



Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

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Independent, Safe and Well: Our new report

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- Independent, Safe and Well is our report on adult social care's performance in 2015/16
- Deliberately written to be as accessible as possible: part of us being more accountable for performance
- It is available to download at <u>www.sheffield.gov.uk/howdidwedo</u>

Independent, Safe and Well Summary of performance

- 2015 performance was low in relation to many comparator authorities. 2016 has worsened.
- Sheffield now performs worse than all our neighbours on almost all measures
- This is neither a direct result of our budget nor a reflection of the commitment of our staff
- Instead it reflects an operational model and commissioning approach that has been outdated, and systems that have not been fit for purpose
- These issues are being systematically addressed in 2017-18 as set out below.

Understanding our performance

- The Adult Social Care Outcomes Framework (ASCOF) is a set of outcomes that helps us to know how we are performing
- Some measures come from an annual questionnaire given to our customers (replicated in other authorities)
- Other measures come from looking at our activity and comparing to our population
- Four ASCOF domains that describe our key objectives:
 - 1. Ensuring quality of life
 - 2. Delaying and reducing need
 - 3. Ensuring a positive experience
 - Safeguarding and protecting from harm

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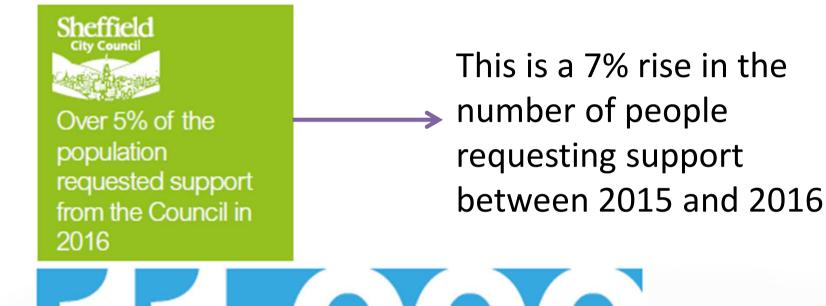




A note on the data

- Some of the outcomes are dependent on the results of the user survey, which is carried out once a year, and some are dependent on the results of the carers' survey, which is carried out every two years
- The results of both the user and carers' surveys then take six months to filter through and be analysed. This means that our data is often a little out of date *and* that any improvements we make will take a while to be demonstrated in our survey results
- The next results we expect are the carers' survey results in a few weeks' time
- We have set targets to improve over the next year for each of the ASCOF measures. We looked at the improvement other LAs have recorded. Why can we not achieve the same?





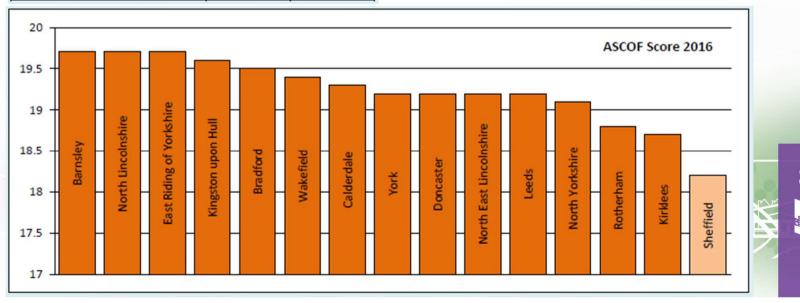
people received long term support from the Council in 2016

Theme 1: ensuring quality of life for people with care and support needs

Social care-related quality of life

Area	2015 Score	2016 Score	
Sheffield	18.5	18.2	
England	19.1	19.1	
Core Cities Average	18.9	18.9	
Yorkshire and the Humber	19.1	19.1	

- Composite of questions on control, dignity, personal care, nutrition, safety, occupation, participation, accommodation
- Quality of life: the heart of the matter
- Study comparing results found that biggest factors for older people were information and advice, suitability of housing, ability to get out and about
- Correlates with low numbers in employment



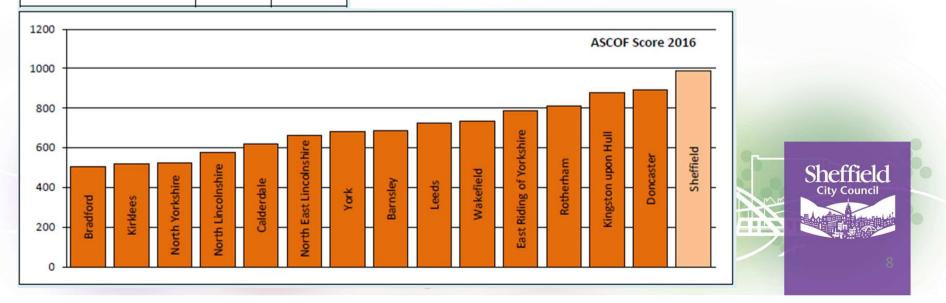


Theme 2: delaying and reducing the need for care and support

Permanent admissions to residential and nursing care homes, per 100,000 population - older adults

Area	2015 Score	2016 Score	
Sheffield	730.4	987.9	
England	668.8	628.2	
Core Cities Average	18.2	763.4	
Yorkshire and the Humber	726.9	699.5	

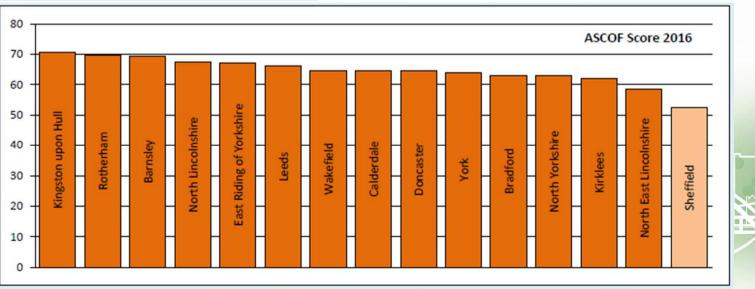
- Performance for younger adults is similar
- Rotherham and Doncaster are low performers also: there may be some scope for regional work
- Many of our care home admissions are driven by hospital discharges and the need to improve this
- There is also a likely relationship with quality of care in the community



Theme 3: ensuring that people have a positive experience of care and support *Overall satisfaction of people who use services with their care and support*

Area	2015	2016	
Alea -	Score	Score	
Sheffield	60%	52%	
England	65%	64%	
Core Cities Average	63%	61%	
Yorkshire and the Humber	66%	64%	

- General 2015-16 deterioration linked to austerity?
- But nationally only 3 LAs score lower than Sheffield in this measure
- The rates we have paid for care and how we have commissioned: leading to low quality
- Correlates with low proportion of people feeling in control of their daily lives: in spite of relatively high Direct Payment numbers



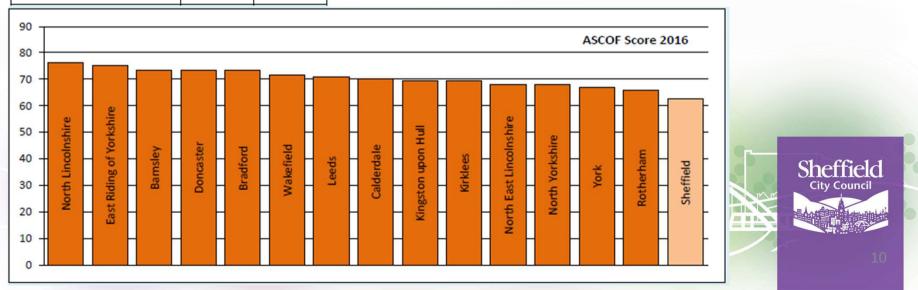


Theme 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

The proportion of people who use services who feel safe

Area	2015	2016
Alea	Score	Score
Sheffield	64%	63%
England	69%	69%
Core Cities Average	67%	68%
Yorkshire and the Humber	68%	70%

- For most other Councils there isn't necessarily a strong correlation between feeling satisfied with services and feeling safe. E.g Rotherham
- For Sheffield there is a sense of "perfect storm" for citizens: lower quality of life, lower satisfaction, less likely to feel safe



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How does this affect different groups?

ASCOF 2015/16	Overall	LD	65 +	18 - 64	Community	Nursing	Residential
(1A) Social care-related quality of life	18.2	20.7	17.8	16.5	17.6	17.4	18.3
(3A) Overall satisfaction of people who use service with their care and support	52.2%	62.8%	50.9%	43.9%	43.6%	53.1%	56.3%
(4A) The proportion of people who use services who feel safe	62.5%	74.6%	65.1%	41.0%	55.9%	64.4%	64.5%

- People with a Learning Disability are happiest: but note caveats
- Adults of a working age are less satisfied than those aged 65+
- People getting support at home feel much less satisfied and safe than those in a care home: again, note caveats



Improvement actions (1)

- Customers find it too hard to get hold of consistent social work support: we are currently consulting on a new structure that makes accountability much clearer (August)
- More joined up support is required for young disabled people coming through to adulthood: adult social workers now working with CYPF on "0-25" pathway; proposed new structure will formally integrate this (now to August)
- Carers say they do not get consistent advice, information and assessment: we have set up a "one stop shop" approach for carers support with the Carers Centre (April)

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Improvement actions (2)

- Homecare quality has been a concern for some time: we have increased the amount we pay and are retendering to deliver higher quality arrangements (October)
- Many people are waiting too long in hospital which is bad for them and also increases NHS and social care costs: we are working with the NHS to ensure the right supply of services but also to manage demand better (ongoing)
- Too many care home placements are made from hospital: our proposed new social work structure and development of STIT will help us work with NHS partners address that (ongoing)

Improvement actions (3)

- There are too many conflicts and confusions between the use of Council funding and NHS Continuing Healthcare: joint work with the CCG is underway to clarify "rules" and explore opportunities to bring functions together (ongoing)
- Systems and process are far too bureaucratic: we have already made in-year improvements and are overhauling all processes to bring in a new case management system (April 2018)
- Customers and carers are unhappy about our communication regarding charging for social care: we are reviewing the current functions of the Social Care Accounts Service (TBC)