprivation of liberty to clearly include the following groups:

- Those lacking capacity to consent who are accommodated within a care home who would not be free to leave alone, irrespective of the fact they might appear content with their presence in the setting
- Those lacking capacity to consent who are accommodated in other settings, for example supported living or extra care, where similar levels of restriction are applied. For this group the DoLS administrative process cannot be applied and instead an application must be made to the Court of Protection
- Young people aged 16-18 lacking capacity to consent who are accommodated in any setting where restrictions are placed upon them which are greater than those which might be generally placed upon young people of that age.

5.6.3 Following the judgement the council has continued to receive unprecedented volumes of applications for deprivation of liberty safeguards relating to care and support of people lacking mental capacity.

5.6.4 A number of individuals in non-residential settings have been identified as requiring an application to the Court of Protection as a result of the supreme court judgment. Training in the Court of Protection process has been provided to the social work teams and applications for these individuals have commenced.

5.6.5 The Law Commission has published a consultation in response to the pressures being faced by all Local Authorities. This proposes significant changes to the framework for supporting those who lack capacity, although any changes are unlikely to be made effective until 2017. Despite this we have increased capacity in the DoLS service to cope with demand and prevent waiting lists and backlogs.

5.7 **Other Transformation initiatives**

5.7.1 **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 originally identified 18 initiatives which amounted to a savings target of £8.9m.

Business cases and leads are established for all initiatives and delivery is being tracked weekly through a Delivery Board. The fy16/17 initiatives are largely made up from driving further efficiencies and savings from existing services. This approach has diminishing returns and so work has started on developing structural savings and revenue opportunities for fy17/18. Some of these initiatives are being developed with partners. We are on track to meet the £8.9m commitment.

The initiatives that form part of this programme of work are detailed below.

5.7.2 **Review of Placements**

Over the past year we have reviewed commissioned care packages. This has covered 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 the individuals and to promote independence.

Currently working with a team of three dedicated social workers on the project, the project team

have achieved efficiencies and better outcomes on over 100 packages of care and support.

5.7.3 **Assistive Technology**

Continuing to work with Cross Keys Homes regarding the delivery of a lifeline service, the project has matured to cover much more within its scope. 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 the council, 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.

5.7.4 **Provision of Care and Support in Extra Care Schemes in Peterborough**

The provision of Personal Care and Support within the five extra care housing schemes in Peterborough to deliver effective and efficient support within extra care housing to avoid the need for residential care home placements. The contract ensures compliance to the council's contracting rules alongside developing a more consistent approach across all schemes. The details of the successful provider for each scheme is as below:

Scheme	New Provider
Friary Court	Axiom Crossroads Care
The Pavilions	Axiom Crossroads Care
The Spinney	Axiom Crossroads Care
St Edmunds	Hales Group Ltd
Bishopsfield	Hales Group Ltd

5.7.5 **Homecare**

Retendering generic homecare contracts aims to secure the required quality and capacity of support services to deliver improved outcomes whilst achieving the best possible value through offering a larger volume of business to a reduced number of providers.

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.

5.8 **Performance Management**

5.8.1 **National Adult Social Care Outcomes Framework**

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 product enables the council to compare performance with other councils and identify areas of particular concern or success. The table below (figure 1) provides a summary for Peterborough for the latest full year data released.

Figure 1

ASCOF Measures							
No	Indicator Description	2013/14	2014/15	2015/16	Direction of Travel	England 2015/16	Eastern Region 2015/16
1A	Social care related quality of life score	18.9	19	19.1	↑	19.1	19
1B	Proportion of respondents who felt they had control over their daily life	76	78.4	76.5	↓	76.6	77.4
1C1	Proportion of service users accessing long-term community support at year-end 31 March who were receiving self-directed support	53.2	98.6	98.6	↔	84.9	87.9
1C2	Proportion of service users accessing long-term support at the year-end 31 March who were receiving direct payments	12.4	25.4	25.4	↔	28.1	29.3
1E	Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are in paid employment	8.4	8.5	10	↑	6.2	7.5
1F	Proportion of working age adults (18-69) who are receiving secondary mental health services and who are on the Care Programme Approach at the end of the month who are recorded as being employed	4.3	6.2	6.2	↔	5.5	4.7
1G	Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family	72.3	81.1	84.2	↑	75.4	74
1H	Proportion of working age adults (18-69) who are receiving secondary mental health services who are recorded as living independently (with or without support)	16.7	32.4	52.1	↑	58.6	44.1
1I1	Proportion of respondents to ASCS question 8a who have as much social contact as they would like	42.4	42	41.8	↓	45.4	44.8
2A1	Number of council-supported younger adults (aged 18-64) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population	18.1	20.7	4.2	↓	13.3	15.8
2A2	Number of council-supported older adults (aged 65 and over) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population	578	484.2	394.4	↓	628.2	570.3
2B1	Proportion of older people (aged 65 and over) discharged from acute or community hospitals who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital	73.8	70.8	88.3	↑	82.7	82.6
2B2	Proportion of older people (aged 65 and over) discharged from acute or community hospitals with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting)	1.7	1.7	2.1	↑	2.9	2.6
2C1	Average number of delayed transfers of care (for those aged 18 and over), per 100,000 population	13.6	14	10.1	↓	12.1	11.6
2C2	Average number of delayed transfers of care (for those aged 18 and over) that are attributable to adult social care, per 100,000 population	2.8	1	0.7	↓	4.7	3.5
2D	Proportion of new service users that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	65	72.2	74.9	↑	75.8	81.5
3A	Proportion of respondents to ASCS question 1 who said they were satisfied with their care and support	65	59.2	64.4	↑	64.4	64.5
3D1	Proportion of respondents who answered ASCS question 12 who find it "very easy" or "fairly easy" to find information about services	74.9	74.2	72.8	↓	73.5	72.7
4A	Proportion of respondents to ASCS question 7a who feel as safe as they want to	63.9	64.5	65	↑	69.2	68.7
4B	Proportion of respondents to ASCS question 7b who say that the services they receive have made them feel safe and secure	83.6	89.1	88.3	↓	85.4	82.4

5.8.2 Key successes to note include:

- The overall quality of life score reported by service users has improved year on year and is now equal to the national average and better than the regional average. Given some of the demographic challenges which might impact on quality of life compared to elsewhere this is a significant achievement.
- Peterborough continues to have one of the lowest levels of delayed transfers of care relating to social care in the country which has continued into 2016/17, where we have so far seen no delays for social care reasons.
- Overall satisfaction with care and support services in Peterborough is back in line with national averages following a dip during 2014/15.

- We continue to have high rates of service users who feel their care and support services make them feel safe.

5.8.3 Challenges to note include

- Service users continue to report lower levels of choice and control and social contact than elsewhere in the Country. There was also a poorer than average response rate in respect of ease of access to information and advice. These elements are key drivers for supporting communities and voluntary groups to increase the range of local activities and support available as part of our new model for Health and Social Care in the City.
- We continue to have a lower percentage of our service user population feeling safe overall than the national average. Research carried out by other Local Authorities suggest that rather than a fear of crime this might reflect a fear of falling, or other health fears. For the 2016/17 survey we are therefore adding an additional question to ask what makes our service users feel unsafe

5.8.4 Peterborough's Performance Dashboards

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:

- Carers' assessments and support services: Since the launch of the new carers' self-assessment last year we are undertaking an increasing number of carers' assessments. By September 2016 we had completed 543 carers assessments in the year compared to 411 at the same point last year. Carers for whom we complete an assessment are more likely to receive a support service, 32% compared to the regional average of 26%. This is positive in preventing carer breakdown which is one of the most common causes nationally for older people being admitted into permanent care home placements.
- We also complete reviews for a higher percentage of our service users than elsewhere in the region with 77% of our users having received a review in the last 6 months as at September 2016, compared to 60% regionally. Undertaking planned reviews has been shown to reduce the number of unplanned reviews that need to be undertaken. This can be seen to be evidenced in the fact that only 23% of reviews carried out in Peterborough between April and June 2016 were unplanned reviews compared to levels of 50% for other Local Authorities in the region
- Adult Safeguarding referral (concerns) numbers continue to grow, in quarter 1 Peterborough had 262 per 100,000 compared to 214 per 100,000 regionally. Quarter 2 saw these numbers drop slightly to 257 per 100,000.
- However the numbers of concerns which following triage within the Multi Agency Safeguarding Hub (MASH) are determined to require an enquiry remains more comparable to elsewhere in the region. In quarter 1 2016/17 Peterborough undertook 67 enquiries per 100,000 compared to 78 per 100,000 regionally. In quarter 2 this number dipped again to 56 per 100,000.
- There remain some issues around the length time taken to complete an enquiry, particularly where multiple agencies are involved and this is an area we have sought support from the Safeguarding Adults Board, particularly in the context of their newly published multi-agency policy and procedures.
- Deprivation of Liberty Safeguards continue to be a pressure for the Council, however the work is being managed without the volume of back logs seen elsewhere in the country, which is a significant achievement. Between April – September 2016 we had received 394 applications, and only had 25 awaiting an approval as at 30 September 2016.

5.9 **Service Use Experience**

Annually the Council undertakes a nationally specified survey of those receiving Adult Social care services. Results from the survey for 2015/16 are summarised below.

5.9.1 What we did well.

- 79% of customers said that they were very happy with the way that staff helped them (all England average is 75%)
- 93% of customers reported that care and support services helped them have a better quality of life (all England average is 92%)
- 91% of customers reported that care and support services helped them in having control over their daily life (all England average is 89%)
- 88% of customers reported that care and support services helped them in feeling safe (all England average is 85%)
- 59% of customers said that they felt clean and were able to present themselves the way they liked (all England average is 57%)
- 69% of customers said that they could get all the food and drink they liked when they wanted it (all England average is 63%)
- 70% of customers said that their home is as clean and comfortable as they want (all England average is 66%)

5.9.2 What went less well

- 61% of customers are 'extremely' or 'very' satisfied with the care and support services they receive (all England average is 62%)
- 65% of customers said they felt as safe as they wanted (all England average is 69%)
- 34% of customers reported that they are able to spend their time as they want, doing things they enjoy (all England average is 36%)
- 61% of customers felt that the way they are helped and treated makes them think and feel better about themselves (all England average is 62%)
- Of the customers who said they have tried to find information and advice about support, services or benefits, 73% of found it 'very' or 'fairly' easy (all England average is 73.5%)

5.9.3 The 2016/17 user survey will be carried out in February 2017 and the Council are currently carrying out a bi-annual Carers experience survey.

5.10 **Future Priorities**

5.10.1 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:

- To embed quality assurance and quality improvement services
- The integration/alignment of health and social care where it is appropriate and adds value and benefit
- 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

5.10.2 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 the next year 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.

6. **IMPLICATIONS**

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) and so we will ensure the Scrutiny Committee are kept informed and engaged throughout the process.

7. CONSULTATION

7.1 Not applicable.

8. NEXT STEPS

8.1 There are no immediate steps to be considered arising from this report.

9. BACKGROUND DOCUMENTS

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

9.1 None

10. APPENDICES

10.1 None