Shropshire Council

Date: Monday, 2 November 2015

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Amanda Holyoak, Committee Officer
Tel: 01743 252718
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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Adult Social Care Dashboard (Pages 1 - 8)

To receive a report (**to follow**) presenting the dashboard of measures for the Adult Social Care New Operating Model identified by the Member Working Group of this Committee. The report will also include information on Complaints for Adult Social Care for Quarter 1 2015/16.

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	Committee and date	Item
Shropshire Council	Health and Adult Social Care Scrutiny Committee 2 November 2015 10.00 am	**6** Public

ADULT SOCIAL CARE DASHBOARD

Responsible Officer   Tom Dodds
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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 Committee received a report and the dashboard providing information for 2014/15 which showed changes in demand and activity over the year, helping to demonstrate the impact of the new way of working. This report contains the most up to date information for 2015/16. It also presents an update on the complaints information for Adult Social Care for quarter 1 2015/16.

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. 2014/15 Performance Dashboard

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

- Demand for Adult Social Care, as measured by the number of requests for support, shows a that the distinct increase previously identified in the Autumn 2014 was maintained at the 'winter pressures' level through to July and August 2015. This presents a different pattern to previous years where the number of requests for support would usually reduce in March and April and remain at a lower level through the summer before increasing in the following autumn.

- The spread of demand across the County has shifted compared to the 2014/15 report which was even across the north, south and central areas. The Central area has seen an increase in the proportion of requests for support compared to the South which has had a reduction. The proportion for the North of Shropshire has remained largely the same.

- As with the 2014/15 results 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 remain the highest followed by mental health and dementia related needs. The table below provides a comparison of the whole year results for 2014/15 and the 6 months into the current year. for some of the presenting issues the numbers are significantly higher than would be expected at six months, which directly relates to the increased requests for support.

Presenting Issue	2014/15 (whole year)	2015/16 (6 months)
Substance misuse	201	192
Other mental health	1220	883
Personal care needs	1799	1662
Safety/risks	174	68
Social isolation	54	9
Social/emotional needs	194	64
Reduced mobility	1503	755
Memory/cognitive	188	57
Managing medication	31	14
Managing nutrition	65	16
Dementia	452	247
Carers needs	215	14
Relationships	20	2

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- As would be expected, the most common routes of access is from the Community. Available figures for discharge from Hospital are significantly up on the whole year figures for 2014/15.

- The pattern for the number of assessments mirrors the pattern for requests for has increased in a corresponding pattern. The number of assessments carried out in April, May, June, and July 2015 are all higher than for any month in 2014/15.

- The volume of activity in the different service areas shows a significant change to the pattern for 2014/15. Significantly more activity is taking place in the Short Term Maximising Independence Team (STMI), with a marked reduction. There are also significantly more people receiving services following assessment compared to 2014/15. For example:

| May 2014 - 92 | July 2014 - 85 |
| May 2015 - 166 | July 2015 - 177 |

- The care elements purchased by people receiving council funded services to stay in their own home paid for through Individual Service Funds (ISF) shows the expected spread with the majority being used to cover the costs of personal care costs. As with the other measures discussed in this paper the level of ISF at six months is close to the full year results for 2014/15, which reflects an increase in spend in line with the strategy to reduce the proportion of people placed in residential provision and supported at home, and reflects the increase in demand of both volume and complexity.

- Admissions to residential and nursing care over the year continue to show month to month variations, but there is an overall downward trajectory in line with the Council's strategy to support more people without them needing to go into residential care. Alongside this the number of people admitted to Nursing care would expect to rise in relation to residential care, reflecting the more complex support needs when people who have been helped to live at home finally require more intensive and specialised support.

6. Complaints Dashboard

7.1 Key points relating to complaints for Adult Social Care received during quarter 1 2014/15 are set out below:

- The number of complaints received in the first three months of 2015/16 follows the pattern for previous years where there may be peaks in certain months that range between 15 and 18 complaints a month. Out of 4045 contacts in the period and 3363 people who received a service, 35 complaints were made. 49% (17) of these complaints were upheld or partly upheld.

- On average complaints were dealt with and responded to within 41days. There are some complaints that take significantly longer to complete due to the complexity of the issues that need to be investigated.

7.2 The highest proportion of complaints (8) are related to decisions, primarily whether the complainant believed the decision was unreasonable or incorrect. The quality of service

provided was raised on 4 occasions, as were complaints on the quality of information provided.

7.3 Learning from complaints and making improvements to services and the experience of people using the services is incredibly valuable to help the services develop and improvements be made where they are required. One of the actions taken in response to some of complaints has been to arrange training and guidance for employees. An example of this is the importance of accurate data quality and maintenance of records to ensure that communication and correspondence is clear and accessible, and is sensitive to situations such as bereavement.

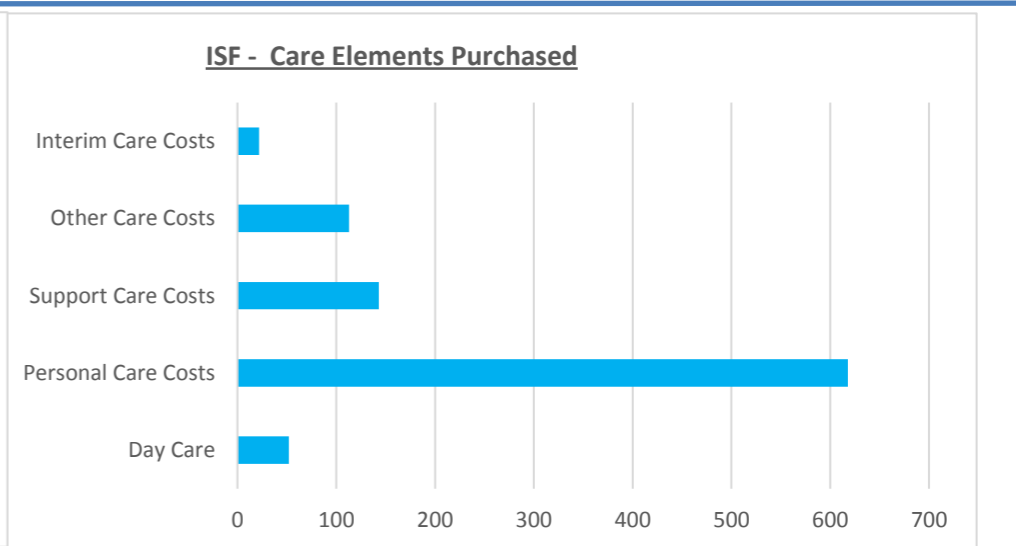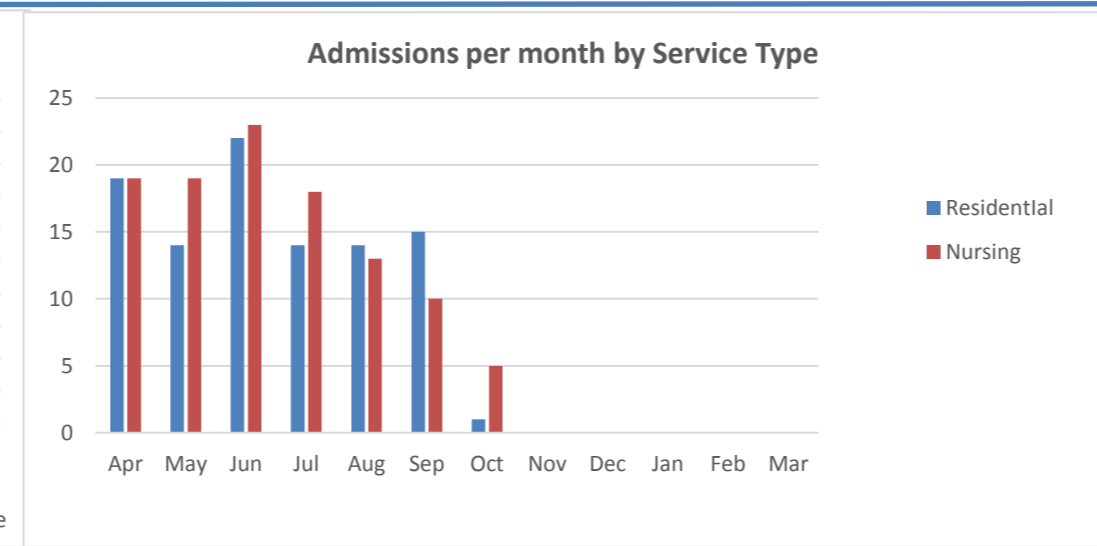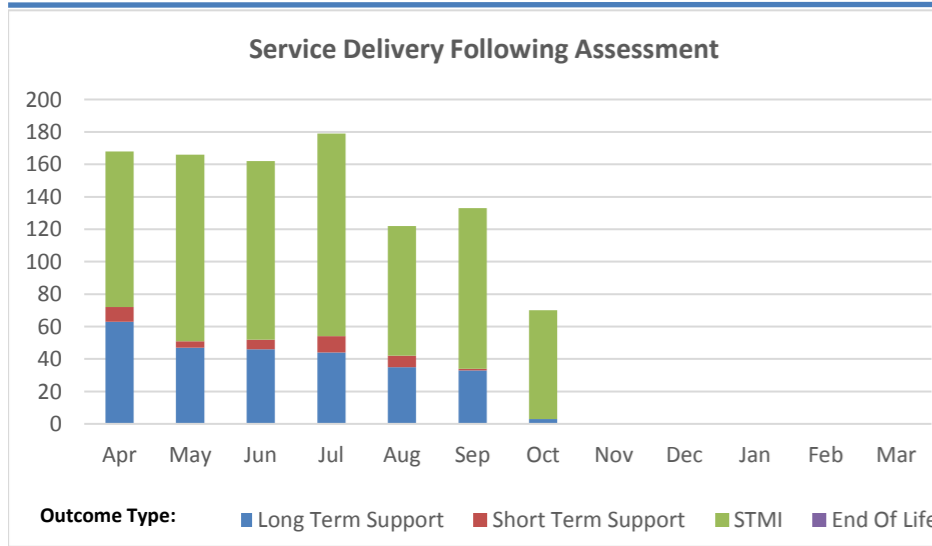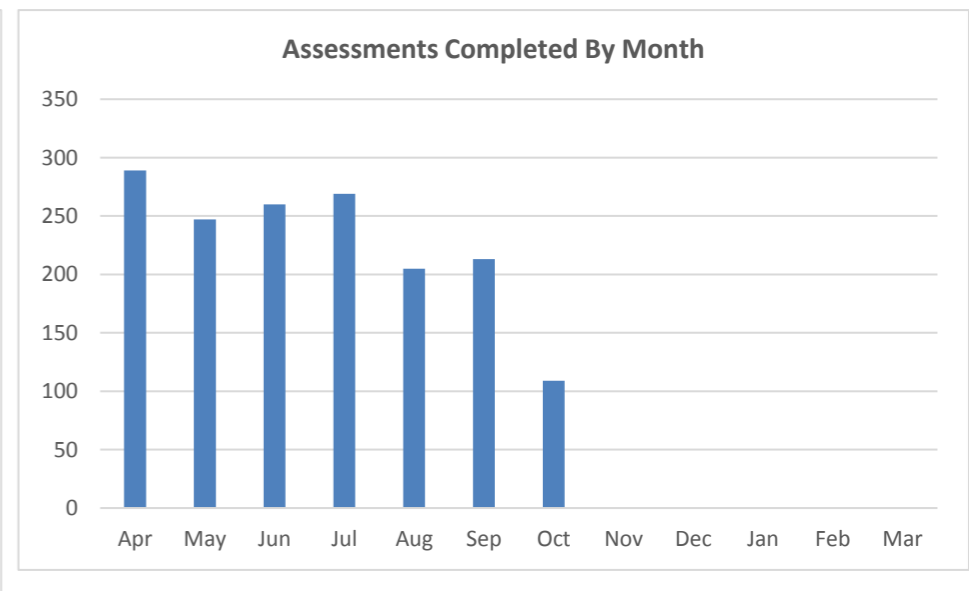| |
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| **List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

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

Adult Social Care Dashboard Report – Health and Adult Social Care Scrutiny Committee 29 June 2015 |
| **Cabinet Member (Portfolio Holder)**
Lee Chapman |
| **Local Member**

All |
| **Appendices**

Appendix 1 - Adult Social Care Dashboard 2015/16

Appendix 2 – Adult Social Care Complaints Dashboard Q1 2015/16 |

Shropshire Council

Local Adult Social Care Measures 01/04/2015 To 31/03/2016

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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Number Of Requests for Support By Month 2014/15

Total Requests = **4045**
Total Clients = **3363**

Requests By Area
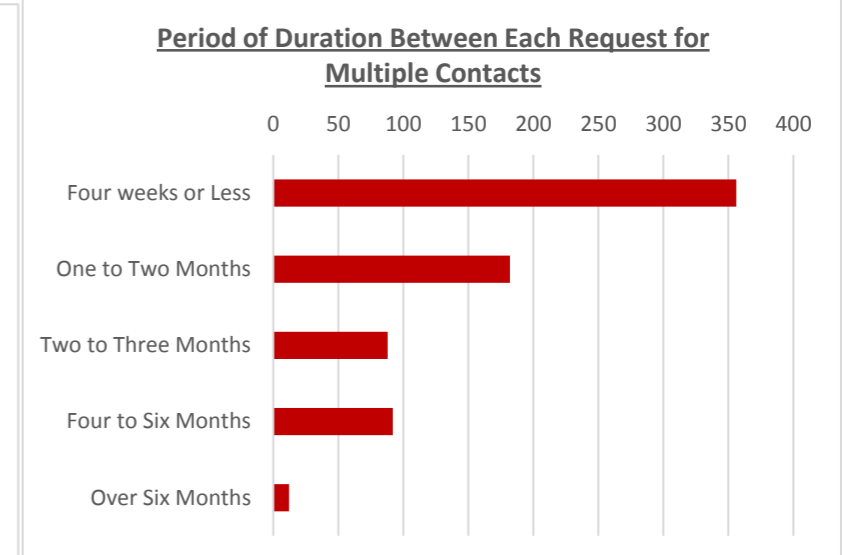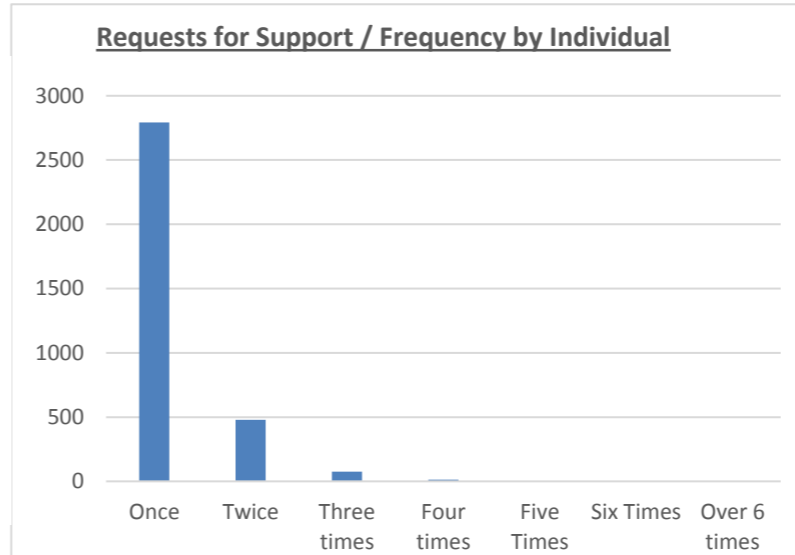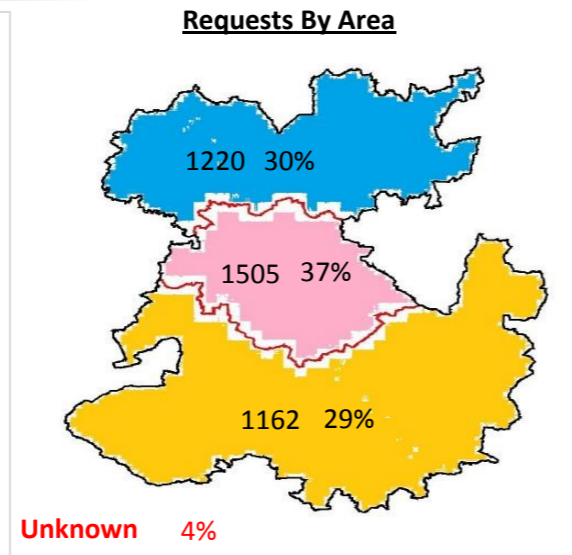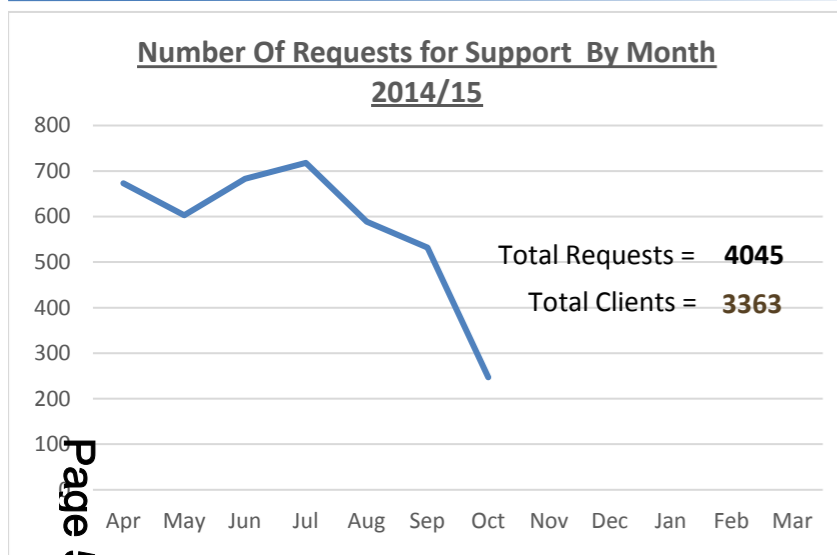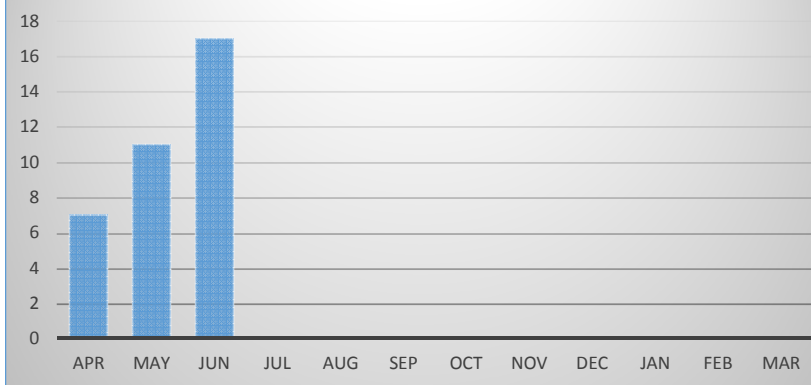

1220 30%
1505 37%
1162 29%
Unknown 4%

Requests for Support / Frequency by Individual

Period of Duration Between Each Request for Multiple Contacts

- Four weeks or Less
- One to Two Months
- Two to Three Months
- Four to Six Months
- Over Six Months

Presenting Issue

SUBSTANCE MISUSE	193
OTHER MENTAL HEALTH	895
PERSONAL CARE NEEDS	1684
SAFETY / RISKS	68
SOCIAL ISOLATION	9
SOCIAL / EMOTIONAL NEEDS	66
REDUCED MOBILITY	772
MEMORY / COGNITIVE...	62
MANAGING MEDICATION	14
MANAGING NUTRITION	15
DEMENTIA RELATED	245
CARERS NEEDS	14
RELATIONSHIPS	2

Routes of Access

Planned Entry (Transition)	6
Diversion from Hosp Services	3
Discharge from Hospital	929
Community/Other Route	3097

Assessments Completed By Month

Service Delivery Following Assessment

Outcome Type: ▉ Long Term Support ▉ Short Term Support ▉ STMI ▉ End Of Life

Admissions per month by Service Type

▉ Residential
▉ Nursing

ISF - Care Elements Purchased

- Interim Care Costs
- Other Care Costs
- Support Care Costs
- Personal Care Costs
- Day Care

Data Extraction Date 22/10/2015

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1. Number of Complaints Received 2015/16

APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR

2. Types of Cases Received

- Complaints — 75%
- Compliments — 21%
- General Enquiry — 2%
- MP Enquiry — 2%

3. Complaint Categories

Category	Value
STAFF CONDUCT - UNHELPFUL ATTITUDE	1
STAFF CONDUCT - LACK OF CUSTOMER CARE	1
QUALITY - UNREASONABLE DECISION	3
QUALITY - UNCLEAR INFORMATION PROVIDED	2
QUALITY - SERVICE PROVIDED	4
QUALITY - POOR OR MISLEADING INFORMATION GIVEN	2
QUALITY - INCORRECT DECISION	5
FAILURE OR REFUSAL - DELIVER SERVICE	3
DELAY - DELIVERING SERVICE	1
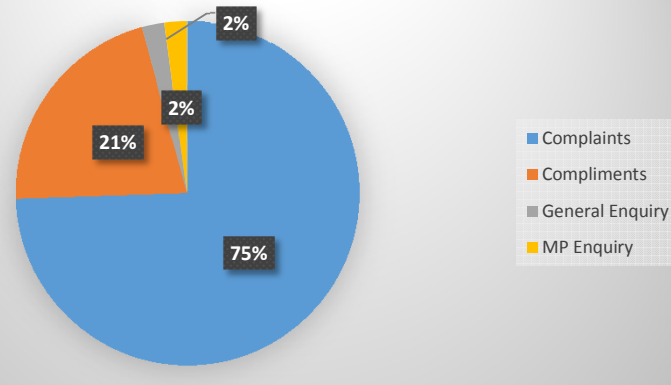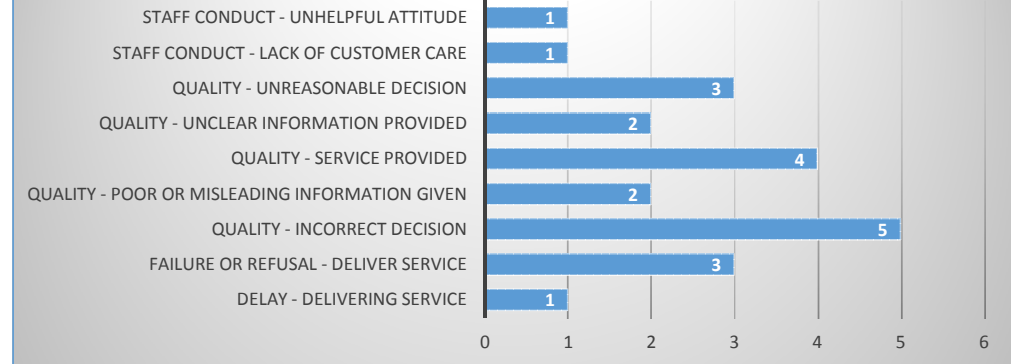
4. Cases Closed Q1 - Working Days to Close at Stage 1

April   May   June

— Days to Close   — Average Days to Close
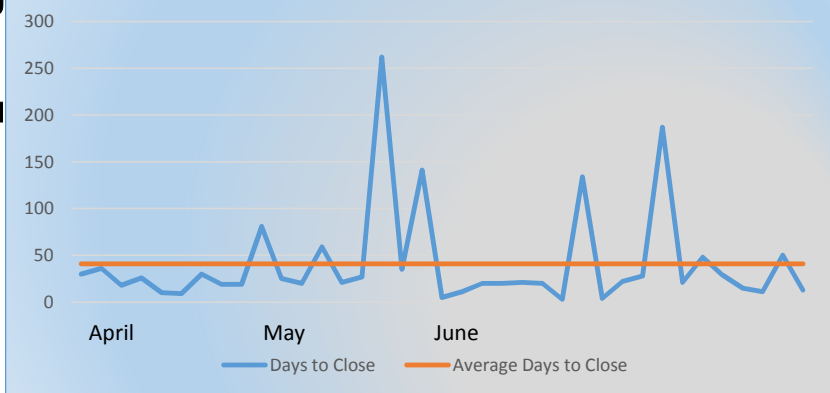
5. Outcome of Complaints - stage 1

- Not Upheld — 48%
- Partly Upheld — 26%
- Upheld — 23%
- Not Recorded — 3%

6. Outcomes by Team

Team	No Record	Not Upheld	Partly Upheld	Upheld
SHORT TERM				2
SAFEGUARDING SERVICE ADULT		3		
P2P	1	10	4	3
LONG TERM		4	2	1
ICS	1			
HOME FROM HOSPITAL	1		2	
DEVELOPMENTAL SUPPORT / PROVIDER SERVICES		1	1	

■ No Record   ■ Not Upheld   ■ Partly Upheld   ■ Upheld

7. Actions taken

- Apology — 2
- Arrange employee training or guidance — 2
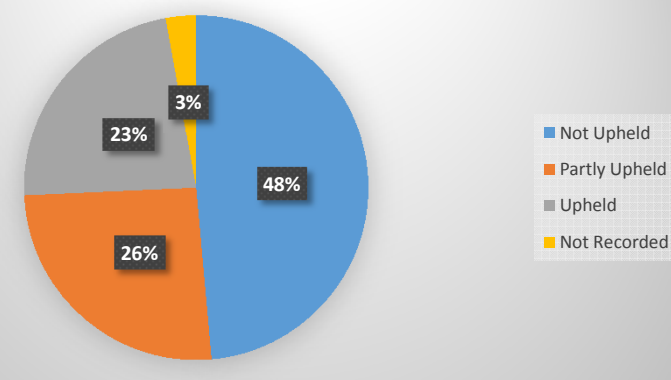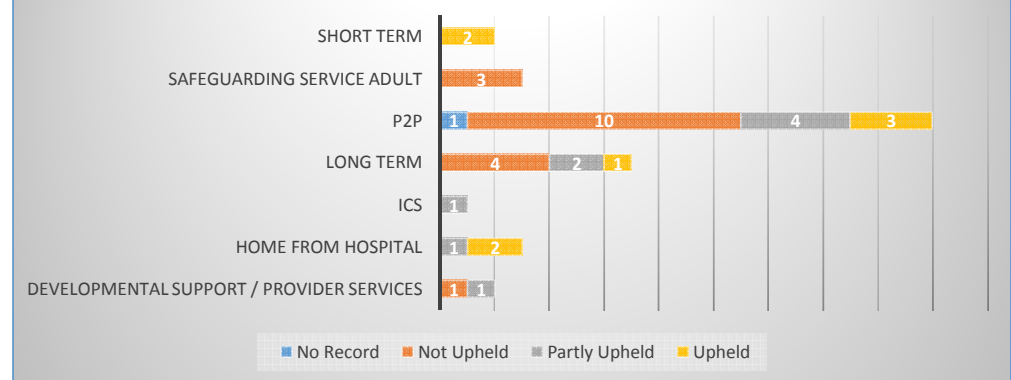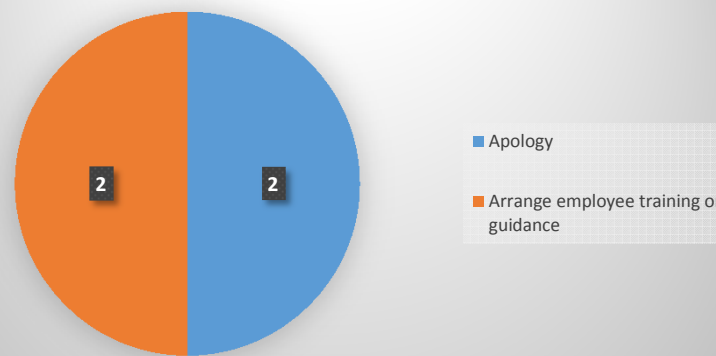
Stage 2 or LGO

Cases progressing beyond stage 1 during Q1

Case 1. Stage 1 not upheld - Case now opened with LGO

Case 2. Open at LGO - not investigated at stage 1

Case 3. Stage 1 not upheld - stage 2 investigation found to be partly upheld

Case 4. Stage 1 not upheld - Case now opened with LGO

Case 5. Stage 1 not upheld - Case now opened with LGO

Notes:

Outcomes: Where the council is found to be at fault the putcome of upheld is recorded. Where a complaint has multiple parts and some of those parts are upheld the outcome of partly upheld is used.

Days taken: this is calculated on the number of working days taken between the date of receipt and recording of the stage 1 close date.

Team Outcomes: teams are shown at the date of the case being received. Changes to the team structures may affect the results.

Quarterly Report - this report will be produced quarterly to monitor progress. An annual report will provide more detailed analysis (May 2016)

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