



Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 20 March 2015

**Committee:**  
**Health and Adult Social Care Scrutiny Committee**

**Date:** Monday, 30 March 2015

**Time:** 10.00 am

**Venue:** Avalon Day Opportunities, Victoria Road, Oswestry, SY11 2JE

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Head of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Adult Social Care Scrutiny Committee**

Gerald Dakin (Chairman)

David Minnery (Vice Chairman)

John Cadwallader

Tracey Huffer

Simon Jones

Heather Kidd

Pamela Moseley

Peggy Mullock

Peter Nutting

Madge Shingleton

Parry

Your Committee Officer is:

**Amanda Holyoak** Committee Officer

Tel: 01743 252718

Email: [amandaholyoak@shropshire.gov.uk](mailto:amandaholyoak@shropshire.gov.uk)

# AGENDA

## 1 Apologies for Absence and Substitutions

## 2 Disclosable Pecuniary Interests

## 3 Minutes of the Meeting held on 9 February 2015

To confirm the minutes of the meeting held on 9 February 2015 as a correct record

## 4 Public Question Time

To receive any questions, statements or petitions of which members of the public have given notice. Deadline for notification is 4.00 pm on Wednesday 25 March 2015

## 5 Member Question Time

To receive any questions of which Members of the Council have given notice. Deadline for notification is 4.00 pm on Wednesday 25 March

## 6 The Transformation of Adult Social Care Services (Pages 1 - 30)

To consider the impact on the service user of the transformation of services. A report is attached.

Contact: Andy Begley, Head of Social Care Operations, 01743 252421

## 7 Local Account - Comparison of Performance Measures (Pages 31 - 40)

Following its consideration of the Adult Social Care Local Account at the last meeting, the Health and Adult Social Care Scrutiny Committee requested a further update on the Adult Social Care Outcomes Framework (ASCOF) measures contained within it to assess how the Council compares with other local authorities. A report is attached marked 7

Contact: Tom Dodds, Performance and Design Team Leader, 01743 252011

## 8 Proposals for Committee Work Programme (Pages 41 - 44)

The Committee's current work programme is attached for comment. The Cabinet Forward Plan is available from the following link:

<http://shropshire.gov.uk/committee->

<services/mgListPlans.aspx?RPId=130&RD=0>

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## SHOPSHIRE COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 9 February 2015  
in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,  
Shropshire, SY2 6ND**

**Responsible Officer:** Amanda Holyoak  
Email: amandaholyoak@shropshire.gov.uk Tel: 01743 252718

#### **Present**

Councillor Gerald Dakin (Chairman)  
Councillors David Minnery (Vice Chairman), John Cadwallader, Heather Kidd,  
Pamela Moseley and Madge Shineton

#### **49 Apologies for Absence and Substitutions**

Apologies were received from Councillors Tracey Huffer, Simon Jones, Peggy Mullock and Peter Nutting. Councillor Paul Wynn substituted for Simon Jones and Councillor Roger Evans substituted for Tracey Huffer.

#### **50 Disclosable Pecuniary Interests**

Mr Jones informed the meeting that he was employed by Shropshire Community Health Trust and Mrs Shineton informed the meeting that she was a Member of Health Concern.

#### **51 Minutes of the Meeting held on 15 December 2014**

The minutes of the meeting held on 15 December 2014 were confirmed as a correct record and signed by the Chairman.

#### **52 Public Question Time**

There were no public questions.

#### **53 Member Question Time**

A question had been submitted by Councillor Pam Moseley regarding the reputation of the Council following a notice published by the Ombudsman in the Shropshire Star, and about complaint procedures. (a copy is attached to the signed minutes). It was agreed to address this at agenda item 8 as it linked with a request for an item to be added to the Committee's work programme.

#### **54 Adult Social Care Annual Account**

The Portfolio Holder for Adult Social Care introduced the Adult Social Care Account for Shropshire 2013 – 2014 and explained that it was designed to provide a snapshot of the past year, and outline the challenges expected in the coming year. (A copy of the report is attached to the signed minutes).

Jon Hancock, the Co-Chairman of the Making It Real Board, reported that he and the Making It Real Board had encouraged a different, lighter approach to the Annual Account in order to demonstrate performance in adult social care using real life stories and people. The report was designed to be more accessible and interesting to read than previous versions, was user-focussed, and highlighted the quality aspects of services provided, rather than focusing solely on quantitative information.

In response to questions from Members of the Committee arising from the account and from the national performance measures included within it, officers explained that:

- There were two measures related to the proportion of adult social care users in employment and Shropshire Council was either the best or second best in the West Midlands and in the top 5% in the country.
- The drop in 2013-2014 figures regarding proportion of service users who found it easy to find information had been addressed through improved information available online and the commissioning of an information, advice and advocacy service. The 2013 – 14 figures did not reflect the position now that the First Point of Contact had been established and there was confidence that the 2014/15 would show improvement.
- Loneliness had been clearly linked with poor health and work was being undertaken to identify people who were at risk of this as part of resilient communities work.
- Community resources were being utilised within the New Operating Model and the GUSTO project was now a mainstream activity delivered by the Community Council.
- Let's Talk local meetings were held at 18 different localities on a weekly or fortnightly basis and provided an opportunity for people to plan to meet their needs in community buildings, in recognised communities. 18 was not a fixed number and might increase in future.
- Where appropriate technologies would be used to help meet people's needs but this was being implemented carefully and slowly on a sustained basis.
- The IT support capital budget being rolled forward to next year related to the re-tender of the Care First system, not the use of assistive technology which was still being rolled out as planned.
- Shropshire spent the lowest amount of money on over 65s in the country with a good variety in the market place utilising the voluntary and business sectors.

In response to further questions from Members about the location of Let's Talk meetings, and the distance people might be required to travel to attend one, officers explained that locations did vary, although they tended to be held in Market Towns. The majority of calls were concluded successfully through the First Point of Contact but if that was not possible a visit to the nearest Let's Talk meeting would be offered, or a home visit arranged if needed, such as in the case of a vulnerable or elderly caller who was unable to travel.

A Member from a rural electoral division emphasised the importance of work in tackling loneliness, particularly in very rural areas where it would be more difficult to put into practice. Efforts appeared to be focused on Market Towns. She thought it would be interesting to see data related to geographical spread and success in relieving pressure on the health service.

The Director agreed that this was an important issue. Initial work had been focused on the Shrewsbury area and was now being rolled out across Shropshire. Exploring the impact

of the roll out would be useful in addressing concerns about the potential of missing people, particularly in the most rural areas. Members suggested such a piece of work should be all encompassing and cover craft groups, WIs, GP liaison services, theatre groups, lunch groups.

A Member representing a rural division expressed reservations around use of technology particularly where broadband connections were less well developed. She went on to compliment the First Point of Contact Service in relation to cross border working with Worcestershire, citing a recent example of a transfer of a patient from an acute Worcestershire setting back to Shropshire for home care effectively.

In answering further questions from Members, the Director explained that:

The significant drop from 2012/13 to 2013/14 in permanent admissions into residential or nursing care homes had resulted from significant work in developing alternatives, particularly those that were home based and made use of assistive technology and domiciliary care.

The current year had seen increased confidence in quality of reablement data. Consistency of data had been variable previously as it was provided by a number of different systems and organisations.

A recent national radio broadcast had drawn attention to Shropshire having the lowest spend on over 65s in the country and best performance on quality with good variety in the market place including the voluntary and business sectors. However, this good performance made it harder to reduce expenditure further.

Some Members referred to reports due to be considered by Cabinet showing savings required and still to be made, whether these were achievable and what areas would be affected. As the Committee did not have the reports before it, the Director offered to meet individually with the Members raising these questions to explain the figures in detail.

In the meantime, he explained the significant pressures on financial performance from in year pressures and referred to the higher than ever number of people who had been self funders now approaching the Council. He reiterated how the new operating model focused on avoiding people coming into the system with 73% of calls were successfully diverted at the First Point of Contact. Although there was knowledge of some self funders approaching the threshold most people were reluctant to share their financial details before they needed to. The Council was working with Shropshire Partners in Care (SPIC) in an attempt to map self funders.

The Director also referred to the pressure from increased costs, and unattained savings, for example, the lack of success in re-negotiation of the PFI contract. Pressures faced year on year were substantial.

The Director thanked members of the Making It Real Board, who had been driving forces behind putting the report together, provided constructive challenge and helped develop the report in its new dynamic format.

In response to queries around the recommendation to note the report, the Director explained the status of the Account. All Adult Social Care Services were required to produce one to be presented to Cabinet and Scrutiny but not for revision or amendment. It was an evolving document that would improve year on year and would be presented to the Committee again in the Autumn.

The Committee expressed its appreciation to the Making It Real Board and Jon Hancock for attending the meeting. In noting the Account, the Committee said it had stimulated valuable questions and debate, and highlighted areas for further work. In particular, the Committee had agreed on the need to look at work in the most rural parts of the county and asked for more context to be presented around the comparative information in the report.

## **55 Day Services Update**

Members considered a report (copy attached to the signed minutes) which provided an update on changes made to the Council's in house provided day services between 2012 and 2015 and the outcomes for service users who were previously supported by the Council in day services.

Discussion covered disappointing levels of interest from independent providers in taking on Day Services. A helpful session had been held with providers recently to identify the reasons for this.

The Committee were informed of the 'Safe Places' initiative which had been launched to support vulnerable people in the community. Members suggested that publicity around 'Safe Places' be revisited to ensure the public was aware of the service and familiar with the logo.

Members drew attention to the absence of Safe Places in the Cleobury Mortimer, Bishop's Castle and south west Shropshire areas and the Head of Social Care Improvement and Efficiency said she would look into this. Officers referred to discussions with the Mayfair Centre regarding provision of an outreach service in Bishop's Castle. The Committee asked that all Members with a relevant geographical link be involved in such discussions.

Another Member drew attention to the Butcher Row toilets in Shrewsbury which included the county's first publicly funded disabled changing places and had been provided by Shrewsbury Town Council. She also suggested that similar facilities in Day Centres should be promoted.

The Healthwatch representative had considered the comments received by Healthwatch in relation to day services. Healthwatch were able to make enter and view visits and had identified some impact of reduced access to day services in the context of lack of regular social contact. Some service users had expressed regret that they were no longer able to see each other in the social setting of a day centre. It was suggested that the qualitative information gathered by Healthwatch be incorporated in any future discussions around social contact.

The Chairman and Councillor Moseley reported on a visit that they had made to the Avalon in Oswestry which provided day opportunities for clients with a Learning Disability.



A variety of activities were offered including gardening, walking, swimming and horse riding as well as activities in the building itself. Councillor Moseley reported on the good quality of the building and the pleasant, calm ambience with some listening to music and chatting and some participating in craft and other activities. She had felt that it had looked underused but realised that some were participating in activities away from the building. The cost was £57 day and she had heard that some people did not attend any more due to the cost.

The Chairman reported that Maggie Allan, from the Bradbury Day Centre was unfortunately unable to attend the meeting as planned to report on what had been a great success story in Whitchurch.

Officers acknowledged concerns related to social isolation and also the need to reduce reliance on an institutional type building. Learning from tender exercises would be taken on board.

Members from rural electoral divisions pointed out the importance of geography and the particular need to look for any facilities that could be used for community based services in rural areas. The importance of involving the local member for rural areas in any discussions was reiterated.

The Chairman recommended that the next meeting of the Committee be held at Avalon Day Opportunities to allow the Committee to see the service provided for themselves, with a visit afterwards to Maesbury Metals.

The Committee agreed the recommendations in the report.

## **56 Proposals for Committee Work Programme**

The Member question was taken at this point as it related to a request to add an item to the Committee's work programme. A copy of the question and the response from the Director of Adult Social Care is attached to the signed minutes. The question related to recent criticism from the Local Government Ombudsman of the Council following a finding of maladministration in April 2013. The request for an addition to the work programme was to scrutinise the learning points stemming from Adult Social Care complaints and Ombudsman reports.

The Committee was referred to the key points in the Complaints Analysis report provided (a copy is attached to the signed minutes). Learning points had been identified in a number of areas and action taken to address these. The Performance and Design Team Leader explained that providing any more detailed information around specific complaints raised the risk of identification of complainants.

It was suggested that a further report be made in June or July as this timing would allow consideration of the end of year position and whether complaints had reduced in the areas where learning had been identified and action taken. It would also allow triangulation of information with that provided by others, eg, Healthwatch, the Health and Wellbeing Board, and CCG, and also how Shropshire compared with other authorities. The Performance and Design Team Leader highlighted the role of scrutiny in identification of

service issues and understanding the relationship between commissioning decisions and performance information.

A Member drew attention to telephone assessments and emphasised the need for assessors to research conditions, particularly fluctuating conditions, before embarking on an assessment. The Director confirmed that he would act on this feedback.

For the 30 March meeting of the Committee, Members agreed that it would be useful to look at the overall impact of all transformation activity on service users in addition to more information around the context of the performance data presented in the annual account. The proposals for other meetings were noted.

Signed ..... (Chairman)

Date: .....



<u>Committee and Date</u> Health and Social Care Scrutiny Committee  Monday 30 March 2015  10:00	<u>Item</u>  <b>6</b>  <u>Public</u>
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## THE TRANSFORMATION OF ADULT SOCIAL CARE SERVICES

**Responsible Officer** Andy Begley, Head of Social Care Operations

e-mail: [Andy.begley@shropshire.gov.uk](mailto:Andy.begley@shropshire.gov.uk)

Tel: 01743 252421

### 1. Summary

- 1.1 This report is to consider the impact on the service user of the transformation of services. The document begins with a reminder of the principles underpinning the transformation of Adult Social Care. The report then provides an oversight of current activity across Adult Social Care and describes how services have developed within Shropshire over the last 3 years, particularly focussing on the introduction of a new operating model in April 2014.
- 1.2 The report will be accompanied with a presentation that will provide the narrative behind Adult Social Care's transformation journey, and will describe the context, the financial impacts, and the changes implemented to date. The presentation uses images, text from people who have been directly affected by service transformation and seeks to use personal statements as genuine evidence of impacts.

### 2. Recommendations

The Health and Adult Social Care Scrutiny Committee is asked to

- A. consider the content of this report and the continuing progress of transformation of Adult Social Care is subject
- B. confirm that there should be a further review and update including Scrutiny in Autumn 2015,
- C. reconvene the Member working group on the performance measures to work with officer to develop the reporting dashboards and presentation of data and messages

## 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. Transforming Adult Social Care Services**

5.1 The transformation of Adult Social Care has been taking place over recent years with the most recent phase starting in April 2014 with the implementation of the new operating model. This transformation was underpinned by the following principles:

- i. Reducing dependence upon paid support and enabling and maximising individual independence.
- ii. The service will be responsive with quick decision making at the closest possible point to the person.
- iii. Maximising the use of community resources and natural support and developing resilient communities.
- iv. The local service will be determined by what that local community needs in relation to advice and information and direct intervention from adult social care.
- v. Facilitating key partnerships within local communities that maximise the use of natural support and universal services.
- vi. There is a focus on the use of volunteers and particularly those that have lived experience of using services.
- vii. The service will focus upon supporting and enabling carers to continue with this vital role whilst establishing and maximising the use of peer support.
- viii. Members of staff will play a key role alongside individuals who use the service in making decisions about how the service is delivered.

- ix. The service will work from a presumption of a mobile and flexibility operating within local areas.
  - x. Increasing the focus on professional standards and profile of social work to enable improved outcomes for individuals and give a sense of pride and ownership for the staff group.
- 5.2 As part of understanding the impact of the implementation of the new operating model the views of employees and people who use the services have been sought. These along with other information have been brought together into the presentation attached at Appendix 1, which will given at the Committee meeting.
- 5.3 In addition to this measures related to the new operating model have been developed and identified with a member working group of the Committee. The measures were presented to the Committee on the 15 December 2014 with a view to an end of year (Quarter 4) view being presented to the Committee at the their first meeting in the new municipal year (29 June 2015). This would allow the results from the statutory returns to be taken into account to provide the most complete picture.
- 5.4 The views and ideas of the member working group were constructive in refining the measures to demonstrate the progress and impact with the new operating model. It would be equally valuable to gain their thoughts in shaping and designing the dashboard and presentation of the measures to help ensure that they are accessible, and support people who are considering them to identify any questions or points they would like to understand in more detail.

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

Adult Social Care Performance Indicators – Health and Adult Social Care Scrutiny Committee 15.12.2015

Update on Adult Social Care Operations - Health and Adult Social Care Scrutiny Committee 14.07.2015

**Cabinet Member (Portfolio Holder)**

Lee Chapman – Portfolio Holder for Adult Services and Commissioning (South)

**Local Member**

All

**Appendices**

Appendix 1 – Powerpoint presentation “Live Life Your Way – Our Journey”

LIVE LIFE YOUR WAY

# Our journey

Presented by

**Andy Begley**

Head of Adult Social Care Operations  
Shropshire Council



# LIVE LIFE YOUR WAY

Our vision for the future of adult social care in Shropshire is **to put people in the driving seat, deciding more and more how they want to Live Life their Way!**

Personalisation, transformation and resilience is at the heart of what we do.





## The challenges we face

Shropshire Council needs to make savings of **£80 million over three years** (2014/15, 2015/16 and 2016/17). Meaning that, adult social care needs to make savings **£24 million over three years** (2014/15 - £8 million, 2015/16 – £10 million and 2016/17 - £6 million).

**GOT TO MAKE  
£24 M  
SAVINGS**



**But, we are faced with  
an aging population.**

*The challenges we face cont.*

In **Shropshire** there are:

- **15,073** people living with a moderate physical disability, and **4,613** living with a serious physical disability.
- Approximately **1,000** people that have a learning disability.
- **1,800** people with autistic spectrum disorder.
- Between **26%** and **32%** of people with a mental health condition.



**4,613**  
**PEOPLE LIVING**  
**WITH A SERIOUS**  
**PHYSICAL DISABILITY**

## Now, let's go back to the beginning...

Our journey to create better adult social care services for less began with a conversation with service users, staff and our partners.



*Now, let's go back to the beginning... cont.*

**In 2011 we undertook our most comprehensive consultation on the transformation of adult social care.**

At the time we said:  
“future service models would be based on the principles of working together, prevention, enabling, maximising independence, and providing targeted incremental support where it is needed.”

These areas were felt to be the important principles by those who use or are affected by our services.

## Needs and expectations changed

We found that users of services no longer wanted a narrow range of standardised support options, as has been traditionally the case but, rather, wanted personal support that enabled them to remain independent and active members of their communities for as long as possible.

We aimed to create a culture that encourages and supports collaboration, innovation and collective learning. Improving outcomes through greater choice and control, offered through a joined up approach across health and care services.



## And, so our journey began

The creation of a Social Work pilot scheme, **'People2People'**.

It has already received national recognition for its work



**Mary Hastings**  
Service user, volunteer peer support planner,  
advisory board member, People2People



*Live Life your way – ip&e, Shropshire Council and People2People working together*

*And, so our journey began cont.*

**STEP (September 2013)** – this work took place alongside the developments which were already taking place in People2People.

A 12 week prototype which included work to understand different conversations, different paperwork and changing the end to end system.





*And, so our journey began cont.*

**STEP2 in Oswestry (April 2014)** - work was undertaken to broaden STEP by understanding how the 'early help' systems across the organisation could be joined up to create a more community-based approach. It included discussions between housing, children's services, adult services, community action teams, GPs, health and schools.



*And, so our journey began cont.*

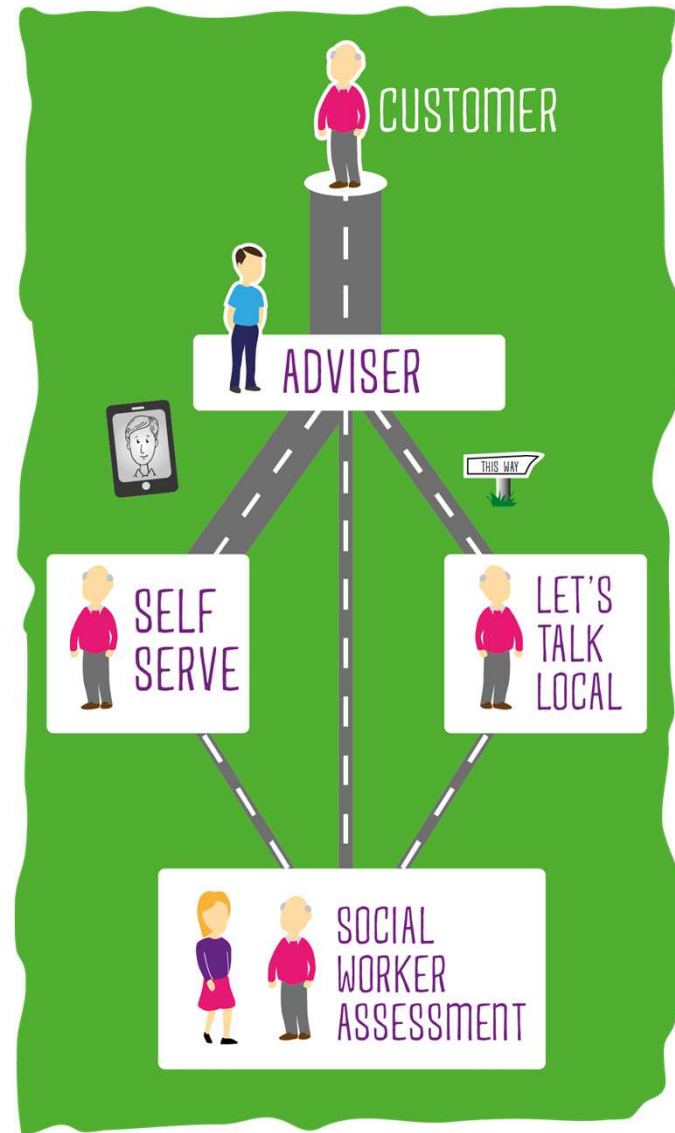
In April 2014 we brought in what we've learnt from 'People2People' and STEP to create a new a different operating model  
Prevention focused, promotes aspiration, independence and capacity.  
It is continually evolving.



*And, so our journey began cont.*

This model puts the service user, their families and carers at the heart of the **process**.

Inspiring our staff to work creatively and develop innovative ways of working during a period of uncertainty has been **essential**.



**We need to be sure what we're doing is working cont.**

**Just to put things into perspective...**

In Shropshire we spend **£239,000** on adult social care a day.

That's **£87,000,000** a year.



**£239,000  
PER ADULT  
PER DAY**

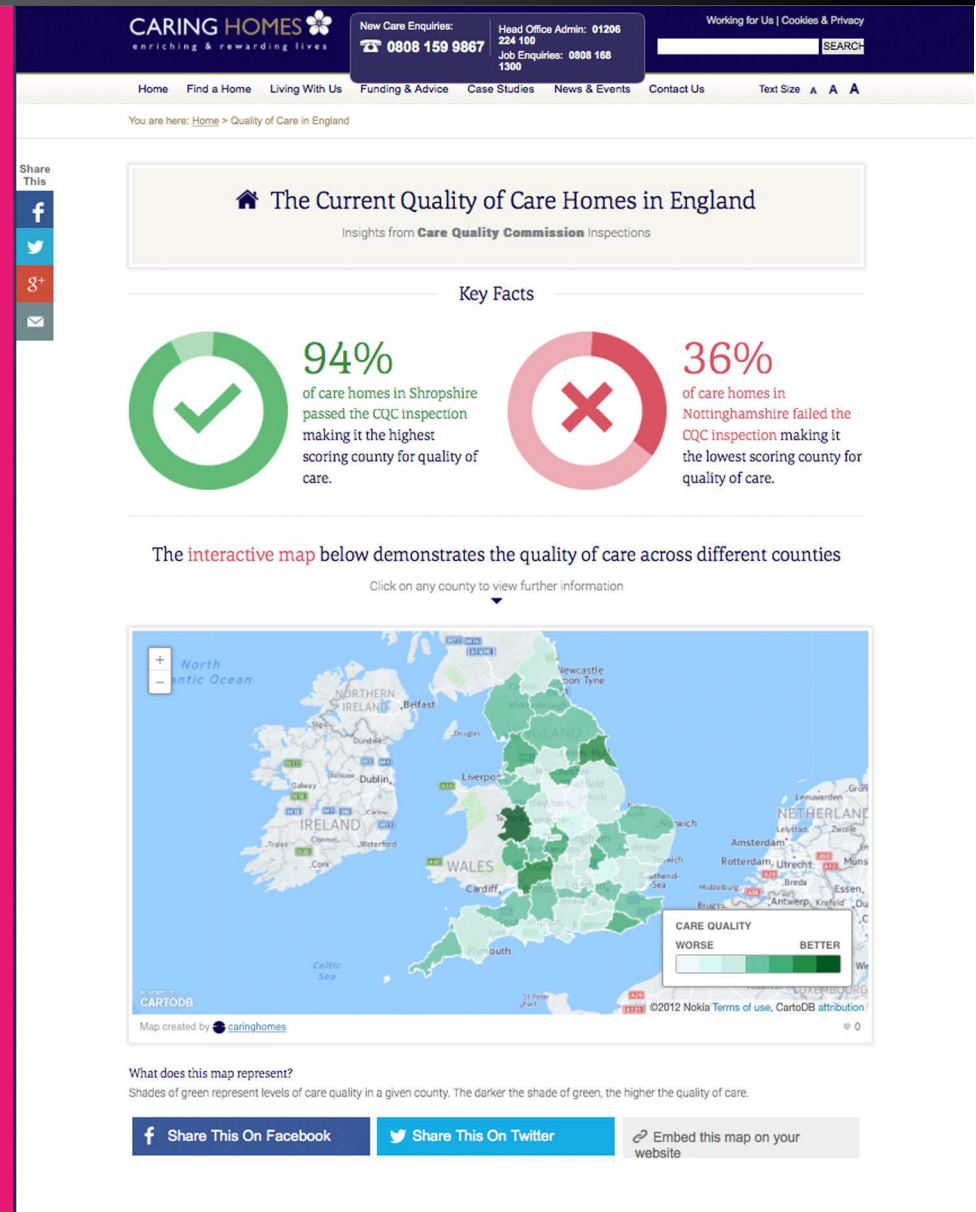
*We need to be sure what we're doing is working cont.*

However, we spend less per person on care for the over 65s than any other council in England.

Within Shropshire, the total spend per head of over 65s has reduced in the 10-year period from an average of **£935** in 2003/04 to **£644** per head in 2013/14, a reduction of **31%**. The national average is just 20%, 21% in the West Midlands.

And we've halved the number of people who are under 65 going into residential care.

But, we're managing to provide **better** adult social care services while spending **less**.



## **We need to be sure what we're doing is working**

Outcome focused on what really matters has become 'second nature'

Continually monitoring our performance is a crucial part of the process so we revolutionised the way we do this.

And, 'Making it Real' is continuing to help us shape adult social care services.

### *Last year... cont*

Through our First Point of Contact:

- We received **16,721 calls**. That's just over **1,500 calls per month**.
- Before our New Operating Model: In November 2013, out of **1,332 calls**, **431 people were dealt with by our social work teams**.
- With our New Operating Model: In November 2014, out of **1626 calls**, **267 people were dealt with by our social work teams**.

NOVEMBER 2013

**1,332 CALLS RECIEVED**

**431** WENT TO SOCIAL WORK TEAMS

NOVEMBER 2014

**1,626 CALLS RECIEVED**

**267** WENT TO SOCIAL WORK TEAMS

*Last year... cont.*

We've worked with ip&e to redesign and fundamentally change how we support people when they contact us. So now, when people contact us, over **73%** of people we are able to satisfactorily resolve whatever it was that was causing them a problem at that time.

We have **no** waiting list.



*Last year... cont.*

**It doesn't stop there** – we call people back and check that they're happy with the service they received.

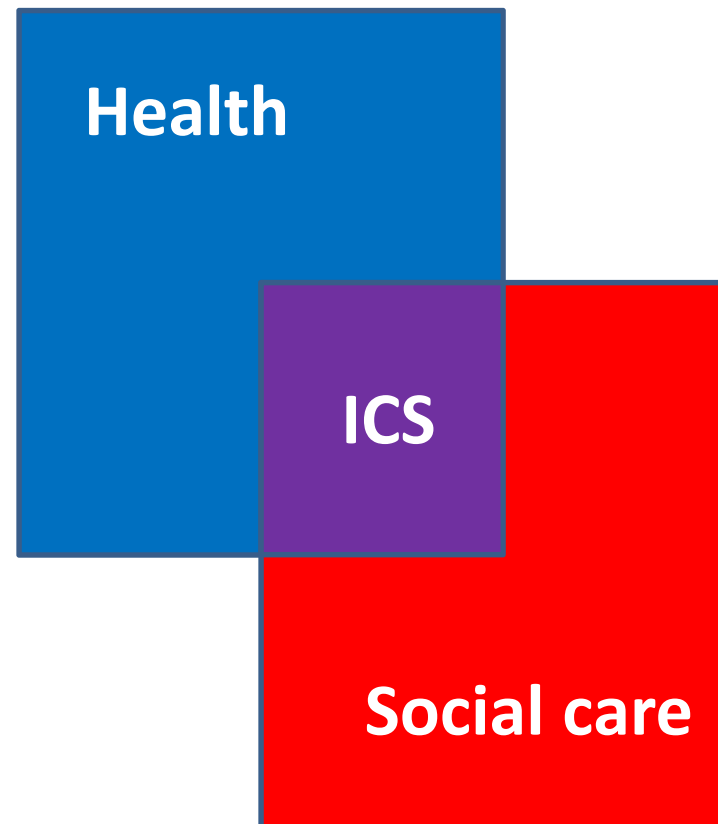




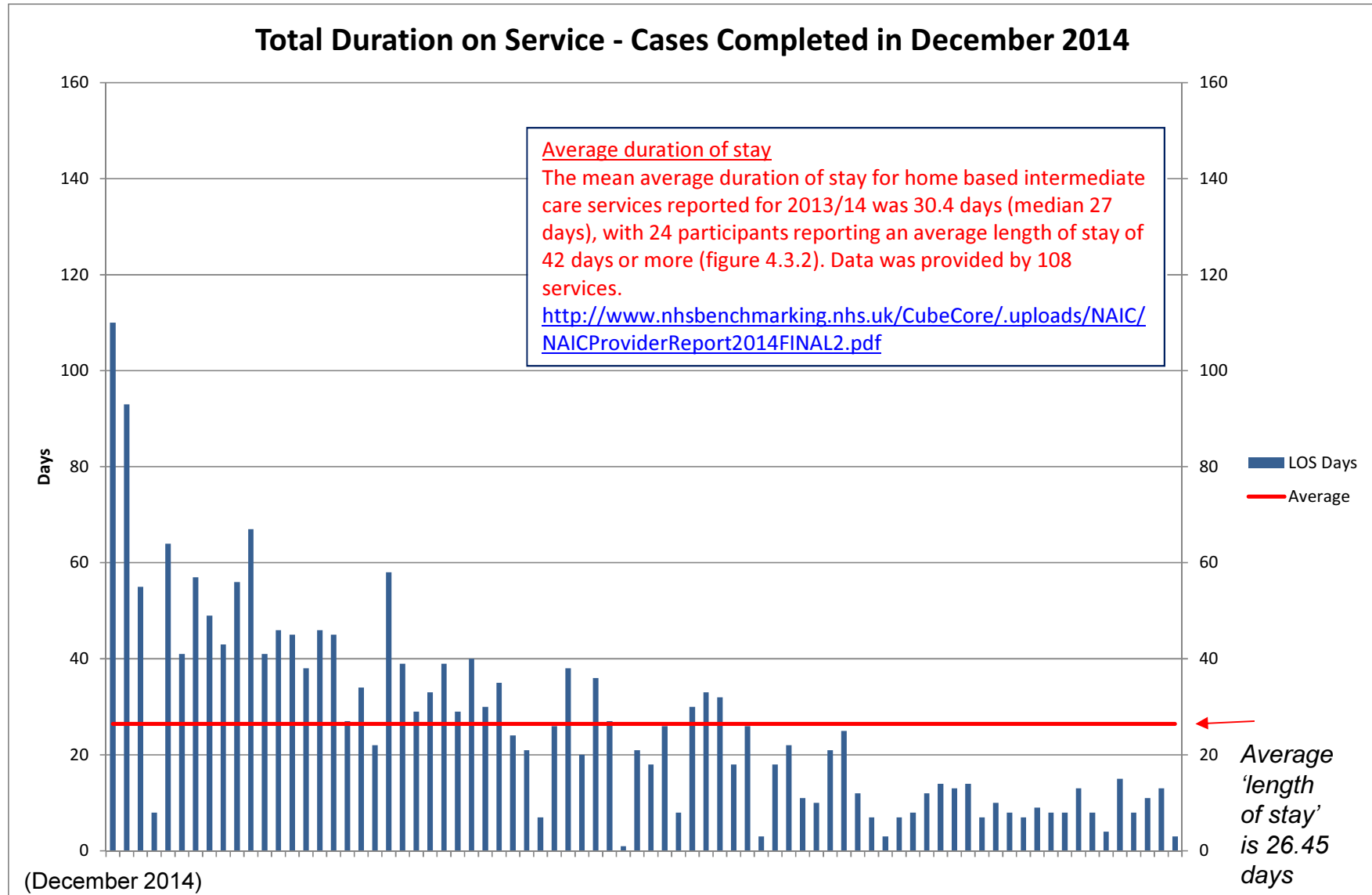
# The integration we want is purple!

We want **purple** people, using **purple** processes to deliver purple outcomes ...

... the type of integration we are trying to achieve requires **more** than blue staff and red staff being based together, aligning their specialist input to meet the needs of the patient – it requires a new shared culture, mind-set, values and objectives to create a new staff group – the **purple people!**

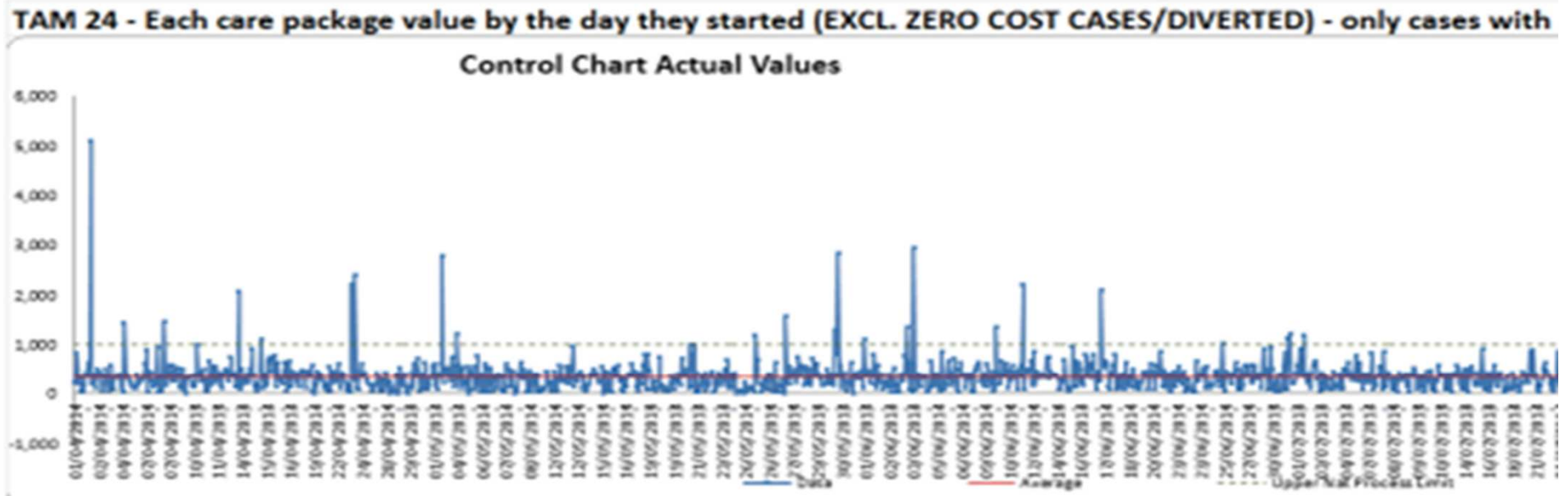


# Shropshire ICS Service: Hospital discharges: Total 'length of stay' for completed cases in December 2014



# Shropshire Adult Services – The daily pulse

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**And it's changing people's lives, for the better**

"Many thanks for the confirmation of the Carers Assessment appointment. I really appreciated the amount of information you gave me during our phone call and for your kindness and consideration."

## **And it's changing people's lives, for the better**

“Ms B would like to compliment the FPOC team and CCT/P2P team for the assistance given to her relative. She is very impressed with the signposting First Point of Contact Team gave on her initial call and is also impressed with the speed LC from ‘People2People’ have arranged to visit her relative. Mrs B said she was also grateful for the call back two weeks later she received from First Point of Contact.”

And it's changing people's lives, for the better cont.

“A customer would like to thank First Point of Contact at Shropshire Council for telephoning her back to see how her sister was getting along having been signposted to Age UK. Following the advice, a volunteer was provided for her sister, who is now **"back to the sister we know"**. This change began with the conversation.”





## The Care Act and Shropshire – we're ready

The Care Act represents the biggest change to adult social care in over 60 years. However, here in Shropshire we're already working toward the approaches described within the Act, so many of people will see little change in the service they receive.

# LIVE LIFE YOUR WAY

**But this is only the very start of our journey ...**

**... we are looking forward to building on our success.**







<u>Committee and Date</u>
Health and Adult Social Care Scrutiny Community
30 March 2015

<u>Item</u>
<b>7</b>
<u>Public</u>

## LOCAL ACCOUNT – COMPARISON OF PERFORMANCE MEASURES

**Responsible Officer** Tom Dodds, Performance and Design Team Leader  
e-mail: [tom.dodds@shropshire.gov.uk](mailto:tom.dodds@shropshire.gov.uk) Tel: 01743 252011

### 1.0 Summary

- 1.1 Following their consideration of the Local Account, the Health and Adult Social Care Scrutiny Committee requested a further update on the Adult Social Care Outcomes Framework (ASCOF) measures contained within it which set out how the Council compares with other local authorities.
- 1.2 This report introduces the ASCOF measures and presents the 2013/14 results which were included in the Local Account against results for 2011/12, 2012/13 and against the averages for England, and for other similar local authorities.

### 2.0 Recommendation

That the Health and Adult Social Care Scrutiny Committee

- A. review the comparisons over time and with the England averages and the average for other similar local authorities to identify questions for clarification and identify any potential topics for future Scrutiny consideration
- B. request a report on the Adult Social Care Survey results when they are published in the Autumn, to include comparison with the England averages and the average for other similar local authorities as well as for previous years results.

### 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. Comparison of the Performance Measures

- 5.1 Nationally reported measures provide a good basis to benchmark the performance of services and understand how the Council compares to others. The table attached at Appendix 1 presents the 2013/14 ASCOF measures that were reported in the Local Account. In addition to these measures, it also provides direction of travel information by including performance for 2011/12 and 2012/13, and includes comparison with the England average and the average for similar local authorities to the Council. The table also uses a traffic light presentation to denote which quartile nationally the 2013/14 performance places the Council in.

- 5.2 Comparative information for ASCOF published by the Health and Social Care Information Centre each year, with the 2013/14 paper being published on the 9 December 2014, on the link below:

<http://ascof.hscic.gov.uk/Outcome/417>

- 5.3 There are 19 ASCOF measures the comparison of which is summarised as follows:

Quartile	Top - 6 Second - 1 Third - 5 Lower - 7
Direction of Travel from 2011/12 to 2013/14	Better - 14 Same - 1 Lower - 3 N/A - 1
England average 2013/14	Better - 10 Same - 1 Lower - 8
Other similar local authorities average 2013/14	Better - 10 Lower - 9

- Between 2011/12 to 2013/14 performance for almost three quarters of the ASCOF measures showed improvement.
- Comparison with the averages for England and other similar Councils shows that performance for more than 50% of measures was better than the average.
- 7 ASCOF measures are based on the annual nationally prescribed survey of people who receive Adult Social Care services. The 2014/15 survey is currently being completed and the published results are available from the autumn 2015.

5.4 For 5 out of the 7 ASCOF measures from the user survey, performance was lower than the averages for England and other similar local authorities, and was in the lowest quartile. These were:

- 1A: Social Care related quality of life score.
- 1B: Proportion of people who use services who have control over their daily life, as a percentage of respondents.
- 1I: Proportion of service users who reported they had as much social contact as they would like.
- 3D % users who find it easy to find information about services
- 4A % users who feel safe

It is important to consider these measures alongside others to triangulate the significance of the result, for example the Council is amongst the best in England in terms of people who can direct and choose their own support (measure 1C), but for the corresponding measure from the survey (measure 1B) the Council is located in the lowest 25% of authorities for people who feel that they have control over their daily life.

5.5 Many of ASCOF measures are reported in the quarterly performance reports which are considered by Scrutiny. As part of this the Committee have questioned the reduction in the number of people placed in residential care (ASCOF 2A measures) as part of the quarterly performance reporting. This is also the case for the delayed transfers of care from hospital (ASCOF 2C).

5.6 In addition, the Committee have previously received reports and presentations on the Integrated Care Service between the Council and NHS, which provides the reablement services that contribute to the ASCOF 2B measures.

## 6.0 Conclusion

- 6.1 Overall the comparison of the ASCOF measures reported in the Local Account shows that the significant majority have shown improvement over the three years of the data, and more than half compare favourably both against the England and other similar local authorities averages.
- 6.2 The 7 ASCOF measures from the annual User Survey, together with the 5 ASCOF measures from the biennial Carers' Survey provide a comprehensive view of how users and carers feel about the services and support they receive. There may be value in Scrutiny revisiting the performance against these measures in the autumn when the most recent survey results will be published.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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Shropshire Local Account
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<b>Cabinet Member (Portfolio Holder)</b>
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Cllr Lee Chapman
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Cllr Tim Barker
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<b>Local Member</b>
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All
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<b>Appendices</b>
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Appendix 1 – Local Account Measures – Trends in performance measures
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# Appendix 1 - Trends in Adult Social Care Outcomes Performance.

Updated 17/03/15

Indicator	Data Source	11/12 Result	12/13 Result	13/14 Result	Family Group Average 13/14	England Average 13/14	Comments
<b>OUTCOME 1: ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS</b>							
1A: Social Care related quality of life score.							This is a nationally prescribed, annual survey of a sample of users of adult social care services, covering 8 different aspects of care. <b>See more detailed analysis</b> of how we compare to our comparator group.
	User Survey						
		<b>18.6%</b>	<b>18.8%</b>	<b>18.5%</b>	<b>19.1%</b>	<b>19.0%</b>	
1B: Proportion of people who use services who have control over their daily life, as a percentage of respondents.							This is a nationally prescribed, annual survey of a sample of users of adult social care services. See also, 1C below.
	User Survey						
		<b>72.4%</b>	<b>77.8%</b>	<b>71.8%</b>	<b>78.8%</b>	<b>76.8%</b>	
1C: Part 1 - Proportion of adults, older people and carers receiving <b>self directed support, as at 31 March 2015</b> , as a percentage of all clients receiving community based services and carers receiving specific carers' services (ie. not Information and advice or open access services).		3524	3096	2811			Linking this <b>excellent performance</b> to 1B above, shows that, as well as supporting over 75% of people using Adult Social Care services, to receive this via Self Directed Support ( <b>volume</b> ); nearly 72% of service users questioned, feel they have control over their daily life ( <b>quality</b> ).
	RAP return	12,282	4172	3722			
		<b>28.7%</b>	<b>74.2%</b>	<b>75.5%</b>	<b>56.0%</b>	<b>61.9%</b>	
1C: Part 2 - Proportion of adults, older people and carers receiving a <b>direct payment</b> , as at 31 March 2015, as a percentage of all clients receiving community based services and carers receiving specific carers' services (ie. not Information and advice or open access services).				1190			Direct payments are the purest form of personalisation, and impact positively on well-being, increasing choice and control. <b>We are a TOP performer for this measure</b> , and are well above the Family Group and England averages.
	RAP return			3722			
		<b>12.20%</b>	<b>28.8%</b>	<b>32.0%</b>	<b>18.4%</b>	<b>19.1%</b>	

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# Appendix 1 - Trends in Adult Social Care Outcomes Performance.

Updated 17/03/15

Indicator	Data Source	11/12 Result	12/13 Result	13/14 Result	Family Group Average 13/14	England Average 13/14	Comments
1E: Proportion of adults (aged 18-64) with learning disabilities in paid employment.		81	94	77			There is a strong link between employment and enhanced quality of life. Whilst our performance for supporting adults with Learning Disabilities into paid employment has dipped slightly compared to the previous year, <b>we are still a TOP performer for this measure</b> , and achieved a result well above the Family Group and England averages in 2013/14.
	ASC-CAR Return	768	765	686			
		10.5%	12.3%	11.2%	7.5%	6.7%	
1F: Proportion of adults in contact with secondary Mental Health services in paid employment.		75					This is a similar measure to 1E above, but covers people with Mental Health problems. Shropshire is one of the TOP performers ( <b>6th out of 150 councils</b> ) for supporting people with MH problems into paid employment in 2013/14.
	MH NMDS	1005					
		7.5%	13.4%	13.6%	9.0%	7.0%	
1G: Proportion of adults (aged 18-64) with Learning Disabilities who live in their own home or with their family.		597	597	549			This measure shows the extent to which we are improving vulnerable peoples' safety, and reducing their risk of social isolation. We continue to achieve excellent results for this measure ( <b>ranked 2nd highest in the WM region</b> ), and have continued to make improvements year on year.
	ASC-CAR Return	768	765	686			
		77.7%	78.0%	80.0%	76.3%	74.9%	
1H: Proportion of adults in contact with secondary Mental Health services who live independently, with or without support.		540					This measure is similar to 1G above, but covers adults with Mental Health problems. <b>We are a TOP performer</b> and have continued to make improvements year on year.
	MH NMDS	1,005					
		53.7%	77.90%	79.2%	61.5%	60.8%	
1I: Proportion of service users who reported they had as much social contact as they would like.							This is a NEW measure for 2013/14. Our bottom quartile ranking <b>may be linked to the rural nature of our county</b> , which may increase peoples' sense of isolation.
	User Survey						
		n/a	n/a	38.8%	45.2%	44.5%	

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# Appendix 1 - Trends in Adult Social Care Outcomes Performance.

Updated 17/03/15

Indicator	Data Source	11/12 Result	12/13 Result	13/14 Result	Family Group Average 13/14	England Average 13/14	Comments
<b>OUTCOME 2: DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT</b>							
2A: Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population (cumulative). <b>Good performance is LOW.</b>		35	45	22			Admissions into residential/nursing care is seen as a last resort, once all other care options have been explored. We have performed well in 2013/14, having reduced the number of admissions of adults into residential/nursing care to just 22 people over the year. This is a <b>significant improvement</b> on previous years.
	ASC-CAR Return	171,265	182,100	179,900			
		<b>20.4</b>	<b>24.7</b>	<b>12.2</b>	<b>16.5</b>	<b>14.4</b>	
2A: Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population (cumulative). <b>Good performance is LOW.</b>		538	519	498			Keeping admissions of older people into residential/nursing care as low as possible is a <b>key measure</b> and is <b>included in our Better Care Fund Plan</b> . We have shown a good reduction in 2013/14 compared to previous years, and continue to work across our Health and Social Care economy, to reduce these further.
	ASC-CAR Return	62,237	63,900	68,700			
		<b>864.4</b>	<b>812.2</b>	<b>724.9</b>	<b>640.7</b>	<b>650.6</b>	
2B Part 1: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services.		58		119			This measures the benefit to individuals receiving reablement services, following a stay in hospital. The collection period for 2B is between 1 October 2014 and 31 December 2014, with a 91-day follow-up for each case. Whilst we are below our comparator and England averages, we have improved on last year. We have worked closer with our Trust colleagues this year, to ensure further improvements in both effectiveness and the quality of our reablement services.
	ASC-CAR Return	65		155			
		<b>89.2%</b>	<b>64.6%</b>	<b>76.77%</b>	<b>79.8%</b>	<b>82.5%</b>	
2B Part 2: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services.							This part of the measure shows the proportion of people who received reablement ( <b>volume</b> ). The aim is to increase this proportion, which we have shown, over this 3 year period However, we recognise further improvements are needed, as we are below the family group and England averages for 2013-14.
	ASC-CAR Return						
		<b>0.8</b>	<b>1.5</b>	<b>1.70%</b>	<b>2.9%</b>	<b>3.3%</b>	
2C Part 1: Delayed transfers of care from hospital, (for adults aged 18+) per 100,000 population. <b>Good performance is LOW.</b>				22.2			We are broadly in line with our comparator group and England average, and have made improvements on previous year. However, we are reliant on our Health colleagues for the monitoring and recording of data for this measure (as the specified data source is a Health system). We have improved our processes and systems in 2014-15 to ensure effective joint working across Health and ASC services.
	UNIFY2 (Health system)			247,000			
		<b>10.3</b>	<b>10.4</b>	<b>9.0</b>	<b>9.2</b>	<b>9.6</b>	

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# Appendix 1 - Trends in Adult Social Care Outcomes Performance.

Updated 17/03/15

Indicator	Data Source	11/12 Result	12/13 Result	13/14 Result	Family Group Average 13/14	England Average 13/14	Comments
2C Part 2: Delayed transfers of care from hospital, (for adults aged 18+) <b>attributable to adult social care. Good performance is LOW.</b>		13	12	7.8			This measure is a sub-set of 2C above, and <b>shows those delays only attributable to Adult Social Care.</b> Again we are broadly similar to our comparator group and England average in 13/14, and have improved on previous years. We are also reliant on our Health colleagues for the monitoring and recording of data for this measure and have improved our processes and systems in 2014-15 to ensure effective joint working across Health and Social Care services.
	UNIFY2 (Health system)	233,505	246,000	247,700			
		<b>5.5</b>	<b>4.8</b>	<b>3.1</b>	<b>3.6</b>	<b>3.1</b>	
<b>OUTCOME 3: ENSURING PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT</b>							
3A: Percentage of service users who are satisfied with the care and support they receive.	User Survey						This measure is directly linked to peoples' experience of our care and support and is a good predictor of the overall experience of quality of care provided. <b>We have improved on 12/13 result</b> , and are <b>in line with our comparator group and above the England average for 13/14.</b>
		<b>66.4</b>	<b>62.6</b>	<b>66.3</b>	<b>66.6</b>	<b>64.8</b>	
3D: Proportion of users who find it easy to find information about services.	User Survey						Information and advice is a key universal service, and is a key factor in early intervention and reducing dependency. Whilst our result for 13/14 is slightly improved on 12/13, we are below our comparator group and England average. Clearly there are improvements that need to be made and we have been working with a consortium of volunteers to better understand about providing the most appropriate information, at the right time, and we are exploring best options.
		<b>74.6</b>	<b>68.1</b>	<b>68.4</b>	<b>77.1</b>	<b>74.5</b>	
<b>OUTCOME 4: ENSURING PEOPLES' SAFETY</b>							
4A: Proportion of service users who feel safe.	User Survey						Safety is fundamental to the wellbeing and independence of people using social care, and is our top priority. It is disappointing that our result for 13/14 shows us <b>below our comparator group and England averages.</b> We need to examine this in more detail to <b>better understand reasons why people do not feel safe.</b>
		<b>58.5</b>	<b>62.7</b>	<b>62.8</b>	<b>67.4</b>	<b>66.0</b>	
4B: Proportion of service users who say that those services have made them feel safe and secure.	User Survey						This measure complements 4B above, with a specific response on the <b>impact</b> of services on this outcome. Our result this year is a <b>good improvement</b> on last year, and is in line with our comparator group and England averages.
		<b>78</b>	<b>63.8</b>	<b>81.0</b>	<b>80.7</b>	<b>79.1</b>	

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**Key:**

Top Quartile
Second Quartile
Third Quartile



**Appendix 1 - Trends in Adult Social Care Outcomes Performance.**

Updated 17/03/15

Indicator	Data Source	11/12 Result	12/13 Result	13/14 Result	Family Group Average 13/14	England Average 13/14	Comments
Lower Quartile							

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PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15  
(As at 20 March 2015)

DATE	ITEM	REASON FOR UNDERTAKING
<b>30 March 2015</b>	<b>Transformation of Adult Social Care Services</b>	Item requested by Committee 9/2/14: To consider the impact on the service user of the transformation of services
Deadline for reports: <u>Noon</u> Thurs 19 March	<b>Local Account Performance Measures</b>	Item requested by Committee 9/2/14: To review comparisons over time, with England averages and average for other similar local authorities, to identify questions for clarification and any potential topics for future scrutiny consideration.
<b>Dates to be confirmed in April - May</b>	<b>Quality Accounts</b>	To consider and comment on NHS Trust Annual Accounts
<b>29 June 2015</b>	<b>Adult Social Care Performance Indicators</b>	Assessment of performance in key areas of adult social care
Deadline for reports: <u>Noon</u> Thurs 18 June		
<b>27 July 2015</b>	<b>Shared Lives and Community Living</b>	Assess the impact of Commissioning out Shared Lives and Community Living
Deadline for reports: <u>Noon</u> Thurs 16 July		

PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15  
(As at 20 March 2015)

<b>21 September 2015</b>	<b>Annual Safeguarding Report</b>	To consider the Annual Safeguarding Report which will include the impact of new responsibilities arising from the Care Bill
Deadline for reports: <u>Noon</u> Thurs 10 Sept		
<b>2 November 2015</b>		
Deadline for reports: <u>Noon</u> Thurs 22 Oct		
<b>14 December 2015</b>	<b>Integrated Community Services</b>	To assess the success of ICS across the county
Deadline for reports: <u>Noon</u> Thurs 3 Dec	<b>Adult Social Care Local Account – 2014 to 2015</b>	To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement.
<b>8 February 2016</b>		
Deadline for reports: <u>Noon</u> Thurs 28 Jan 16		

**PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15  
(As at 20 March 2015)**

<p><b>21 March 2016</b></p> <p>Deadline for reports: <u>Noon</u> Thurs 10 March 16</p>		
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**Future Information Requests / Potential Items for the Work Programme:**

- **Annual Report of the Director of Public Health**
- **Monitoring of new burdens and implications of implementation of Care Bill – ongoing into 2016**
- The Forward Plan is available from  
<http://shropshire.gov.uk/committee-services/mgListPlans.aspx?RPId=130&RD=0>

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