Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

Report of: **Executive Director of Communities**

Subject: **Report on Performance within Assessment and Care Management**

Author of Report: **Robert Broadhead, Head of Care and Support, Tel: 0114 2735891**

Summary:

Adult Care and Support; Assessment, Provision and Review Performance

Adult care and support has been undergoing major changes nationally and locally with the introduction of new ways of working such as self directed support, increasing demand and a reduction in funding. In response to this, the council has developed and commenced implementation of a 2015 Vision for adult social care.

The gateway into receiving care and support services is through the Assessment & Care Management services; these services have been at the forefront of the national and local changes including the 2015 vision.

During this period of change there are a number of key performance areas within the Care and Support Service and Business Plan that have been increasingly challenging to deliver at the level we would like. These performance indicators are part of a suite of indicators used to gauge the extent to which people are likely to have a positive experience or not, of Care and Support.

The specific indicators that are subject to this report are;

- Average number of days to complete Adult Social Care, Self Directed Support assessments.
- Average number of days to receive all Adult Social Care services after the Self Directed Support assessment.
- Percentage of adults receiving a review as a % of those receiving a service.

Social workers and care managers undertake a wide range of duties but the most important role is to focus on safeguarding people from harm and ensuring people are able to receive the care and support to keep them safe and as independent as possible. Therefore, whatever the pressures on the

service and subsequent delays, operational managers on a daily basis, prioritise safeguarding and assessments and support for those with the most immediate and pressing needs.

The information presented has been requested by the Committee to enable it to scrutinise performance and the actions being taken.

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	√
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:
The Committee is asked to consider the proposals and provide views, comments and agree recommendations as follows:

1. That members endorse the improvement plans and changes that have been made in establishing a Care and Support offer that aligns demand with available resources and the 2015 vision.

2. That members acknowledge that a balance needs to be struck between performance and cost.

3. That the existing Care and Support performance indicators are reviewed to determine the most appropriate indicators to support the performance management of the new Care and Support offer and to ensure we can meet the changes to our national performance reporting requirements

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Background Papers:
None

Category of Report: OPEN

1. Summary

1.1 Adult care and support has been undergoing major changes nationally and locally with the introduction of new ways of working such as self directed support, increasing demand and a reduction in funding. In response to this, the council has developed and commenced implementation of a 2015 Vision for adult social care.

1.2 The gateway into receiving care and support services is through the Assessment & Care Management services; and these services have been at the forefront of the national and local changes, including the 2015 vision.

1.3 During this period of change there are a number of key performance areas within the Care and Support Service and Business Plan that have been increasingly challenging to deliver at the level we would like. These performance indicators are part of a suite of indicators used to gauge the extent to which people are likely to have a positive experience or not, of Care and Support.

The specific indicators that are subject to this report are;

- Average number of days to complete Adult Social Care, Self Directed Support assessments.
- Average number of days to receive all Adult Social Care services after the Self Directed Support assessment.
- Percentage of adults receiving a review as a % of those receiving a service.

1.4 Social Workers and Care Managers undertake a wide range of duties but the most important role is to focus on safeguarding people from harm and ensuring people are able to receive the care and support to keep them safe and as independent as possible. Therefore, whatever the pressures on the service and subsequent delays, operational managers on a daily basis, prioritise safeguarding and assessments and support for those with the most immediate and pressing needs.

1.5 In addition, the services are implementing improvement action plans, utilising a one-off investment fund, and this is resulting in significant reductions in waiting times for assessments and the completion of support plans and introduction of personalised care and support for individuals. However, there is a financial consequence of these improvements, as more and more people receive their personal budgets in a more timely way.

1.6 The challenges facing the assessment and care management services will continue, and a balance will need to be struck between the level of performance and the resources available.

1.7 In line with the 2015 vision, the service is making clear progress in doing things differently, such as earlier and proportionate assessments and interventions and which is helping people to sustain their independence and reduce the need for more intensive and on-going care and support for people.

2. What does this mean for Sheffield people?

1. Prioritising Safeguarding means that vulnerable people are safer.

2. A focus on prevention and early intervention means that more people will remain independent for longer.

3. People with eligible needs experience more choice and control over the care and support they receive.

4. The council achieves value for money in the use of its resources.

3. The Assessment and Care Management Service.

3.1 There are three Assessment and Care Management (ACM) services funded by the council. These are the adults' teams (older people and people with a physical disability or sensory impairment), the Joint Learning Disability Service (JLDS) and the Adult Mental Health service. (AMH)

3.2 The first two services are directly managed by the council's Care and Support service, whilst the mental health service is run on the council's behalf by the Sheffield Health and Social Care Foundation NHS Trust (SHSCFT).

3.3 Altogether there are over 300 social workers and care managers who undertake the following core functions

- Respond to safeguarding alerts using the South Yorkshire safeguarding procedures
- Carry out statutory duties in respect of the 1983 Mental Health Act
- Receive requests for help from new and known people with presenting needs
- Decide upon the need for an assessment. The legal framework suggests the threshold for this decision must be low
- Carry out a needs assessment
- Determine whether the presenting needs and any other needs arising from the assessment are eligible for assistance. The threshold for eligibility is currently decided by the council decision although the government is changing this so that there will be one national threshold. Sheffield City Council (SCC) policy is that we will meet needs that are critical and substantial.
- Taking account of support from family and other informal carers into account when determining eligibility
- Taking account of family carers own needs

3.4 People who access ACM through safeguarding or a statutory mental health assessment or via a hospital route also receive an assessment of eligibility for mainstream support, like any other individuals seeking support. For these reasons AMH, JLDS and Adult ACM in hospital and intermediate

care and specialist teams are organised into joint health and social care teams, so that all their needs are appropriately addressed.

3.5 Ever since the Community Care changes in the early 1990s, the main focus of the assessment and care management teams has been on timely assessments and then determining and taking responsibility for securing the appropriate care and support for people who have critical or substantial needs. (See Appendix I for a description of critical and substantial).

3.6 The single assessment process was introduced and assessment and care management staff procured services for individuals from care providers contracted to the council, predominantly home care, day care and residential providers.

3.7 In recent years, this emphasis has been changing since the introduction of the national policy of personalisation, self directed support and personal budgets, with a much greater emphasis on empowering the individual to make decisions, to be in more control and to have more choice on the type of support and how this is organised and provided.

4. Self Directed Support (SDS)

4.1 SDS has been a huge change to the way the council operates, requiring cultural and procedural changes amongst our staff and the care providers. This level of change and its radical nature has undoubtedly led to delays in assessment and arranging support as staff has learnt the new ways of doing things.

4.2 There are specific stages in the SDS process.

4.2.1 The assessor and/or the individual with their family or friend/supporter complete an Assessment Questionnaire (AQ). This is designed to identify the person's needs and to give an indication of how much money the person may need to meet their eligible needs. The assessment is recorded into 14 domains. Details of these can be found in Appendix I

4.2.2 Providing needs are eligible, a number of points are obtained from the AQ which are added together to give the assessment a score. The score is then reduced if appropriate, to reflect the extent and sustainability of informal support and that score is then changed into a financial value which is the person’s annual indicative amount and used as a guide to inform support planning.

4.2.3 The person should be able to plan the help they need and fund this within the indicative amount of their personal budget. Experience shows that this works for most people, and indeed, the final personal budget is usually less than the original, indicative budget.

4.2.4 It is also important for the person to know the maximum financial contribution they are likely to make under the Fairer Contributions Policy before they start to plan their support.

4.2.5 Support planning is the next stage. People can choose how they would like to spend up to the indicative budget providing support meets their eligible needs, it is legal and it keeps them safe. The choices are broad to promote choice and control and the person decides what support is required and how they will receive their personal budget (the final agreed annual budget to meet their eligible needs)

- Council arranged
- Direct Payment
- Individual Service Fund (in development)
- A mixture of these

4.2.6 Completing support plans is not a role that the Assessment and Care Management teams have to directly undertake, although we are required to approve and 'sign off' the final support plan. The intent is to move to a position where people chose to either plan their support themselves, with family or friends or with external planners. Support planning by Care and Support assessors will be by exception. An example of this may be where there are safeguarding concerns.

4.2.7 Assessors are responsible for receiving completed support plans, authorising them against guidance and ensuring procurement of the support is carried out. One key change with SDS is that all support plans must have a contingency in place to address predictable risks such as illness and fluctuating levels of need.

4.3 As can be seen, the move from 'professional-led' assessments and procuring care provision from contracted council providers, to one of self directed support, has required major change and considerable time, all-round, to learn the new arrangements.

4.4 Significant amounts of training in the new processes have been provided to assessment and care management staff, alongside guidance and the introduction of quality standards. It has also required a phased approach to delegating decisions to the social workers and care managers.

5. Performance against the highlighted targets

5.1 Average number of days to complete Adult Social Care, Self Directed Support assessments

Prior to the introduction of SDS, the government stated that assessments should be completed within twenty-eight days.

At the end of quarter 1 2012/13 (30th June 2012) the average time taken was 103 days. This was similar to the previous quarter and worse than 12 months ago when the time taken was 64 days.

The largest volume of new people asking for help (referrals-see Table 1) is from people aged over 65 years and therefore people in this age group are

waiting longest for the assessment to start and then be supported through the assessment process.

Analysis of backlogs reveals that around 25% of people waiting for completion of either the assessment or support planning are waiting with support in place which is addressing the person or their family carers immediate risks. This is an essential requirement to keep people safe but adds a further layer of complexity to the whole process.

5.2 Average number of days to receive all Adult Social Care services after the Self Directed Support assessment.

Prior to the introduction of SDS, the government stated that following an assessment, the appropriate package of care should be arranged within a further twenty-eight days.
At the end of quarter 1 2012/13 (30th June 2012) the average time taken was 89 days. This was similar to the previous quarter and worse than 12 months ago when the time taken was 53 days.

5.3 Percentage of adults receiving a review as a % of those receiving a service.

It is expected and also good practice to review people receiving care and support on an annual basis. For Sheffield, around 13,500 people should receive an annual review. At the end of quarter 1 Adult and JLDS ACM had reviewed 29% of those people receiving services against a revised target of 66%. The overall performance figure was 40% for Care and Support because AMH ACM was assessing almost 98% of people receiving a service.

5.4 Emerging views on these indicators.

The legacy of these timescale and review indicators goes back to the Social Services Performance Assessment Framework which has now been ended by the Government and we no longer have to report these into the Department of Health. However Care and Support have chosen to retain these indicators until a new national set are agreed for measuring adult social care outcomes. It is expected that the National Indicator Set will include;

- Outcomes of reablement
- Diversion away from long term social care
- Outcomes for people from safeguarding including whether the person is feeling safer.
- Reviews of support
- Numbers of people who receive support via SDS and the mechanism of service delivery e.g. via a direct payment, Council arranged.

Timescales for assessment and the provision of support are unlikely to be re-introduced.

Provisional data just released by the National Adult Social Care Intelligence Service (September 2012) indicates that, within England, assessments completed in 2011/12 are down 7% despite population growth and reviews

are down 13% nationally compared with 2010/11. This suggests other councils are experiencing similar performance trends as Sheffield.

5.5 A wider range of indicators and performance.

There are many other performance indicators which the council uses to measure the performance of the Care and Support service, such as satisfaction levels. These indicators are reported nationally as part of the Adult Social Care Outcomes Framework (ASCOF). Examples of these can be found in Appendix I. It shows that Sheffield is performing similar to the national average.

Our quarterly reporting is also improving in the following.

- Proportion of people using adult social care services who have control over their daily life = 76.2% Quarter 1 -better than previous Quarter.

- Overall satisfaction of people who use services with their care and support = 60.5% Quarter 1 - better than previous Quarter.

- Proportion of people's identified outcomes that have been met =72% Quarter 1 - better than previous Quarter.

6. Background Context

6.1 Self Directed Support

As can be seen from the earlier description, the implementation of self directed support is a major transformational change and reduced performance is a temporary consequence of these changes to practice and procedure. However as the report outlines later, we are putting in place actions that will considerably speed up the SDS process and make a positive impact of reduced waiting times and much better outcomes for people.

6.2 Funding Reductions.

6.2.1 With the significant reductions to council funding, adult social care has needed to contribute to savings, both to assist with the net budget reductions and also to find other savings to help fund cost pressures arising, for example, from increased demand from an ageing population.

6.2.2 Since April 2011, there has been a net reduction of 19 assessors, with a further 13 posts to be disestablished before the end of this financial year. These are linked to planned business system efficiencies and the increasing capacity of other organisations to undertake support planning

6.2.3 The gross purchasing budgets have also reduced by £500,000 in 2012/13.

6.2.4 Inevitably this has an impact on the timescales of the response by assessment and care management, although actions were taken to mitigate the impact as much as possible.

6.3 Increased Demand and Activity.

6.3.1 The level of activity will have a direct impact on performance. The services have been experiencing increased demand and numbers of people who are requiring assessments and self directed support. As a consequence more people are also requiring personal budgets and this is increasing the pressure on the purchasing budgets within adult social care.

6.3.2 We are also facing increased demand for assessments and self directed support as a result of people ceasing to be eligible for Continuing Health Care funding. We are projecting that this will mean an extra 120 people who will need assessments, personal budgets and reviews, with an additional spend of around £3.5m full year effect.

The table below shows the increased demand forecast from known activity and demographics, based on the 2011 census. Activity projections for 2012-13 are based on referrals for the 12 months to 30 September 2012.

Table 1 Referral Forecast

Under 65 Referrals

	Actual	Projection									
Financial Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
(a) Under 65 age group population	352,382	354,893	357,283	359,606	362,084	364,466	366,568	368,264	369,587	370,700	371,482
(b) Number of New Referrals (0.43% of (a))	1447	1515	1525	1535	1546	1556	1565	1572	1578	1582	1586

65+ Referrals

	Actual	Projection									
Financial Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
(a) 65+ age group population	86,183	88,269	89,875	90,955	91,832	92,612	93,338	94,243	95,144	95,999	97,055
(b) Number of New Referrals (5.8% of (a))	4993	5125	5218	5281	5332	5377	5419	5472	5524	5574	5635

LD Referrals*

	Actual	Projection									
Financial Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
(a) Under 65 age group population	352,382	354,893	357,283	359,606	362,084	364,466	366,568	368,264	369,587	370,700	371,482
(b) Number of New Referrals (0.05% of (a))	195	186	187	188	190	191	192	193	194	194	195

*while the numbers of referrals in JLDS are low, the level of complexity is significant . JLDS are also responsible for managing the progression of children to adult services. The numbers can vary each year but currently they have 225 young people who they are supporting to progress.

7. How we are responding to these changes and our performance: 2015 Vision

7.1 As already mentioned, adult social care has developed a vision for 2015 which seeks to embrace the approach to personalisation whilst also addressing the financial and demographic pressures.

7.2 Key elements of this are:

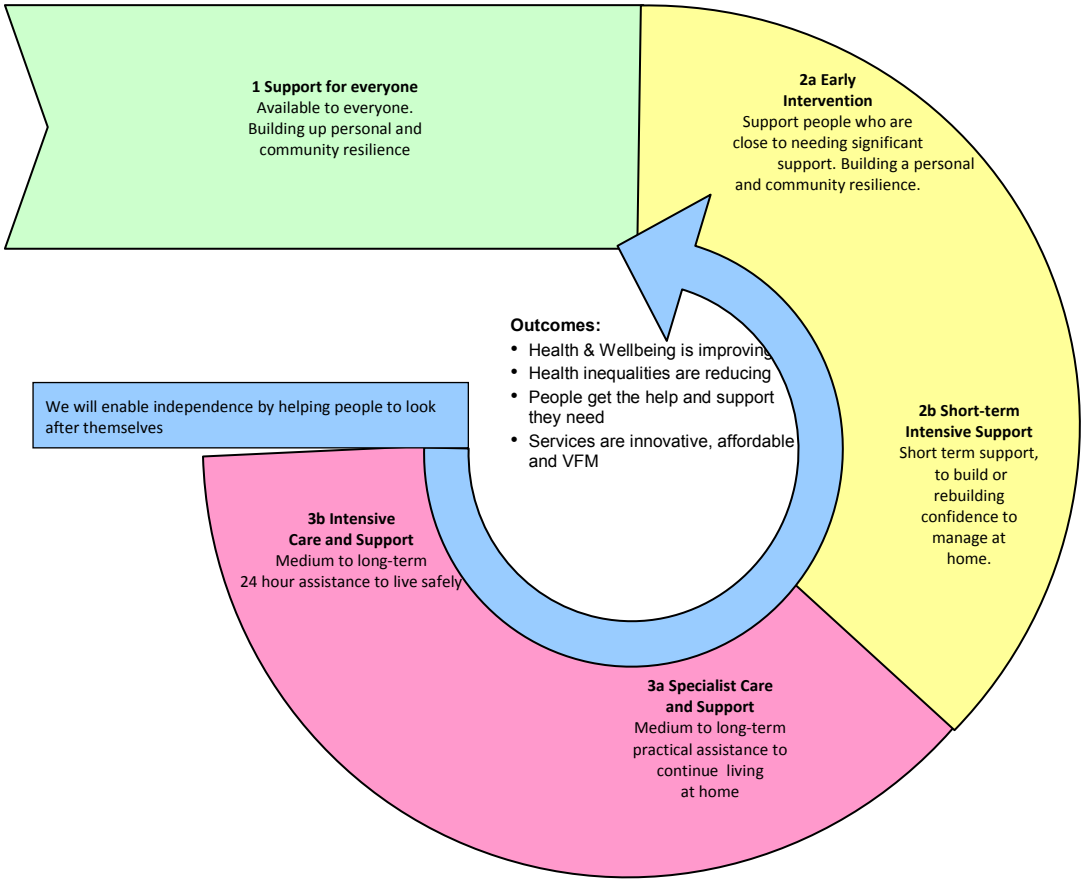
- Earlier assessment, advice, signposting and support to people so that, with a timely and appropriate amount of support, people are able to continue to use universal services and remain independent.

- More intensive but short term period of reablement support for people to enable them to recover and not require an unnecessary deployment of longer term care and support

- Self directed support and personal budgets for those fewer people who require such provision.

The diagram illustrates this approach.

2015 Vision & Commissioning Landscape



7.3 Early intervention, prevention and reablement

7.3.1 As part of the 2015 vision Care and Support are offering prevention and reablement as their initial offer to new people who have presenting needs. The most significant recent change has been with the Adult ACM service who have reorganised to provide a single access point for all new people who have presenting care and support needs. The Community Access and Reablement Service (CARS) offer a personalised prevention and reablement service for all new people who ask Care and Support for help.
Skill mix within the team;

- Referral co-ordinators
- Care Managers
- Social Workers
- Occupational therapy
- Care staff
- Housing related support
- Community support
- City-Wide Care Alarms
- Welfare Rights

They respond to the persons presenting need within 2 working days (same working day for safeguarding and high risk situations, such as family carer breakdown).

7.3.2 Where those presenting needs cannot be addressed through information, advice and sign-posting a personal reablement plan is developed and actioned within a further 10 working days. Reablement is personalised and includes activities of daily living, equipment and adaptations, telecare, community access, benefits advice and health training. This is a free service for up to 6 weeks and the person, CARS and reablement staff work together as a virtual team to achieve the outcomes of the person's reablement plan. 65% of people who are supported through CARS reablement do not need ongoing support after that intervention. For the 35% who do, they receive a timely assessment and support plan. This is arguably a better assessment as it is based on a shared view including those of the hands- on reablement staff.

7.3.3 The service has been running part City for around 9 months and since 2nd July 2012 the CARS team has taken all new referrals for Adults ACM. The CARS service responds to around 350 requests for help each month and from the combination of outcomes from both prevention and reablement no more than 50% need an assessment questionnaire following their intervention. In the previous way of working without a prevention and reablement service 80% would receive a needs assessment and would be likely to receive long-term care and support.

7.3.4 AMH has reorganised in a similar way to a single access point and JLDS have established a Community and Tenancy Support Service and is developing their capacity to take a similar approach- responding quickly to presenting needs and preventing the need for assessment questionnaires and personal budgets.

8. Business system efficiencies

8.1 As part of the council's drive to improve business system efficiency, Care and Support has established a programme of work to modernise our business systems, ACM processes and team organisation.
An Electronic Data Management System has been introduced and this, as well as the electronic service user record, has reduced the need for teams to maintain paper files. The procurement of services and setting up direct payments are time consuming processes which impact on the time taken to provide services. In April 2012 the previous paper based system of ordering what is required was replaced with an electronic system within the individual service users electronic care record. This important change took longer than anticipated for assessors and other stakeholders to use. Further changes have improved this and we are only just beginning to see the benefits of this in terms of efficiency.

8.2 We are also rolling out mobile working solutions which support single visit assessments and real time data entry into the service user record.

8.3 In Adult ACM a model as been developed to re-organise the team structure into 3 functions:

- Duty
- Assessment
- Case Management

By doing this we will improve the workflow from CARS and for existing service users.

8.4 The management of people waiting at the key stages in the process and understanding the expected volumes coming next are critical activities and teams can improve their efficiency in this area of performance management. This model will be tested in 2 teams before being rolled out from January 2013.

9. Improvements to Self directed Support processes.

9.1 Decision Making on assessments and support plans.

9.1.1 As part of the SDS implementation, we are delegating to the assessors the authority to authorise assessments, indicative budgets and the support plan sign off record, to speed up the process. This will be backed by a Quality Assurance Framework and a focus for managers to support and ensure practitioners are performing to the correct standard.

9.1.2 As more support plans are developed by the individuals themselves, with their family or an organisation, this allows the available capacity in Care and Support to focus on those parts of the SDS process that the assessors need to do;

- Assessments including sign off
- Signing off support plan
- Reviews

9.1.3 Currently 46% of support plans are developed and written by others, and there is capacity in the market to develop further the use of external support planners, freeing up assessor capacity and enabling disinvestment/reinvestment decisions to be made.
Care and Support will have less control over the time taken to plan support and so to manage this effectively timescale standards (as part of the quality assurance scheme for support planners) is being considered.
These system and process improvements will reduce the time it takes to assess and plan support.

9.2 Reviews

9.2.1 Care and Support have commissioned a piece of work, taking account of national views and what local people want, to redesign the review process so that the complex and high risk reviews that Care and Support need to do, are done. For others there will be less reliance on Care and Support assessors by using more creative alternatives e.g. self and provider reviews (alongside a proportionate quality assurance process). This work will be completed early in 2013 and will be implemented from 1st April 2013. This means the review performance in 2012/13 is unlikely to improve.

9.2.2 With significant reductions in funding now and for the future, a balance will need to be struck between how much of the efficiency generated by these service and system improvements is used to manage reduced resources and how much is used to deliver service improvements.

9.3 Temporary Additional Capacity

9.3.1 In May 2012 the Communities Leadership Team recognised that the improvements being made to processes will achieve better performance in the future and inform decisions about further reductions in assessor capacity and any reinvestment decisions. However the service generally, and Adult ACM in particular, was experiencing increasing waiting times and backlogs of assessments. An improvement plan was developed and 10 wte temporary assessors were put in place to focus on reducing the backlogs for a 6 month period starting in June 2012.

9.3.2 At the time of writing this report the number of assessments waiting to be started was 338 compared to 588 at 1st June 2012. (57% reduction)
By the end of the 6 month period, it is forecast that the backlog will reduce to around 200 assessments which will be significantly lower than backlogs have been previously.
The backlog represents around 3% (2013/14) of the total annual referrals (see Table 1) and will be more manageable because of the shift in focus through the CARS service.

10. Equality Implications

The changed offer across Care and Support, providing a timely first response is a fairer approach. Previously the offer for mostly older people was to wait in a queue for an assessment. These changes redress that inequity.

11. Financial implications

11.1 Tackling the backlog of assessments has financial implications. On average an additional 10 personal budgets for new people creates an annual cost pressure of £107k (see Table 2.) While the cost would have been met at some point, these actions to reduce waiting times bring forward a bulge of personal budgets and the associated costs.

11.2 The modelling work used to inform the changes established that the cost of a more timely response will be offset by the reduction in cost of personal budgets. The implementation of this new offer from Care and Support has been managed within existing resources. The business efficiencies are funded by Capital monies and the cost of external planners is met from existing resources within the Care and Support purchasing budget.

Table 2 Average cost of care and support

Service Type	Average cost of a support plan for new service users £k per annum	Average increase in the cost of a support plan for an existing service user whose needs have changed £k per annum
Adult	**10.0**	**£5,700**
JLDS	**18.4**	**£21,000***
AMH	**5.4**	**N/A**
Average	**10.7**	

*(based on a relatively small sample of 200 clients)

12. Outcome and Sustainability

12.1 A rebalance and better use of existing resources, by changing the Care and Support offer towards prevention, early intervention and Self Directed Support where people are eligible, will place the Council in a stronger position to make savings and reinvest available resources to meet increasing demands

- Young people progressing into care and support
- Older people living longer with impairments e.g. Dementia
- Transfers from Continuing Health Care funding to Care and Support
- Are significant pressures on limited resources.

13. Other options considered

- With the financial challenges facing SCC the option of providing more assessors to improve performance on a long term basis was not considered as a viable option.

- The option of returning to the previous service based assessments was also discounted because SDS is showing that on average the cost of support is less than support provided using the service based assessment model.

- Opportunities for more self assessment and the use of other professionals as trusted assessors are part of the 2015 vision. These options will need to be developed alongside increased community capacity to increase prevention and resilience and to reduce the need and reliance of personal budgets.

- Considerations are being given to the development of a local Dilnot model so that individuals can plan for their future needs and introduce a new financial model for Care and Support.

14. Conclusion

14.1. There has been, and continues to be, a significant amount of leadership and service redesign to implement the 2015 vision and which will directly and indirectly have a positive impact on responding to demand for assessments, personal budgets, support plans and reviews.

14.2 However, the Care and Support waiting time performance indicators covered in this report will improve only gradually due to the length of time people have been waiting. On the positive side, all the Care and Support services now have a single access point to give everyone asking for help a consistent response. New referrals are receiving a much speedier response, thanks to the introduction of the CARS service, and more streamlined and proportionate approach to assessments and support plans.

14.3 Other changes described in this report can achieve reduced waiting times for assessment by reducing the demand. On current projections, around 50% of new people asking for help have their presenting needs addressed through prevention and early intervention. Further developments in community capacity to support older and disabled people could increase this further.

14.4. Therefore while the time taken to go through the SDS process will remain important for some people, this will not be the case for the majority of people seeking care and support. However to keep people safe it is important to get the support they need in a timely way. Therefore understanding and managing queues within the whole ACM process is a business critical activity. Monitoring of numbers waiting and waiting times are critical but will vary for different people based on their individual circumstances and whether or not they are waiting with support or not.

14.5 These are extremely difficult times with projected growth and reducing finances. The transformational changes described in this report are the right ones but the expected level of performance around numbers waiting, time taken to assess and reviews needs to be balanced with what is affordable. It is inescapable that the faster people with long term care and support needs are assessed and support put in place, the more demand there is on the purchasing budget.

14.6 Reviews will remain as part of the national data set and are an essential part of the care and support offer. With reducing assessor resources there needs to be new ways of carrying out this function. The national trend is that the volume of reviews is reducing nationally as well as in Sheffield and therefore the work the council has commissioned to identify and implement new ways to carry out reviews will be an important action for Care and Support services in 2013/14.

15. Recommendations

1. That members endorse the improvement plans and changes that have been made in establishing a Care and Support offer that aligns demand with available resources and the 2015 vision.

2. That members acknowledge that a balance needs to be struck between performance and cost.

3. That the existing Care and Support performance indicators are reviewed to determine the most appropriate indicators to support the performance management of the new Care and Support offer and to ensure we can meet the changes to our national performance reporting requirements.

Appendix I.

What the eligibility thresholds of critical and substantial means.

If someone is assessed as having critical or substantial needs, then, under the law, the council must ensure that appropriate support is put in place to meet those assessed needs.

Critical Needs.
This is when:

- Life is, or will be, threatened; and/or
- Significant health problems have developed or will develop; and/or
- There is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- Serious abuse or neglect has occurred or will occur; and/or
- There is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- Vital involvement in work, education or learning cannot or will not be sustained; and/or
- Vital social support systems and relationships cannot or will not be sustained; and/or
- Vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial Needs.
This is when:

- There is, or will be, only partial choice and control over the immediate environment; and/or
- Abuse or neglect has occurred or will occur; and/or
- There is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- The majority of social support systems and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Domains in the Assessment Questionnaire.

The individual is assisted to identify their needs against the following descriptions.

- Meeting my Physical and Mental Health Needs
- Meeting Personal Care Needs
- Keeping Myself Safe
- Managing My Actions
- Eating and Drinking
- Making Decisions and Organising My Life
- Being Part of My Community
- My Role as a Carer or as a Parent with Dependent Children
- Running and Maintaining my Home
- Having Work and Learning Opportunities
- Home Environment- needs trigger a referral to Equipment and Adaptations
- Support at Night
- Support for Moving Safely
- Informal Support-identifies the extent and sustainability of informal support

Adult Social Care Outcomes Framework

Many of the adult social care indicators in ASCOF are based on the results of surveys of users and carers. Sheffield performed at a similar level to other councils as shown below:

Adult Social Care Outcomes Framework – 2011-12 provisional data

Indicator	Sheffield	England
Social care-related quality of life	**18.6%**	**18.7%**
Proportion of people who use services who have control over their daily life	**76%**	**75%**
Overall satisfaction of people who use services with their care and support	**60.5%**	**63%**
Proportion of people who use services and carers who find it easy to find information about services	**69.5%**	**74%**
Proportion of people who use services who feel safe	**65%**	**64%**
Proportion of people who use services who say that those services have made them feel safe and secure	**74%**	**75%**