

Adult Social Care Committee

Item No.....

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| Report title: | Performance management report |
| Date of meeting: | 2 May 2018 |
| Responsible Director | James Bullion, Executive Director of Adult Social Services |
| Strategic impact Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need. | |

Executive summary

This report sets out the latest available performance position for Adult Social Services. The data has been drawn from the new Liquid Logic system. All front line teams continue to support a high number of people across all ages and with a range of needs, and points to the challenging impact of a high volume of activity over the winter period.

The report includes data about complaints, and a report detailing a finding against Adult Social Services from the Local Government Social Care Ombudsman.

Recommendations

The Committee is asked to:

- a) **Discuss and agree the overall performance position for adult social care as described in section 2**
- b) **Consider the findings of the Local Government Social Care Ombudsman's report included in full in Appendix 2.**

1. Introduction

- 1.1 This report sets out the latest available performance position for Adult Social Services. The data which is in this report has been drawn from the new Liquid Logic system; there is one indicator where the switch to the new system has not given a direct match, so at the time of writing we are not able to report confidently against the indicator measuring reviews which lead to reduced formal services.

2. Performance overview

- 2.1 All front line teams continue to support a high number of people across all ages and with a range of needs. Whilst there has been continued focus on helping people stay independent, it has been a challenge to sustain or improve performance against key indicators and not all the targets we set ourselves have been met. Our strategy continues to be to:
 - a) Strengthen and expand prevention – including through good advice, connecting people with help in their communities, strengths based social work – our Living Well approach

- b) Intervene to keep people independent – through short-term support, often in partnership with the NHS, through reablement to help people regain skills and confidence so they can continue living independently in the community
- c) Support people who need on-going help – providing as much choice and control as possible, including for carers; developing more housing options for people to live independently but with additional support if needed; enabling a vibrant care market with a skilled workforce

Please see Appendix 1 for detailed information on Report Cards.

2.2 **Cases that lead to assessments**

2.2.1 Leading practice in social care suggests that a quarter of contacts to social care should translate into a formal care act assessment. This is because the majority of people who initially contact the Council will be able to be supported with advice, information and prevention. We are reporting this measure for the first time out of the new Liquid Logic system. It shows an increase over the last period (November to March) which is likely to be a reflection of the pressure on adult social care during the winter period.

2.2.2 The roll out of our Living Well: 3 conversation approach to social work does suggest that an overall reduction in the number of formal assessments is achievable, as strengths based working is embedded across the department. Whilst still relatively early days, initial evaluation of the first Living Well sites has shown benefits for people using our services. These include:

- a) People's needs are better understood and met (and expectations managed) because time has been taken to understand what is needed
- b) Speed of response to people's support needs has improved which has prevented some issues from escalating
- c) People have told staff they value being dealt with directly and not passed between departments ("handed off")
- d) Staff knowledge about their local communities has grown and this has increased the range of services staff can offer to people
- e) Staff themselves feedback that their overall wellbeing and morale has improved with the new approach, despite the intensity of the work

2.3 **Assessments which go on to services**

2.3.1 Our new model of social work which looks at the strengths of an individual, should lead to fewer full Care Act assessments taking place, as we work to support people earlier. However, where assessments do take place, good practice suggests that a greater proportion are likely to require formal services, since other sources of support will have been already sought.

2.3.2 This is the first time we have reported against this measure and it shows that we are not yet making an impact in line with the 3 conversations model. We have set a stretch target of 85%, but our current performance is at 50%. It is a new indicator and will largely be turned around through the implementation of Living Well model and through continued training and development. The focus at every point of any contact with customers on independence and non reliance on formal services combined with health's new focus on self care and prevention should promote further reduction in need for services.

2.4 **Effectiveness of reablement**

2.4.1 Reablement continues to be a major factor in promoting people's independence and preventing people from needing intensive on-going formal care. Adult Social Services and the CCGs now invest around £7.4m in reablement. Recent analysis suggests that approximately only 20% of people who have received reablement services from Norfolk First Support need ongoing local authority funded long term services. Furthermore, for those that do require services, we typically see a 24% reduction in the service requirement.

2.4.2 We have recently agreed with our CCG partners to further increase investment in home based reablement in 2018/19. This will mean the service can:

- a) Enable more people to live at home as independently as possible by meeting the (inevitable) increase in number of referrals, which is the trend for the last few years –and is consistent with our focus on helping people to live in their own homes as independently as possible
- b) Work with people receiving double ups (ie two carers at the same time) and their carers where there is the potential to reable the person and/or to reduce the number of carers to one. We sometimes have to decline referrals which are double up requests. Extra staff capacity would mean that these double up referrals could be accepted, where appropriate

2.4.3 The switch over from Care First to Liquid Logic has meant we have not been able to report confirmed figures for a couple of months. The rate of effectiveness for March shows an increase, after the dip of earlier months. As before there are two possible causes for this: a time lag in reporting; and discrepancies between how the data is captured between Care First and Liquid Logic.

2.5 **Holding lists**

2.5.1 The rate of reduction in the holding list this month has slowed; and is just above the target we set in October (2565 against a target of 2396). However, the reduction from a peak of 3109 in August represents a significant improvement. The special county team set up to support community teams in dealing with backlogs is fully recruited. The staff in the West were the most recent group to get up to strength allowing us to continue to take more cases from that locality which continues to have the largest waiting lists. In total, the dedicated team has taken around 800 cases; to date these have largely been more straight-forward cases, but as the team becomes more experienced they will be able to pick up a wider range of cases.

2.5.2 As well as the additional resources from the county team, individual localities have adopted bespoke approaches to reducing the backlog of work. This includes, temporary staff focused on those waiting; weekend working and overtime. All cases that are held continue to be monitored and prioritised if circumstances change.

2.6 **Delayed transfers of Care**

2.6.1 Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. If they are not able to leave hospital to continue their recovery, older people particularly risk losing their mobility and ability to manage daily living tasks, increasing their level of care needs and impacting on their independence and quality of life. The joint focus of health and social care is to avoid unnecessary admissions to hospital, and ensure a timely discharge when it is safe and in the best interests of the person needing care.

- 2.6.2 Moving people swiftly out of hospital continues to be a major focus of interest for the Government. Stretching targets for all areas were set, and within that the target is broken down to delays caused by the NHS, and delays caused by social care.
- 2.6.3 Performance has not been on target and peaked in October 2017. Since then there has been an improvement and February's figure is the lowest it has been since December 2016. There were 2242 total delayed days in February 2018, of which 890 were attributable to Social Care. This is a 17% decrease from January 2018, where there were 1078 Social Care delays.
- 2.6.4 The main decrease in social care delays took place at the Norfolk and Norwich University Hospital (634 to 458 – January to February).
- 2.6.5 The proportion of Social Care delays occurring in acute care was 60%.
- The latest published figures show that Norfolk (health and social care) is ranked 100 out of 151 local authorities for total delays per 100k population. Norfolk is ranked 123 out of 151 for Social Care delays per 100k population.
- 2.6.6 Throughout the year, we have grappled with capturing an accurate, verified picture of social care delays across the three acute hospitals and the many community units. Whilst clearly what ultimately matters is reducing the overall total, accurate recording – together with accurate reasons for the delays – is critical if effective improvement measures are to be put in place.
- 2.6.7 We want to work with trusts to address the practice where referrals to adult social care teams in hospitals come through in tranches and often with the minimum timescale set in the Care Act rather than supporting discharge planning from the point of admission. The impact of this is that our social work teams face peaks and troughs in their workload, are reactive to the demand and struggle to engage earlier in the discharge planning, which inevitably leads to delays which could be avoided.
- 2.6.8 In June, we will be working with the Better Care Fund Support Team to focus on the central system to give an independent view of the current arrangements and recommendations about how we can use the collective social services and NHS teams to best effect for people.
- 2.7 **Reviews that lead to reduced services**
- 2.7.1 It has not been possible to report a robust figure against this measure for this report. This is to do with how the data is captured on the new system. We will either have a confirmed figure for the next meeting, or alternative measures.
- 2.8 **Rate of permanent admissions**
- 2.8.1 The rate of permanent admissions for younger adults has been reducing slowly, reversing what had been an upward trend. March data shows a decrease from the January rate of 21.9/100K to 19.19/100K – keeping in line with performance in April 2017. Transformation of learning disability services is a priority for the department. We have brought in an external agency to accelerate reviews. This will ensure all individuals have an up to date strengths-based care act compliant review.
- 2.8.2 Additional capacity for front line operational and assessors for the service has been put in place to support teams in implementing a way of working which enables people to live independently – with appropriate support.

2.8.3 An example of this is Netherwood Green in the County Hall grounds which is being developed to offer two types of accommodation, a shared house for four people which will have the security of having staff on site, as well as eight, one bed self contained flats to be supported by staff from the house. Netherwood is seen as stepping stone to more independent living, so tenancies will be short term in the anticipation that people will build skills and confidence and move on to other types of accommodation.

2.9.1 Admissions for people over 65 are in line with our target. (The March data may increase because of a time lag in reporting.) Our strategy of early help, prevention reablement and strengths-based work is contributing to an overall reduction in the number of people in long-term care, as has a very determined focus on only using residential care as a last resort and not making permanent admissions from hospital. The rates have remained stable, with a small overall reduction, despite the well-documented pressures on demography and demand.

2.10 **Complaints**

2.10.1 In addition to the regular data on complaints, this report includes the outcome of a complaint upheld against Adult Social Services by the Local Government Social Care Ombudsman. The report requires consideration of the findings and actions by elected Members.

2.10.2 The complaint was that Norfolk County Council failed to properly explain to him how the complainant's mother's care home fees would be paid. As a result, the family chose a care home which, they later found out, would be unaffordable once his mother's capital reduced to £23,250. The full report is attached at Appendix 2

2.10.3 Norfolk County Council have accepted the recommendations, sent a written apology to the complainant and his family for the time, trouble and distress caused. Norfolk County Council also waived the top up fee and paid £300 to the family. (as recommended by the LGSCO).

2.10.4 Norfolk County Council is carrying out the remaining recommendations made by the LGSCO, including reviewing our policy and the processes we have in place to ensure people receive the financial information they need, that staff involved in needs and financial assessments know what information they need to provide and that appropriate information and training is provided to staff.

2.10.5 Residential charging policy and associated leaflets have been amended to ensure that people receive the financial information they need. A new process for first party top ups has been created with additional controls to ensure that service users or their representatives fully understand the implications of the financial arrangement. Additional training will start in June consisting of an initial team session, following by formal 3-hour training session for all staff (Adults and Finance) from 1st September 2018.

2.10.6 Also, as recommended by the LGSCO, Norfolk County Council is reviewing similar cases, in the last 12 months to check if the same error has been made.

2.10.7 An additional requirement by the LGSCO was publication of two public notices in local newspapers about the case. These public notices were placed in the Eastern Daily Press (EDP) and the Evening News on the 29th March 2018. The requirement to issue the notice above and a number of other recommendations made in this case is a change of approach by the LGSCO. We have been advised by Norfolk County Council Complaints Manager that the LGSCO intend to make greater use of his powers under

Section 26D of the Local Government Act 1974 and because of this we are seeing the LGSCO recommending more wide-ranging remedies.

3. Recommendations

3.1 The Committee is asked to:

- a) Discuss and agree the overall performance position for adult social care as described in section 2**
- b) Consider the findings of the Local Government Social Care Ombudsman's report included in full in Appendix 2.**

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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