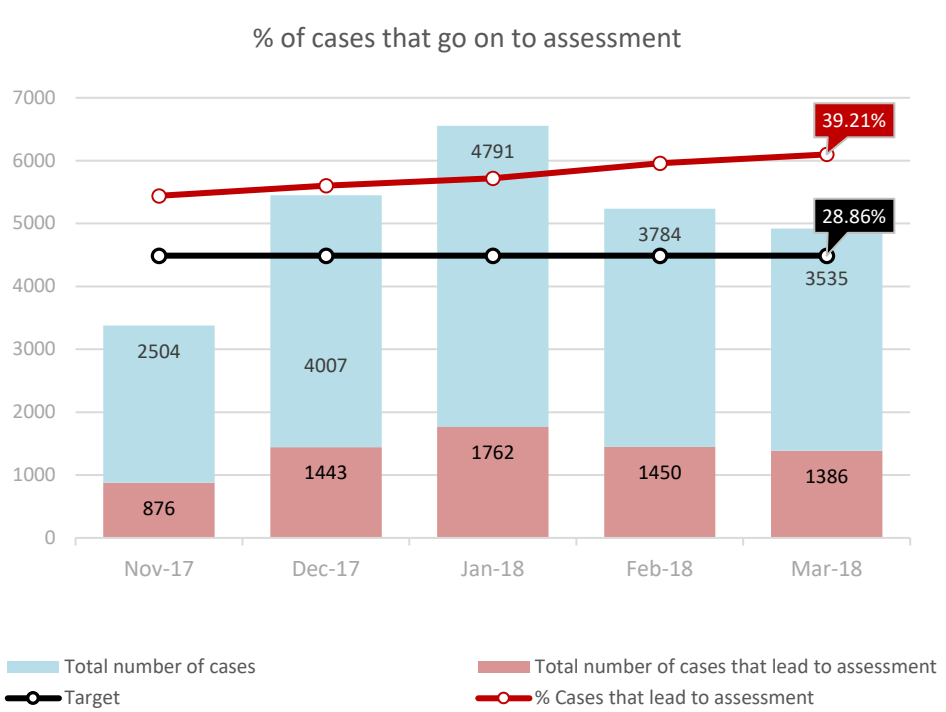
Percentage of requests that go on to assessment

Why is this important?

Leading practice in social care suggests that a quarter of contacts to social care should translate into a formal care act assessments. This highlights the need to expand and embed prevention and information strategies which connect people with support or advice so more people stay in control of their lives.

Performance



What is the background to current performance?

- Our early intervention, prevention and strengths=based working are all directed towards supporting people to be independent, resilient and well.
- The trend over the last four months has seen an increase in overall requests and a higher percentage leading to an assessment
- The figures do coincide with the peak period of pressure for the health and social care system, so we would expect to see an improvement in the next period.
- Early findings from Living Well: 'Three Conversations' approach to social work does show a benefit for people through connection to informal services
- As yet, the model is operating at 7 sites across Norfolk, so its impact is yet to feed through to this measure

What will success look like?

- Good performance will mean a reduction in the percentage of requests for support ending with an intention to carry out assessment. Performance is therefore driven by the extent to which other options – for example community-based support – have been explored; and by the amount of requests for support.

Action required

- Continued embedding of strength-based work
- Agree a roll-out plan for Living Well; 3 Conversations
- Continue to develop community-based support – including social prescribing, social isolation, tackling loneliness
- Management action at a team level, using locality level data to target improvement

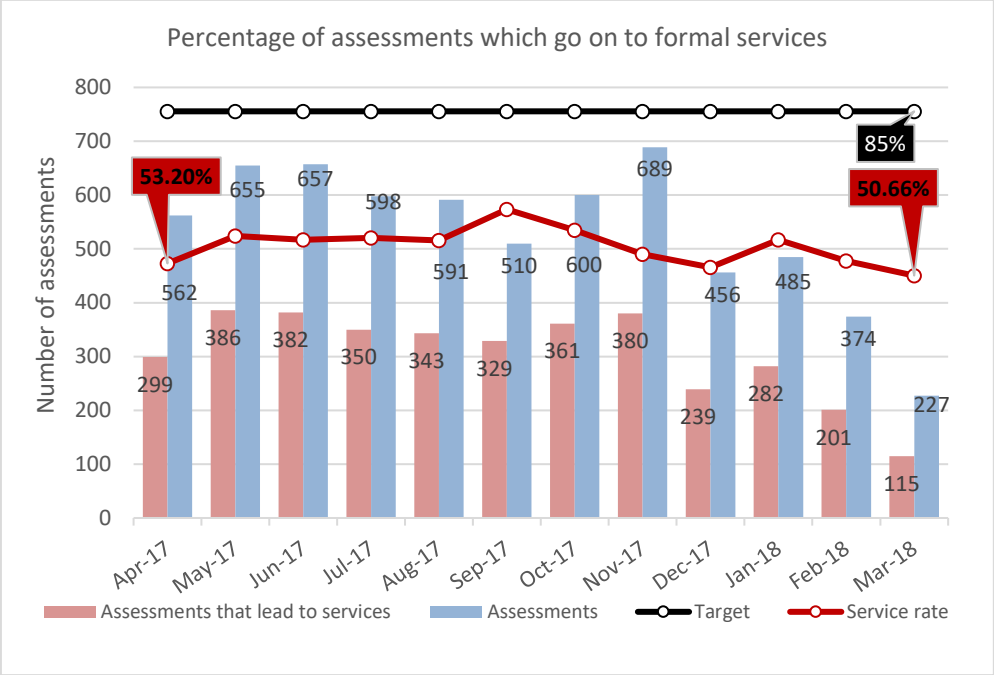
Responsible Officers	Lead: Lorna Bright, Assistant Director Social Work	Data: Intelligence and Analytics Service

Percentage of assessments which go on to formal services

Why is this important?

This indicator measures the effectiveness of arrangements for supporting and re-abling people, and of the process for determining which people need a Care Act Assessment. People that go on to receive information and advice as a result of an assessment, or who receive 'no further action', probably should not have received an assessment in the first place.

Performance



What is the background to current performance?

- This indicator should improve as we embed and sustain strengths-based working, and in particular roll out Living Well 3 conversations approach
- This will lead to an earlier engagement with people to link them and connect them informal support.
- We expect the number of formal assessments to reduce but those which do take place will be more likely to lead to formal services.
- The period reported has been a time of peak activity and pressure on community teams as they handle the winter period. This has meant they are dealing with people who are likely to have existing plans for care and support, so would require assessments.
- The last few months show a reduction in the absolute number of assessments, but a similar proportion leading to services.

What will success look like?

- People that go on to receive information and advice as a result of an assessment, or who receive 'no further action', probably should not have received an assessment in the first place.
- The increase suggested here may feel counter-intuitive in that it might suggest additional service provision. In fact this increase is predicated on an overall reduction in assessments in line with the principles of the 'Three Conversations' model.

Action required

- Locality level data from the new information system for this indicator will give teams better information to help target and address this
- Continued focus at every point of contact with people on independence
- Joint working with health to promote self-care and build resilience in communities
- Planned roll out across all teams of the Living Well model

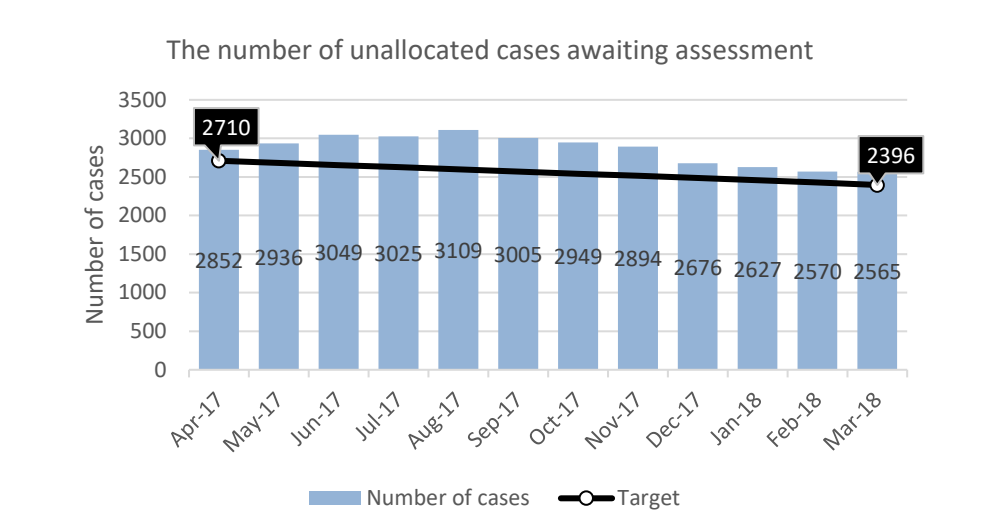
Responsible Officers	Lead: Lorna Bright, Assistant Director Social Work	Data: Intelligence and Analytics Service

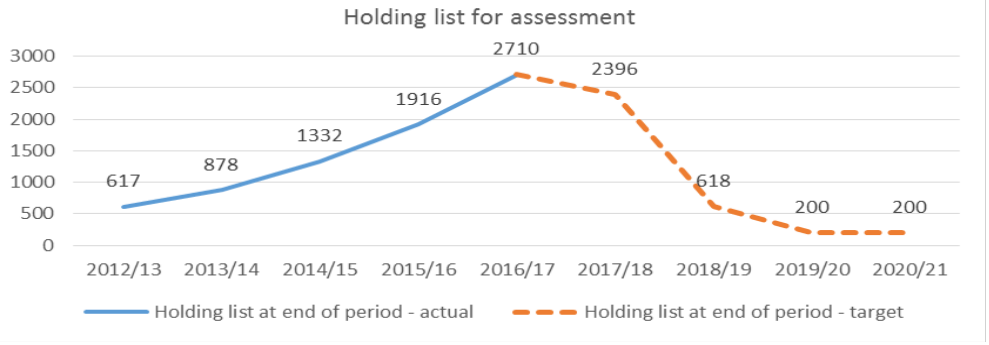
Holding List

Why is this important?

Carrying high backloads of work is having an impact of the pace of change we need to make. Delays in assessments can worsen the service users' condition, resulting in a greater need of care from the authority and potentially reducing their level independence. Monitoring of this will allow us to assess the impact of recruitment into newly created posts and allows us to monitor the performance of the 3 conversations model.

Performance





What is the background to current performance?

- In July it was reported that teams were carrying a significant amount of backlogs of work. The latest figure of just over 2500 is almost 500 lower than what was first reported on in July. However, the change from Care First to Liquid Logic may mean that there are changes in how the system counts unallocated cases, and we are keeping this under review.
- Given a current 16/17 rate of assessments of around 8,800 a year the holding list targets require an additional 4% of assessments in 2017/18. Some of this will be off-set by a reduced requirement for new assessments in line with other targets (e.g. reduced rates of requests for support to services).
- Delivery of target is dependent on recruitment to additional social work posts, and on improvements to productivity delivered through the Promoting Independence programme and through the Three Conversations model.
- A short term specialist team dedicated to addressing the holding list have been in post since December. The team works across all five localities prioritising areas with the largest list and the case which have waited longest
- Whilst the pace of reduction has slowed over the last few months, this has been at the time of most intense pressure for teams over winter
- The recruitment to additional posts to increase capacity has been positive. It has helped strength front line teams, giving them more capacity to address backlogs.

Action required

- Good performance will mean a reduction in the number of unallocated cases awaiting assessment. Performance is therefore driven by the success of the recruitment process to increase capacity and the further introduction of sites using the 3 conversations model.

- Continue with the roll out of strengths-based working – 3 conversation model. To date two sites have been run, with a further 4 due in March. The teams in those sites have demonstrated that capacity can be created to tackle waiting lists.
- Ensure recruitment to additional or vacant posts is monitored and positions are filled. Any failure to recruit to posts, and to fill existing and future vacancies, will compromise the council's ability to hit this target. Recruitment can be a challenge, so monitoring recruitment progress will be important.

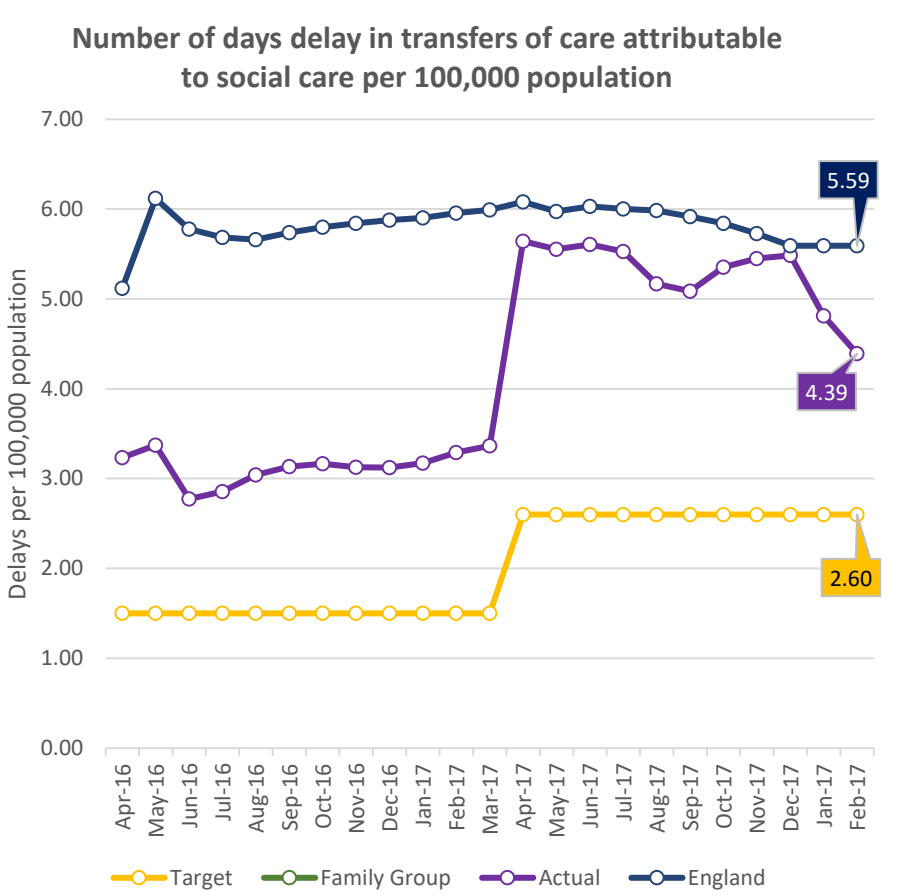
Responsible Officers	Lead: Lorrayne, Assistant Director Social Work	Data: Intelligence and Analytics Service

Delayed transfers of care

Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Low levels of delayed transfers of care are critical to the overall performance of the health and social care system. This measure is a rolling average over the financial year, so smooths out individual month performance.

Performance



What explains current performance?

Winter is always pressured in the hospital services, but we put in place effective plans in preparation. Nationally and locally, hospitals saw unprecedented numbers of people attending.

As anticipated, it is after Christmas that pressures are often most acute and we experienced greater pressure later in January, coupled with the challenges of sickness. Delays performance improved consistently following the initial winter pressures.

- The number of social care delays in Feb 2018 was within the DoH Feb 2017 benchmark at all Norfolk trusts other than NNUHFT which exceeded this benchmark by 233. Despite this the total number of social care delays in Norfolk was within Feb 2017 benchmark for the first time since Aug 2017.
- We have worked closely with NCHC and NSFT to ensure that when there are delays they are accurately coded. This has led to a substantial reduction in the number of delays attributed to social care.
- NCC is not yet able to fully verify DTOC figures and is working with the NHS to adopt a best practice joint verification process.
- New resources funded through the improved Better Care Fund have come on line: trusted assessors, accommodation based reablement and enhanced home care all became available in late January.
- The Council put in place temporary measures have been put in place to support effective discharge over winter: additional social care assessment staffing, reprioritising workload, incentives to providers to take on cases swiftly and exceptional additional payments to secure care services.
- We have invited external support via the regional Better Care Fund Support Team to work with the system on hospital discharge so that we benefit from new perspectives.

What will success look like?

- Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit.

Action required

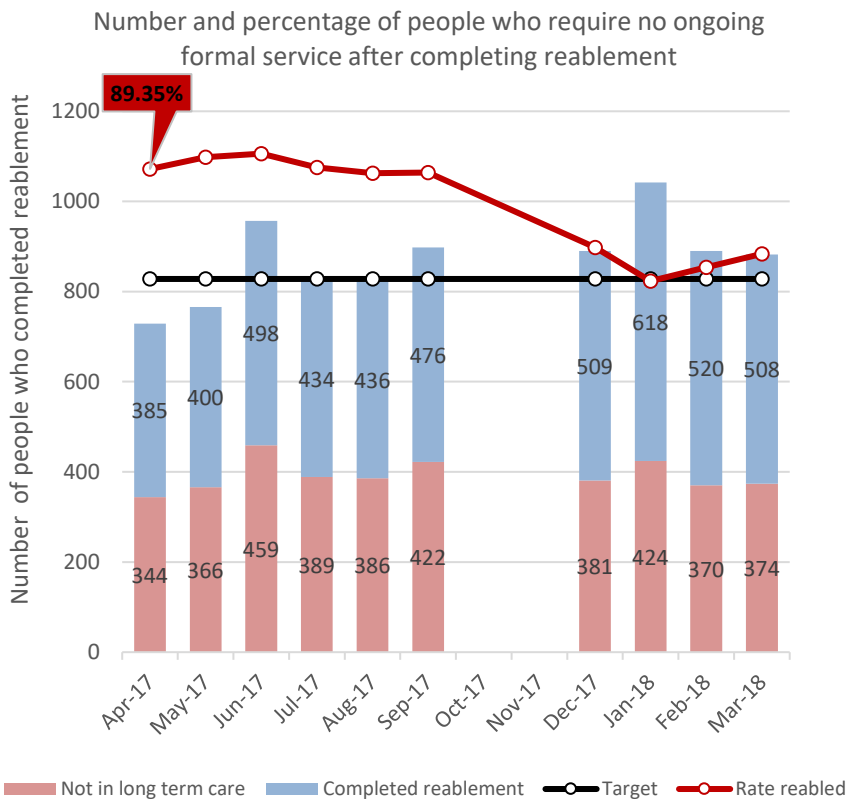
- Engage with external support to strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals

The effectiveness of Reablement Services - % of people who do not require long term care after completing reablement

Why is this important?

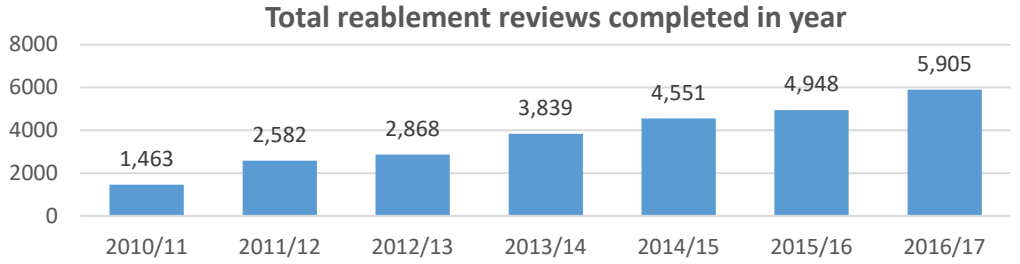
The Promoting Independence Strategy, as well as the Care Act 2014, requires that the council does all that it can to prevent or delay the need for formal or long-term care. Norfolk has provided reablement services for a number of years – that help people get back on their feet after a crisis – to people leaving hospital or that have just experienced a change in their wellbeing that might require some kind of care. The success of this is important for two reasons. First, people that do not require long-term support as a result of reablement are more independent and tend to experience better outcomes. Secondly, avoiding long term care saves the council money.

Performance



What is the background to current performance?

- Due to the migration from Care First to Liquid Logic there is a gap in the data available for October and November.
- The rate of people who require no ongoing formal service after completing reablement has dropped from 89% to 74% in March. We believe this could be due to one of two issues. First those people taken on by NFS in January and February are still being reabled and therefore are not shown as reabled yet. Secondly it is also a possibility that there is a time-lag in the process of inputting the data and that the parameters used on Care First data are slightly different to what is in Liquid Logic. Further investigation into this is ongoing.
- Benjamin Court, the new accommodation based reablement unit opened on 9 February. The unit is design for people who are medically fit but cannot go home safely to have the potential to be reabled.
- All people with a social care need are assessed for suitability for reablement before leaving hospital; most go on to receive some kind of reablement services, usually in their own home.
- Performance in this indicator is linked to the 'Sustainability of reablement' indicator and report card.



What will success look like?

Action required

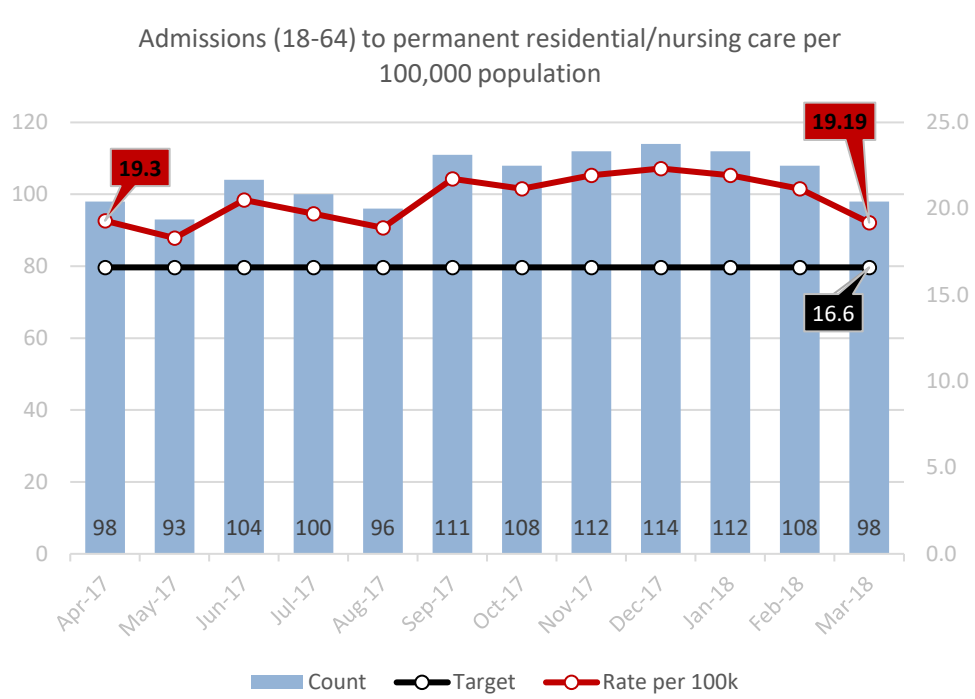
• The maximum proportion of people completing reablement not needing ongoing care. • The business case for additional investment in Norfolk First Support calculated that to reable everyone with the potential for reablement, and therefore maximise outcomes and savings, approximately 6,000 people a year should receive reablement (based on previous years). • The cost of reablement services to be significantly less than the likely cost of long term care.	• Continued monitoring of the impact of reablement against this indicator, and against the targets set out in the business case for additional investment in Norfolk First Support.
Responsible Officers	Lead: Janice Dane – Assistant Director Early Help and Prevention Data: Business Intelligence & Performance

More people aged 18-64 live in their own homes

Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Historic admissions to residential care for people aged 18-64 were very high in Norfolk at nearly three times the family group average.
- Improvements have seen year-on-year reductions accelerate with admissions going from 31.0/100k in Mar 2015 to 16.4/100k in Dec 2016. The reduction from Apr 2016 onwards brought admissions per 100k below the target rate however the increase in Jan 2017 took admission rates (18.5/100k) worse than target for the first time in 9 months and rates have been increase gradually since.
- The submitted Department of Health result for 2016/17 showed a worse level of performance than in 2015/16. This is the first time year-on-year performance has declined since 2012/13.
- Performance since has varied, with fluctuations month-on-month.
- 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.

What will success look like?

- Admissions for levels at or below the family group benchmarking average (around 13 per 100,000 population)
- Subsequent reductions in overall placements
- Availability of quality alternatives to residential care for those that need intensive long term support
- A commissioner-led approach to accommodation created with housing partners

Action required

- September 2017 – new approach to strengths based social work first innovation site goes live
- Development of “enablement centres” model for service users aged 18-64 to be helped to develop skills for independent living
- Reviewing how we strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals will impact on this indicator

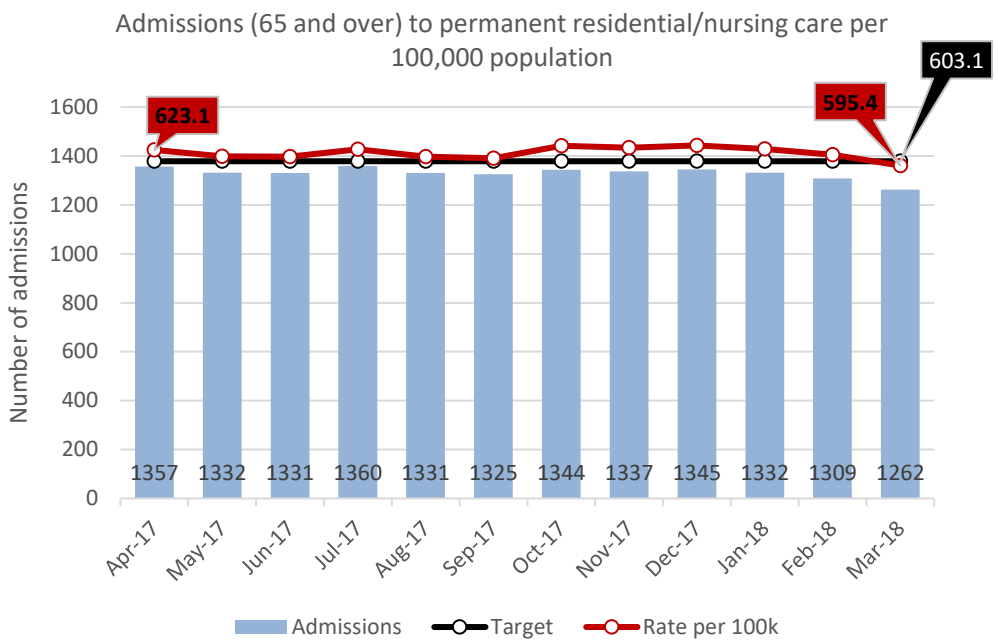
Responsible Officers	Lead: Lorna Bright, Assistant Director Social Work	Data: Intelligence and Analytics Service

More people aged 65+ live in their own homes for as long as possible

Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Historically admissions to residential care have been higher than Norfolk's family group average.
- Over the past 3 years the rate of admissions in Norfolk has reduced significantly from a rate of 724.0 admissions per 100k population in 2014/15 to 611.9 admissions per 100k population in 2016/17.
- Monthly reporting of performance shows there has been a slowing down of improvement since March 2016.
- Nevertheless, rates of admissions continue to fall.
- March's figures show a reduction in permanent admissions – the rate is below our target of 603.1/100k.

What will success look like?

- Admissions to be sustained below the family group benchmarking average and in line with targets
- Subsequent sustained reductions in overall placements
- Sustainable reductions in service usage elsewhere in the social care system

Action required

- The Promoting Independence programme includes critical actions to improve this measure
- Close scrutiny at locality team level and use of strengths based approach to assessment
- Commissioning activity around accommodation to focus on effective interventions such as reablement, sustainable domiciliary care provision, crisis management and accommodation options for those aged 65+ will assist people to continue live independently
- Supported care model for North and South localities now operational – offering 24 hour support for up to 7 days for people in crisis to avoid admissions to hospital/residential care
- Measures to support the effective discharge of people from hospital as part of the Improved Better Care Fund programme.

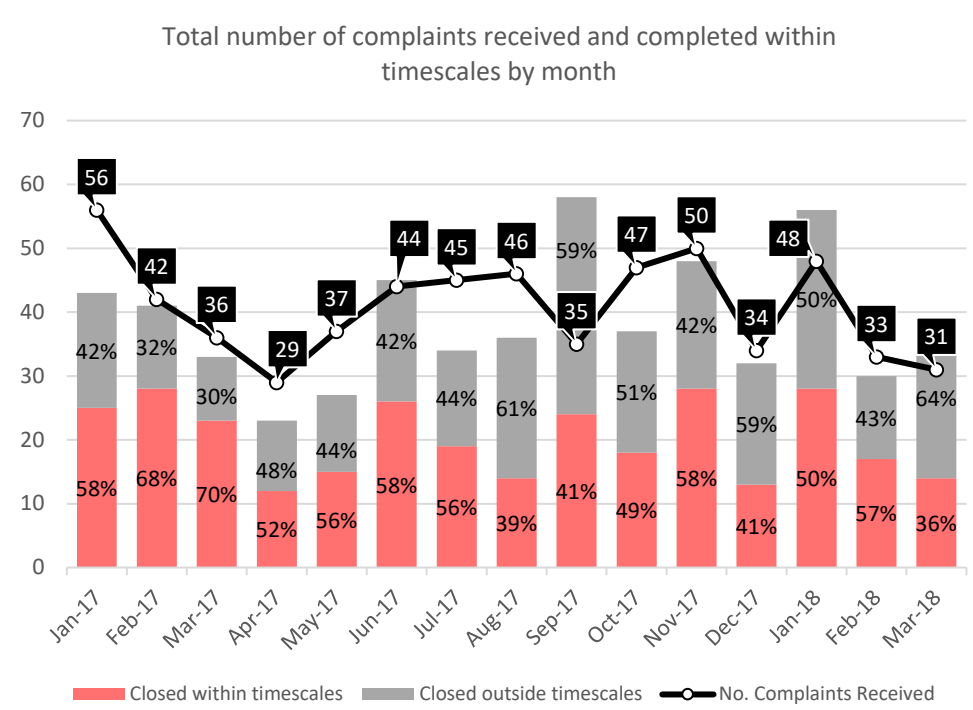
Responsible Officers	Lead: Lorrayne Barrett, Director of Integrated Care, and Lorna Bright, Assistant Director Social Work	Data: Intelligence and Analytics Service

Complaints

Why is this important?

Customer feedback is essential, not only can we gather valuable service user insights but it also gives the ability to identify service failures and gives thought on how to address them. The overall satisfaction or dissatisfaction of the service user will allow the service to monitor the effect/success of its strategic priorities.

Performance



What is the background to current performance?

- Over the calendar year 2017, Adult Social Services received just over 500 complaints. The main reasons for those complaints are process related, staff/employee related and financial complaints. These have largely stayed in the same proportion as previous years.
- There was an increase in the number of Social Work (other) complaints during April, May and June. 43% of complaints in regards to Social Work were around process issues, including service failures such as delays with assessments or dissatisfaction with outcomes such as changes to care plans. 29% were relating to staff-related issues, such as communication of information by social workers and delays in arranging respite/assessments/returning messages.
- Failure demand is demand caused by a failure to do something or do something right for the customer, which then prompts them to make contact several times. There have been a number of complaints logged incorrectly as they are not for the customer service centre but for allocated social workers who did not provide direct contact details to the service user. A large number of calls relating to finance have been recorded due to customers selecting the wrong telephone option.

What will success look like?

- A reduction in the number of complaints is not the main indicator for success. Understanding the types of complaints received and delivering actions to improve the performance of the service and monitor its performance against the strategic priorities should be the main indicator of success.

Action required

- To work closely with third party providers to ensure that appropriate standards of care are met.
- Improve Customer Journey. Review the telephone message options and work with web team to ensure information is clear and accessible.
- Improve communication with service users, agree on timescales and eligibility and charges for care and ensure they are understood before they commence. Ensure they have the correct contact details for allocated social workers etc.

Responsible Officers	Lead: Sarah Rank, Business Development Manager	Data: Customer Experience & Systems Team