

Date: Monday, 29 June 2015
Time: 10.00 am
Venue: Shrewsbury Room, Shirehall
Contact: Amanda Holyoak, Committee Officer
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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

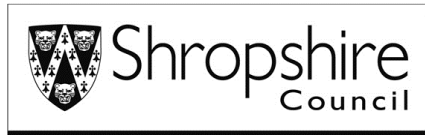
6 Adult Social Care Performance Indicators (Pages 1 - 10)

To consider a report back to the Committee on the Performance Measures identified by the Member Working Group to provide a comprehensive view of the impact and progress of the Adult Social Care New Operating Model, using the available data for Quarter 4 2014 – 2015.

Also consideration is an update report on Complaints for Adult Social Care to Quarter 4 2014 – 2015, as requested by the Committee at its meeting on 9 February 2015

To agree that the Member Working Group reconvenes in Autumn 2015 on publication of the Adult Social Care Survey results

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Committee and date
Health and Adult Social
Care Scrutiny Committee

29 June 2015

10.00 am

Item

6

Public

ADULT SOCIAL CARE DASHBOARD

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1. Summary

This paper presents the Health and Social Care Committee with a dashboard containing measures identified by the Committee's member working group that looked at the new operating model for Adult Social Care. The measures provide information for 2014/15 and show changes in demand and activity over the year, helping to demonstrate the impact of the new way of working. The paper also presents an update on the complaints information for Adult Social Care to cover 2014/15.

2. Recommendations

A. Members consider the report and identify whether there are any specific topics or emerging issues they would like to consider in more detail.

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1 Adult Social Care works with a range of people, a number of whom are vulnerable. Failure to fully evaluate and manage the changes to the service they receive could put them at risk. Having the right measures in place to understand the impact of the changes is an essential element of the arrangement to identify unintended consequences and manage the associated risks. This would include whether the Council is delivering its services within the available resources and achieving the change it planned and agreed.

3.2 Through completing their work programmes and specific consideration of the progress in delivering them, the Scrutiny Committees aim to help reduce the level of risk and support their management.

4. Financial Implications

4.1 Although this report does not have any direct financial implications, the work of the Scrutiny Committees will include making recommendations that may have financial implications if accepted.

5. Background

5.1 Set within the context of the changing national legislative and reporting requirements and the local response to these; the increasing elderly population; reducing local government funding and the Councils new operating model for adult social care which is focused on working on meeting people's needs appropriately as soon as possible, the following objectives and expected results for the Member Working Group were agreed:

Objectives

- To have a shared and contemporary understanding of the reasons why the Council has changed how it delivers key front line services, and the continued drivers for further change
- To work with staff to establish whether progress has and will be made to plan
- To consider the measures implemented to date and identify whether they are appropriate and fully present the impact of changes to service delivery,
- To identify areas where reporting of progress and impact can be refined or improved.

Expected results

- Increased and contemporary understanding of the context within which the development of Adult Social Care is taking place.
- Messages of assurance that both the roll-out and impact of the new operating model is being measured and managed appropriately.
- The development of a dash-board of key measures that demonstrates the health and impact of the changes to Adult Social Care Change Programme

5.2 In addressing these objectives The Member Working Group have worked with officers to develop a suite of measures related to the new operating model for Adult Social Care. The dashboard displaying performance information for 2014/15 is attached at Appendix 1.

5.3 Work is currently underway to develop reporting for 2015/16 onwards to take account of the changes required by the Care Act. This information will be included in future dashboards, and in some cases will be different to the 2014/15 results presented today because definitions for the performance measures and the way the operating model is being implemented will have changed.

6. 2014/15 Performance Dashboard

6.1 The overall picture from the data recorded demonstrates the following headline points:

- Demand for Adult Social Care, as measured by the number of contacts, shows a distinct increase in the Autumn 2014 which did not reduce or return to the earlier levels through the remainder of 2014/15.
- The spread of demand across the County is even across the north, south and central areas.
- The significant majority of requests for support are addressed following one contact. This evidences that the new operating model and the call-back at two weeks is helping the majority of people to access the support they require.
- Presenting issues provide context to the reason for the request and help to illustrate both current and future demand. Personal care needs and reduced mobility are the highest number, followed by mental health and dementia related needs. Undertaking a more detailed analysis this data and of data from across the dashboard such as the duration between multiple contacts, route of access and geography could provide useful intelligence to both inform commissioning decisions and understand their impact.
- The number of assessments has increased in a corresponding pattern, showing that the number of assessments recorded equated to in the region of one third of the contacts received in each month.
- The duration between contact and first service provision across the types of services shows that the length of time varies month to month. The most significant change in duration was for the Short Term Maximising Independence Team (STMI – the Integrated Community Services team) involved in working with people leaving hospital. The reduction corresponds with the widely reported pressures on hospital services experienced across the country.
- The care elements purchased by people receiving council funded services to stay in their own home paid for through Individual Service Funds Council shows the expected spread with the majority being used to cover the costs of personal care costs.
- Admissions to residential and nursing care over the year show month to month variations. The peaks in over 65 years admissions in June, August and October display how the level of need can change month to month. In June a higher proportion of admissions were made to nursing care than residential, in August it was virtually even and in October the majority of admissions were to residential care. The winter months also demonstrated an increasing pattern of admissions to nursing care compared to residential care.

7. Complaints Dashboard

7.1 Key points relating to complaints for Adult Social Care received during 2014/15 are set out below:

- The number of complaints received through the year showed peaks in July (16) and October (17). Outside of these months the number of complaints has remained between 6 and 12 complaints per month.

- On average complaints were dealt with and responded to within 30 days. There are some complaints that take significantly longer to complete due to the complexity of the issues that need to be investigated.
- The largest proportion of complaints (35%) were found to be partly upheld. In these situations a complaint may contain a number of separate points, some of which are upheld following investigation, and other elements not upheld. 29% of complaints were upheld.

7.2 Certain types of complaint have a higher proportion that are upheld or partially upheld. As with the Quarter 3 Complaints report presented to the Committee on 9 February 2015, complaints relating to the following have the highest proportion upheld or partially upheld:

- 'Delay – Delivering Service' examples include delays in issuing invoices for the payment of contributions to services
- 'Quality – Service Provided' examples include where service users are supported by more than one team, or move between teams and the level of service changes.
- 'Quality – poor communications' examples include failure to inform service users and their family carers of changes to arrangements such as the timing of an assessment.
- 'Failure or Refusal – provide information' examples include questions of clarity in terms of the information shared about the payment of top-ups for care or respite.

7.3 Learning from complaints and making improvements to services and the experience of people using the services is important. The following illustrate some of the learning and actions that have taken place during 2014/15.

'Delay – Delivering Service'

Individual complained that the time from requesting an assessment through First Point of Contact (FPOC) to the time assessment appointment was offered was unacceptable.

The ASC New Operating Model was reviewed and now if individual would like an assessment, FPOC book this directly whilst individual is on the phone completing initial contact, so they are given the assessment date there and then

'Quality – Service Provision'

A number of complaints have been made in relation to the lack of service provision for adults on the Autistic Spectrum.

Shropshire council are working in partnership with A4U under the CAAN Contract and have been able to set up an Autism Hub which will be open in Shrewsbury 1 day per week. It is going to act as an information, advice and support hub to individuals on the Autistic spectrum, where they will also be able to access training both on line and face to face.

'Quality – poor communications

An individual complained that they was offered an assessment by our services, however the attitude of the practitioner completing the assessment was poor. They did not feel their views were taken into consideration and their needs where truly reflected and understood.

Shropshire Council introduced training entitled 'Different Conversations, Better Outcomes'. All social work staff where required to attend this and it is now offered during induction to new front line workers.

'Failure or Refusal – provide information'

Individual complained that they were telephoned to book a reassessment, but no information was sent to them prior to the reassessment so they did not know what to expect and were unable to prepare.

When booking assessments over the telephone staff are now required to ask individuals if they would like a confirmation letter of the appointment, written information of what the assessment will entail and a copy of the assessment documentation

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Update on Adult Social Operations – Health and Adult Social Care Scrutiny Committee 14 July 2014

Adult Social Care Performance Indicators - Health and Adult Social Care Scrutiny Committee 15 December 2014

Adult Social Care Complaints Report (as part of the work programme agenda item) - Health and Adult Social Care Scrutiny Committee 9 February 2015

Cabinet Member (Portfolio Holder)

All

Local Member

All

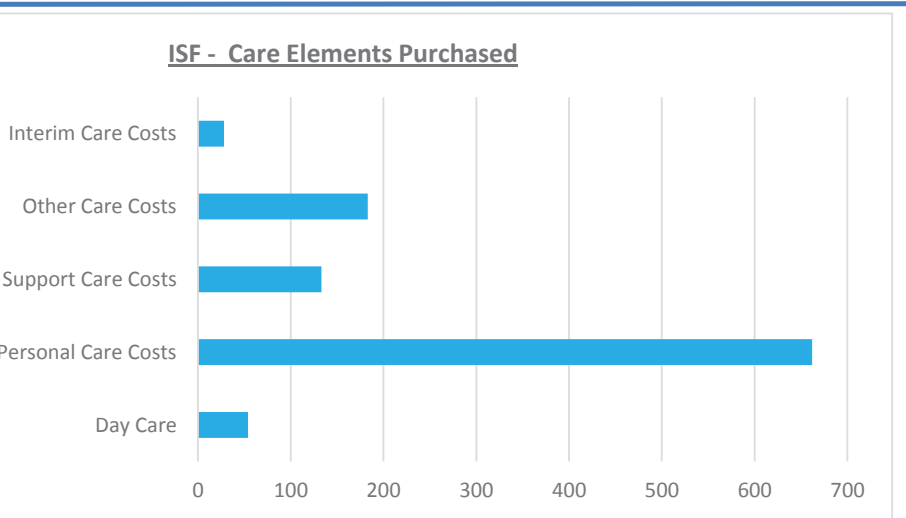
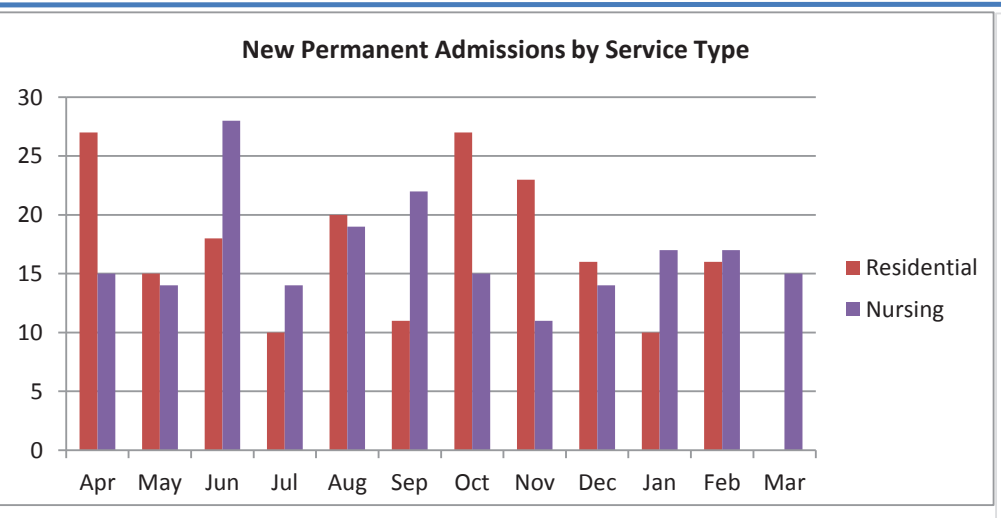
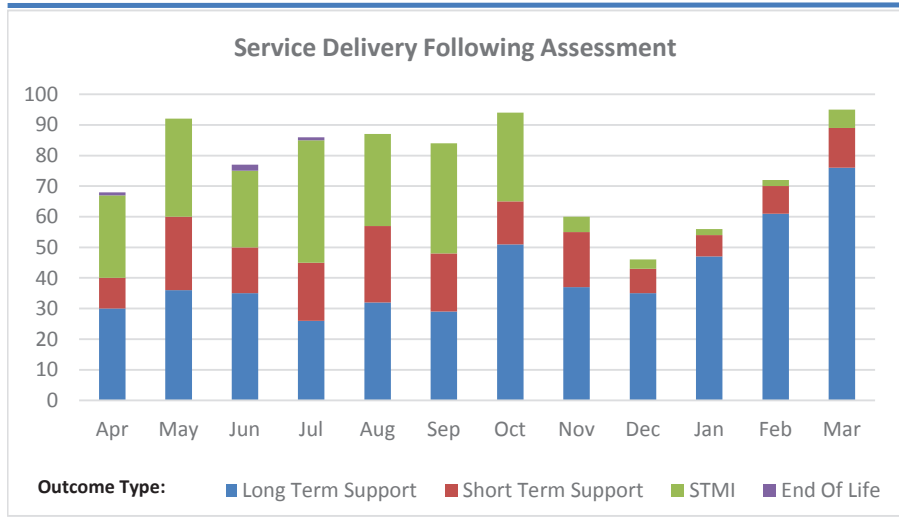
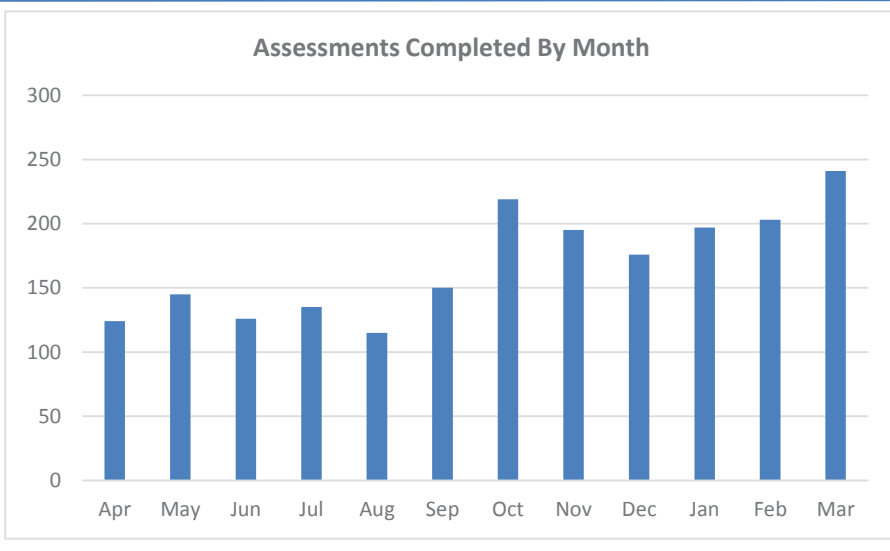
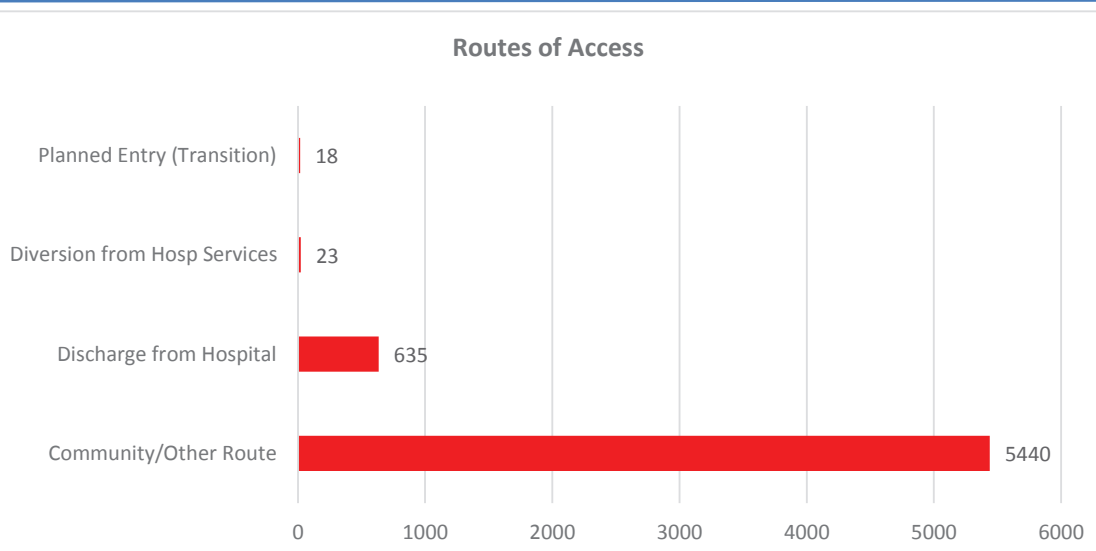
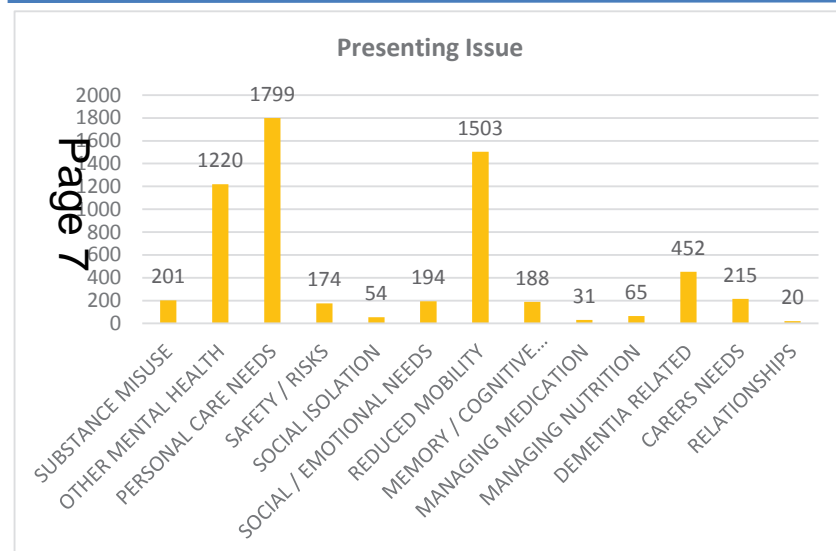
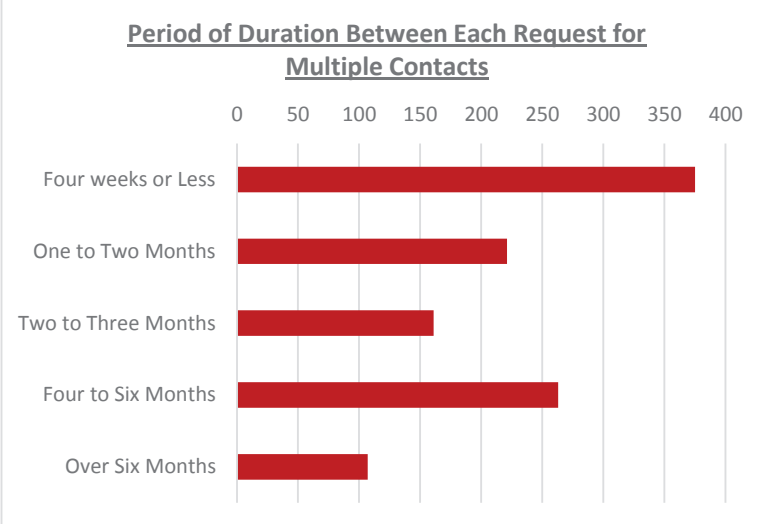
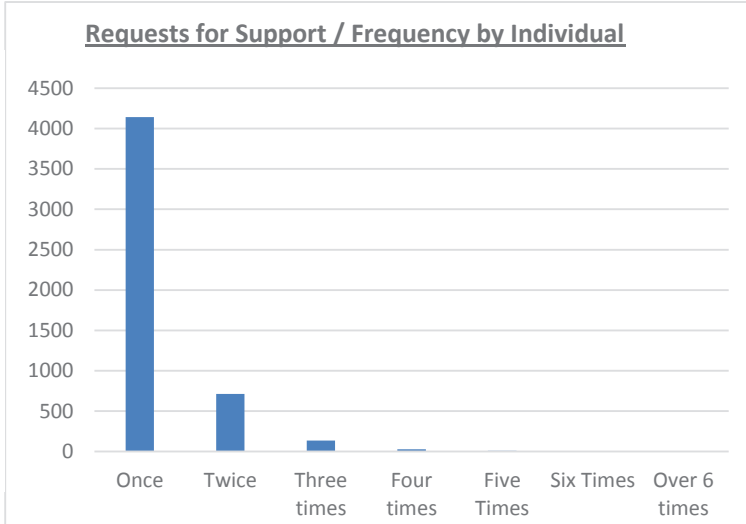
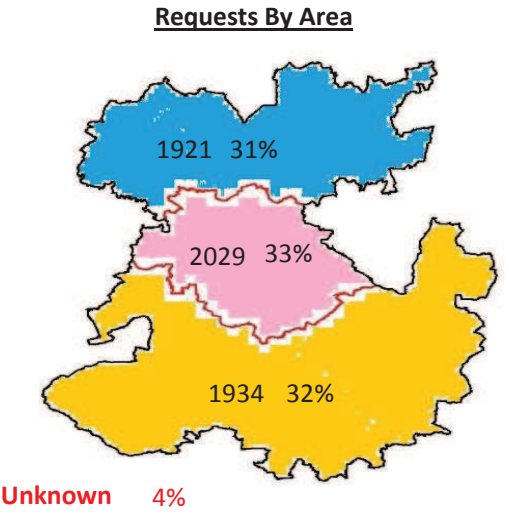
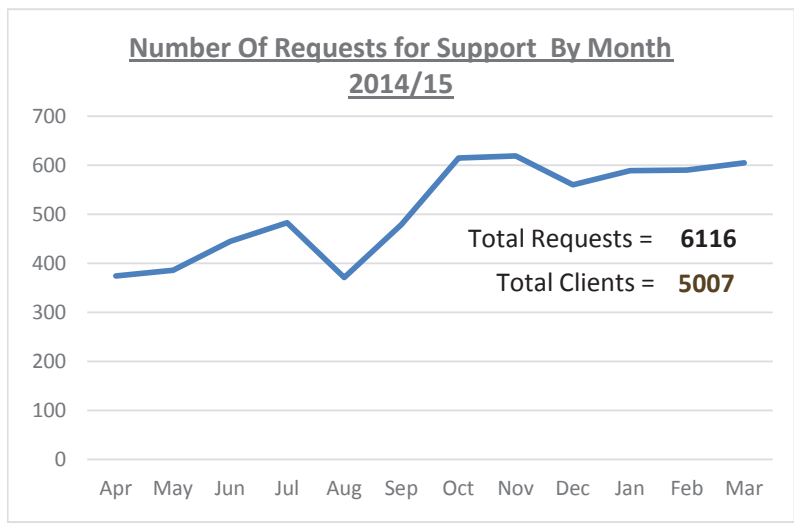
Appendices

Appendix 1 - Adult Social Care Dashboard 2014/15

Appendix 2 – Adult Social Care Complaints Dashboard 2014/15

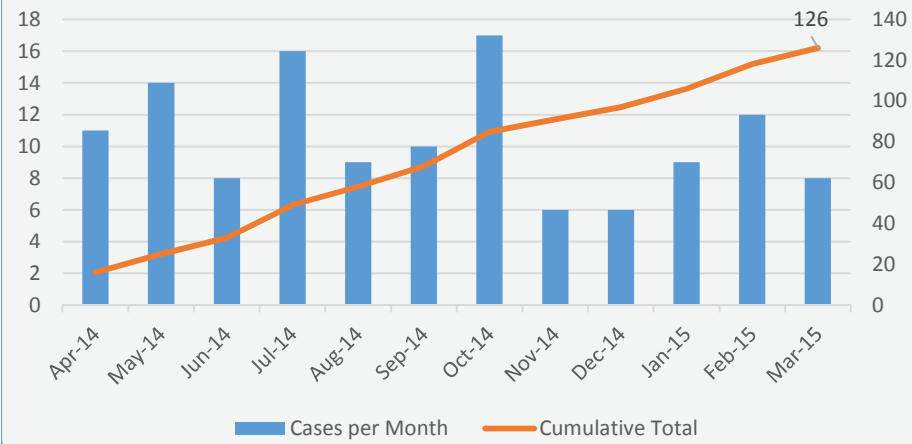
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NB. 1. The data contained within in these reports do not include data in relation to OT service delivery.
 2. Assessments are defined by an assessment start date recorded on the profile.

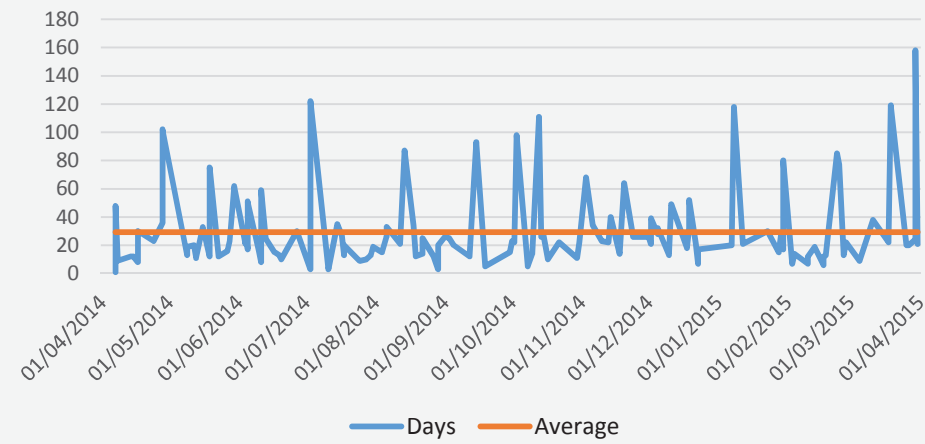


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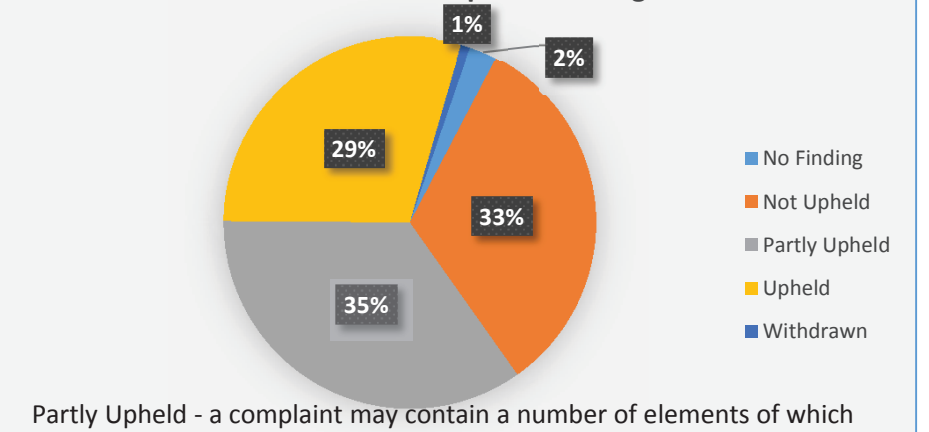
1. Adult Social Care - cases received 2014/15



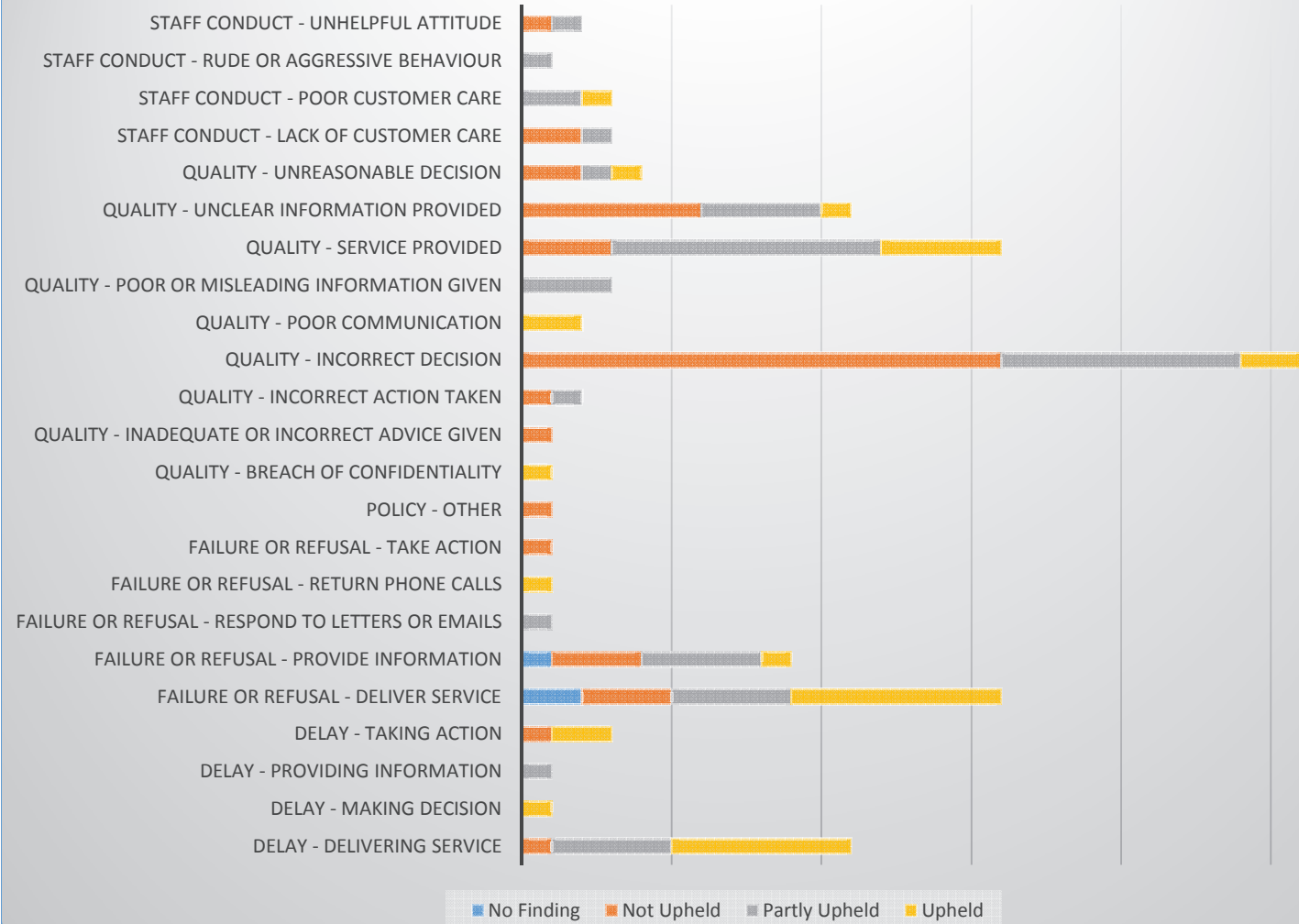
2. Days per Case to Close at Stage 1



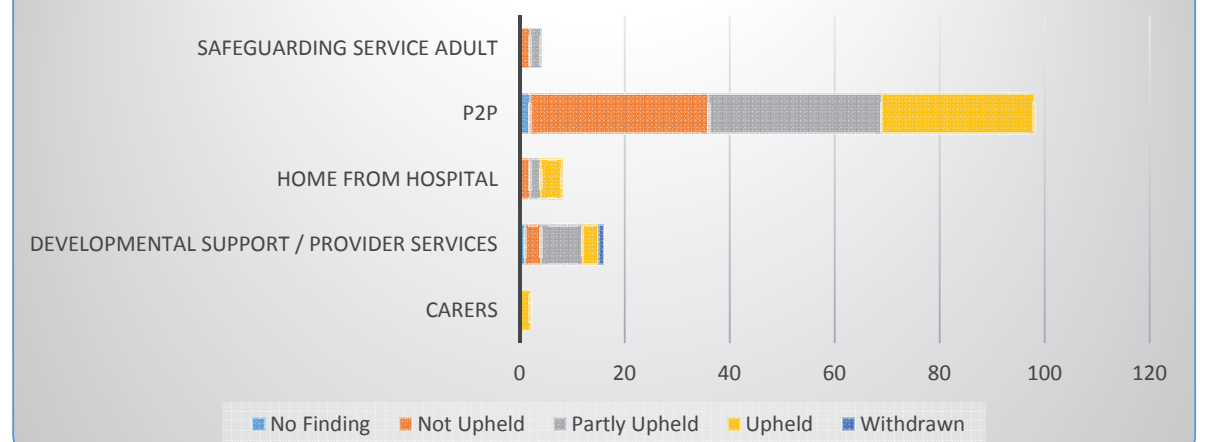
3. Outcome of Complaints at Stage 1



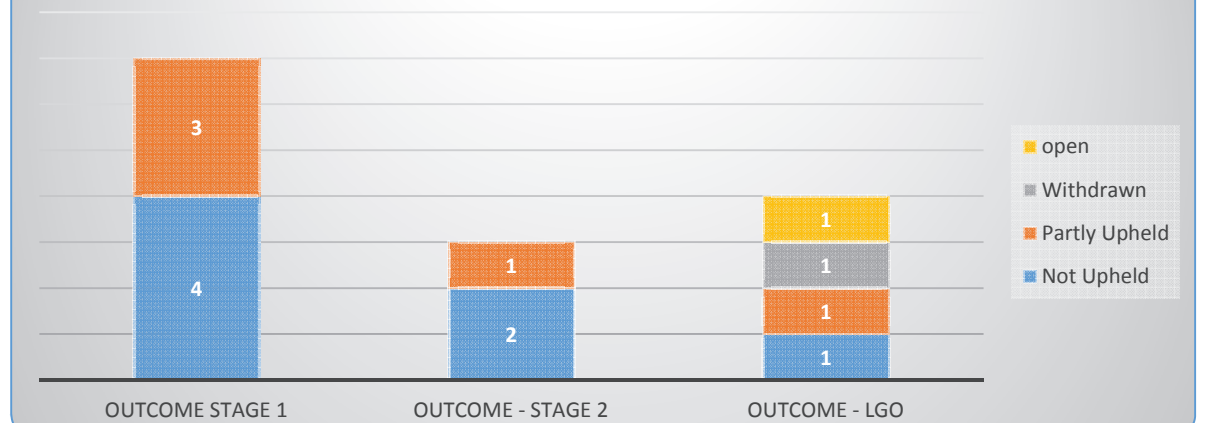
4. Cause of Complaint and Outcome



5. Outcomes by Team



6. Cases progressing to Stage 2 or LGO



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