



Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 17 January 2018

Report of: Phil Holmes
Director of Adult Services

Subject: Update on Adult Social Care Performance

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Strategy)

Summary:

This agenda item provides a summary for scrutiny members of adult social care performance in Sheffield. The last time this topic was covered by Scrutiny was March 2017

The report sets out:

- How adult social care is performing in Sheffield across a number of key measures
- Updates on improvement measures and queries covered with Scrutiny in March 2017
- What we will be doing over the next year to improve performance.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	x
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

Scrutiny members are asked to review the information provided in the presentation and appended documents and provide comments on it and identify any priorities for improvement.

Background Papers:

- Adult Social Care Outcomes Framework Regional Benchmarking overview (2016/17)
- Independent, Safe and Well: Sheffield's Local Account for 2017 (*draft final version – document is currently with Communications service for final proof-reading/formatting amendments, to be published on SCC website later in January*)

Category of Report: OPEN

Report of the Director of Adult Services

Update on Adult Social Care Performance

1 Introduction

1.1 This agenda item provides a summary for scrutiny members of adult social care performance in Sheffield. The last time this topic was covered by Scrutiny was March 2017

The report sets out:

- How adult social care is performing in Sheffield across a number of key measures
- Updates on improvement measures and queries covered with Scrutiny in March 2017
- What we will be doing over the next year to improve performance.

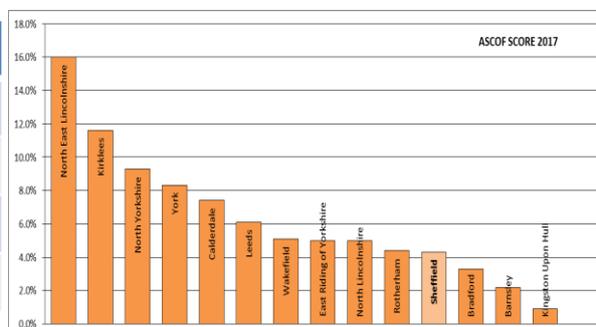
2 Adult Social Care Performance in Sheffield (key measures)

2.1 Scrutiny last received a report on Adult Social Care Performance in March 2017. There have been some improvements in performance since that time but comparison with other Local Authorities generally suggests there is much more to be done.

2.2 Headlines from our 2016/17 Adult Social Care Outcomes Framework results are set out below. For some measures high scores signify good performance, and for others low scores signify good performance. In the bar charts that show comparison with Yorkshire and Humber neighbours, good performance is on the left of the graph.

2.2.1 **Theme 1: ensuring quality of life for people with care and support needs - *Proportion of adults with learning disabilities in paid employment*** – there has been some improvement in this measure. In particular, Sheffield has moved from being below average for Core Cities to significantly above average. However, comparison with regional neighbours suggests the potential to continue this improvement.

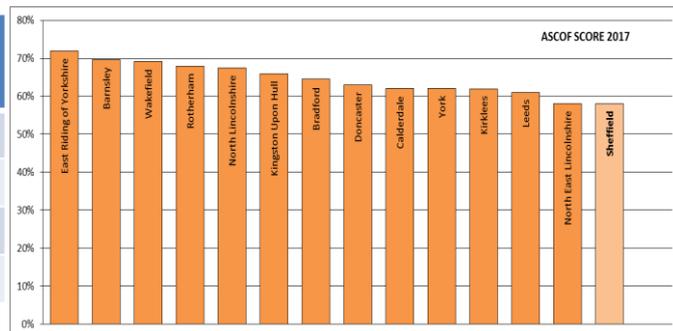
Area	2016 score	2017 score
Sheffield	3.6%	4.3%
England	5.8%	5.7%
Core cities	3.7%	3.6%
Region	6.3%	6.7%



In 2017-18, the Council has restructured to bring its employment and skills function alongside Adult Social Care. A greater degree of focus is being applied to ensure people with a learning disability get access to employment opportunities that will increase their inclusion and independence.

2.2.2 **Theme 1: ensuring quality of life for people with care and support needs – overall satisfaction of people who use services with their care and support** – this measure has improved since last year but remains lower than comparator authorities (which have largely remained unchanged).

Area	2016 score	2017 score
Sheffield	52	58
England	64	65
Core cities	61	61
Region	64	65

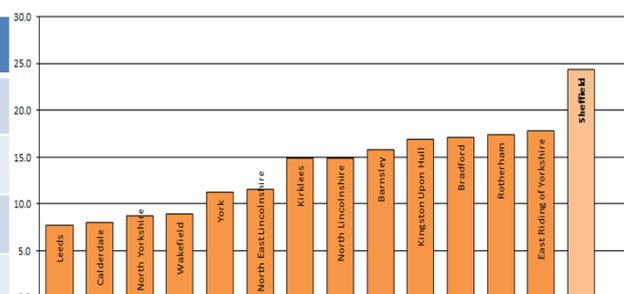


There is no reason why Sheffield people should not be reporting satisfaction levels that compare with the best performers in Yorkshire and Humber. A series of improvements have been made and are being made in 2017-18 to help deliver this: improvements in quality of care via work with the independent sector, improvements in offering of timely and appropriate support via restructured social work service, a greater emphasis upon prevention and an approach that puts the person (rather than the professional) at the centre via the Three Conversations model.

2.3.3 **Theme 2: Permanent admissions to residential and nursing care homes, per 100,000 population - younger adults – 2016/17**

performance was worse than for 2015/16, and as can be seen from the table and graph creates a situation of some concern, with Sheffield clearly an outlier in relation to low performance. This relates to the proportion of adults of working age (those with a mental health problem, and / or a learning disability, and / or a physical disability) who move into a care home within the financial year.

Area	2016 score	2017 score
Sheffield	21.6	24.3
England	13.3	12.8
Core cities	14.7	18.2
Region	19.3	13.8

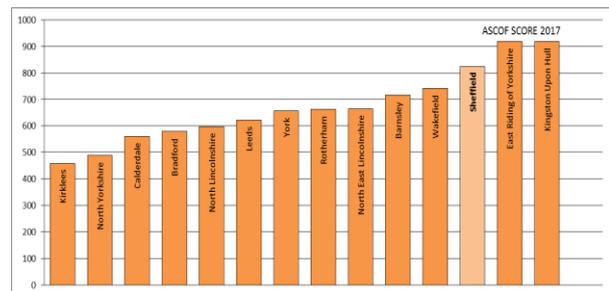


We track this measure quarterly and have seen a significant improvement in 2017/18 – quarter 2 performance was 19.2 admissions per 100,000 which is still high in relation to many others but if sustained will bring Sheffield back below its 2015-16 level and start to approach the 2016-17 average for Core Cities. The focus on helping larger numbers of people of working age stay at home rather than being admitted to care homes is being improved via integrated Mental Health work with the CCG and Care Trust, and via a newly formed Future Options service to help more adults with a learning disability return to community support.

2.3.4 **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 – 2016-17 performance improved significantly from 2015-16 performance but there is still much more that can be done, as Sheffield remains below average for all comparators.

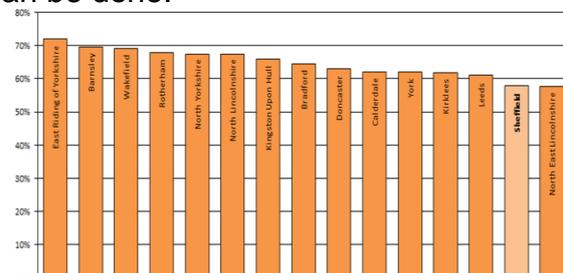
Area	2016 score	2017 score
Sheffield	987.9	824.1
England	628.2	610.7
Core cities	763.4	807.2
Region	699.5	658.4



We track this measure quarterly and performance continues to improve in 2017/18 – quarter 2 performance was 740 admissions per 100,000. Further improvements to this measure are expected via work with Sheffield Teaching Hospitals (STH) to reduce delayed discharges. A number of delays are caused by older people waiting to move to care home placements, in spite of their frequent preference to return home. Improvement of support given to STH will enable a greater proportion of older people to return home in line with their wishes.

2.3.5 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 - Our 2017 score has significantly improved since 2016 (the trend for 2017 regionally/core cities/all England was to stay the same). However our score remains below all comparator averages so it is clear that more can be done.

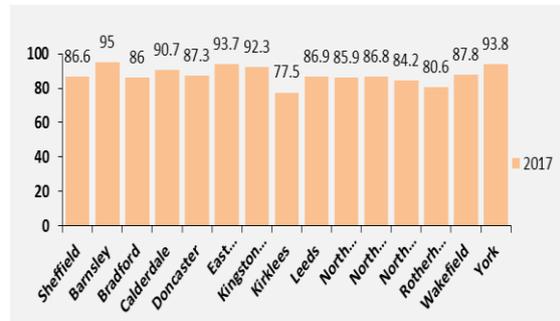
Area	2016 score	2017 score
Sheffield	52%	57.9%
England	64%	64.7%
Core cities	61%	61.4%
Region	64%	64.6%



Further improvement in 2017-18 is likely, linked to substantial extra investment in both home care and supported living provision that is improving quality and sustainability.

2.3.6 Theme 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm - The proportion of people who use services who say that services have made them feel safe and secure - We match the regional average, and are slightly better than the average for England.

Area	2016 score	2017 score
Sheffield	87%	87%
England	85%	86%
Core cities	58%	88%
Region	86%	87%



2.4 Full details of how we scored against the Adult Social Care Outcomes Framework in 2016/17, and how we benchmark with others, are included in the ASCOF appendix.

2.5 Also appended to the report is *Independent, Safe and Well*, our public report detailing our work and performance in 2016/17. This ‘Local Account’ is produced every year, ensuring transparency in our service provision and performance. *Note – the appended version is has been approved by Cabinet and is now with the Communications service for final proof-reading and design amendments to be made prior to publication on the Council website later this month.*

3. Updates on improvement actions since last report

3.1 When performance was last reported to Scrutiny in March 2018 we reported on a number of areas for improvement (identified in January 2017). Scrutiny also raised several additional performance questions. Good progress has been made across these areas, although there is still more to do. The section below provides a brief progress update on each of the key areas covered previously:

3.1.1 *Customers find it too hard to get hold of consistent social work support:* We have implemented our new social work structure which should make accountability clearer

3.1.2 *More joined up support required for young disabled people coming through to adulthood:* A new team has been established for disabled children/young people aged 0-25.

3.1.3 *Carers say they do not get consistent advice, information and assessment:* Since April we have commissioned a “one stop shop” approach for carers support with the Carers Centre.

3.1.4 *Homecare quality has been a concern for some time:* Significant improvement in home-based support (via the Short Term Intervention Team) - money saved has been used to invest in better and increased home care across the city.

- 3.1.5 *Many people are waiting too long in hospital and there are too many care home placements made from hospital:* Improvements in the speed that reablement (STIT) and home care providers can provide support has helped enable a large reduction in delays for older people waiting to leave hospital. Joint work with the hospital and the CCG has started to reduce permanent care home placements from hospital.
- 3.1.6 *There are too many conflicts and confusions between the use of council funding and NHS continuing care:* We are developing a strong partnership with the CCG on the interface between CHC and Council funded care, but there is a lot of work to do. We are currently undertaking the 5Q model for hospital discharge for those patients who would have previously triggered for a CHC checklist.
- 3.1.7 *Systems and processes are too bureaucratic:* a new electronic case management system is being introduced in October 2018 which will significantly reduce bureaucracy from the current system. A new practice framework is being introduced over the coming year. The “Three Conversations” approach will greatly simplify current practice, and develop a much clearer focus on “working with” our population rather than “doing to” them.
- 3.1.8 *Customers and carers are unhappy about our communication regarding charging for social care:* We have plans to better integrate Financial Assessment with Care Assessment so that people have an up-front understanding of charging implications. We’re also starting to use a ‘ready reckoner’, which will be available online.
- 3.1.9 *Provision for adults with a Learning Disability needs to be improved:* we have developed more “Supported Living” options to replace residential care and give people more independence and dignity

4. What we will be doing over the next year to improve performance

- 4.1 Section 3 above outlines some of the activity that is underway against particular areas of concern.
- 4.2 However, overall Sheffield’s adult social care performance needs to be understood in the context of the “Improvement and Recovery Plan” report for Adult Social Care that Cabinet considered in September of this year. The following was noted in that report:
- Low customer satisfaction cannot be attributed to insufficient resources. Other authorities have higher rates of satisfaction for adult social care from local people than Sheffield even though their constraints on resources are comparable.
 - Therefore there needs to be considerable emphasis upon practice and leadership development, as well as the use of systems that reduce bureaucracy.

- Adult Social Care in Sheffield is seeking to shift into prevention and well-being. This means moving away from the crisis intervention model that currently predominates, and instead increasing focus on access to universal services and early help and preventative support. This will improve outcomes for local people and promote better usage of adult social care resources.

4.3 In this context, during 2018/19, recovery and improvement will focus on the following areas:

- Improving independence and inclusion for adults of working age
- Developing a sustainable provider market
- Increasing the proportion of adults able to live at home
- Increasing the shift to prevention
- Fairer Charging - maximising income and reducing debt

5 **What does this report mean for the people of Sheffield?**

5.1 11,100 Sheffield people received long-term support from the Council in 2017, receiving support either from direct in-house provision or from services commissioned by the Council. Clearly, therefore, adult social care's performance is absolutely critical for a significant number of Sheffield people and their family, friends, carers and wider community.

5.2 In addition, adult social care is facing a significant increase in demand for support, anticipating a 10% rise between 2012 and 2020 in people aged over 65 with long-term limiting health needs. Viewed in the context of significant budgetary restraints, adult social care needs to be as effective and efficient as possible to ensure that those Sheffield people who need support receive it as appropriate and to a high quality.

6. **Equality of Opportunities**

6.1 The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.2 Although an Equality Impact Assessment (EIA) has not been undertaken for the production of the report, this duty has been taken into account during consideration of key change activities detailed in the report. Planned activity for 2017/18 will also be subject to EIA.

4 **Recommendation**

4.1 Scrutiny members are asked to review the information provided in the presentation and appended documents and provide comments about priorities for improvement.