

**ADULT AND OLDER PEOPLES SERVICES PERFORMANCE AND SELF-ASSESSMENT
2016/17**

To: **Adults Committee**

Meeting Date: **9th November**

From: **Charlotte Black, Service Director of Adult and
Safeguarding, Cambridgeshire and Peterborough**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **Committee members are provided with information about
the ways in which services for adults and older people are
monitored.**

Recommendation:

**a) Note the agreement to provide information about our
services to the Care Quality Commission (CQC) in the
event CQC Local Area Review via the Integrated
Commissioning Board**

**b) Note and comment on the progress made during
2016/17 in delivering services to adults and older people
in Cambridgeshire as described in the Appendix.**

**c) Note and comment on the arrangements under which
the Council's adult services will continue to be monitored
in the future**

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1. BACKGROUND

- 1.1 The Council monitors its performance in regard to the delivery of services for adults and older people in a number of ways including being subject to inspection and review by the Care Quality Commission (CQC), the involvement in Regional Sector Led Improvement work, and the collection and internal review of nationally required and corporately agreed performance information. The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The service director of Adults and safeguarding requested a self-assessment be carried out in order to provide a picture of what these activities have told us about performance during 2016/17. The attached Appendix is a summary of this self-assessment.

Alongside the results of the annual adult social care user survey, the executive summary will form the basis of our Local Account for 2016/17. The Local Account is the Council's annual report to residents about adults social care services. It is available on the website at: <https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-social-care/the-local-account/>

2.1 INSPECTION BY THE CARE QUALITY COMMISSION

Routine Inspections of Registered Provision

Services registered with the Care Quality Commission (CQC) are subject to inspection by this regulator. For the Council the services registered are our Council run provider services – Reablement services, respite services, supported living, Shared Lives and health teams in the Learning Disability Partnership. Each discrete service has a registered manager who is responsible for ensuring the provision meets standards of care and practice.

CQC carries out two types of provider inspection:

- 1) A **comprehensive** inspection looks at all of the five key questions ('is the service safe, effective, caring, responsive and well-led?') and a rating is awarded for each question along with an overall rating.
- 2) A **focused** inspection is carried out to follow up breaches of legal requirements or to look into serious concerns that may have come to light since a comprehensive inspection.

Currently all the Council's services which have had an inspection by the CQC alone are rated as providing at least "good" care. Every "good" provider can expect a comprehensive inspection within 24 months of their last inspection report being published. Inspections are usually unannounced.¹ Our LD health teams have yet to be inspected.

¹ <http://www.cqc.org.uk/guidance-providers> - Full guidance on CQC inspection framework

The CQC partners with other inspectorates to carry out combined inspections, for example inspections of services for Youth Offending and for SEND, both of which have taken place over the last year in Cambridgeshire. Any Joint Targeted Area Inspections lead by Ofsted will also involve the CQC.²

CQC Local Systems Reviews

Following the budget announcement of additional funding for adult social care, CQC has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focused on the interface of health and social care.

The reviews look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.³

20 reviews of local authority areas will take place. These reviews will predominantly focus on areas that have been deemed to be underperforming by Government based upon published Local Authority Performance Metrics which are weighted in order to make Delayed Transfers of Care the main focus⁴.

The reviews will consider pressure points such as

- Maintenance of peoples health and well-being in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP/Urgent Care centres/Community care/social care
- Varied access to alternative hospital admission
- Ambulance interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to reablement
- Transfer from reablement

The first tranche of reviews (Oxfordshire, Birmingham, East Sussex, York, Coventry, Plymouth, Hartlepool, Bracknell Forest, Manchester, Halton, Trafford, Stoke-on-Trent), are expected to be completed by December 2017. The remaining 8 areas, which have yet to be announced, are scheduled to be completed by April 2018.

We do not yet know whether Cambridgeshire will be selected for a Local System Review but there is evidence that suggests scrutiny of the system in Cambridgeshire might be expected. For example Cambridgeshire was ranked 107th out of 152 authorities in the measure of Total Delayed Days per 100,000 18+ population in July 2017 in which both NHS attributable and Social Care attributable delays are considered.

A county wide lead officer group has been set up including staff from the Council, the CCG and NHS providers. It will meet on a monthly basis to ensure we are ready to

² <https://www.gov.uk/government/publications/joint-inspections-of-arrangements-and-services-for-children-in-need-of-help-and-protection> - Full guidance on JTAI inspections

³ https://www.cqc.org.uk/sites/default/files/CM071706_Item6_localsystemsreview_appendix1.pdf - full guidance on new local systems reviews

⁴ <https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions> - Local Authority Performance Metrics

respond should Cambridgeshire be selected for review. Preparation work itself provides a good opportunity to continue the dialogue with our partners about the effectiveness of our arrangements and to develop our joint understanding of current performance and the experience of service users.

CQC Inspection and Review Methodology

The CQC adopts the same methodology for all inspections considering information from service users, staff and local voluntary and community groups, as well as national performance information and notification of serious incidents or concerns ahead of inspectors' visits to providers. Information is also requested from the inspected provider in a "Provider Information Return" (PIR). This is considered alongside the information which is gleaned from case tracking and "well-led" interviews with senior leaders during the inspectors' visits to local areas.

For the Local System Reviews the PIR would take the form of a "Local System Overview Information Request" (LSOIR). It is up to each area to decide who takes on responsibility for completing the Local System Overview Information Request, but it needs to be a person with strong contacts across health and social care, as the questions will need to be answered from a whole-system perspective.

In Cambridgeshire it has been agreed that this information would be brought together and signed off in by the Integrated Commissioning Board.

There is a 6 week run into on-site review activity. The LSOIR would be requested at notification and would be completed within 4 weeks. It asks questions about

- Background to the Local System, including how services are organised, history of relationships between health and social care, system pressures and recent changes in response to demand.
- People who use services including how service users influence service design, quality of care and how we know about the experience of service users
- Market Shaping, including how we are ensuring a sustainable care provider market and undertaking appropriate workforce development
- Integrated Service Delivery including how we offer alternatives to people to entering hospital, carry out discharge planning, and offer Reablement
- Monitoring Performance and progress including what our strategic aims for the next five years are for improving quality and outcomes for older people at the interface between health and social care, system capacity and resilience to do this, shared performance measures, strategic and operational plans to facilitate information sharing across the system

At the same time an on-line "relational audit" will be sent to staff working across services. Respondents will be asked to indicate their sector and job level, so any variance between types of responses by organisation or job roles can be identified. Overall this is designed to provide wider insight on relational climate.

Meetings with groups of service users and other local partners would take place between notification and a fortnight before the review week itself. The usual dip sampling case tracking and "well-led" interviews will take place during the review week

and a report would be published by 14 weeks after the notification date.⁵

2.2 KEY PERFORMANCE INDICATORS

People and Communities Directorate Key Performance Indicators

The People and Communities Directorate have agreed a set of Key Performance Indicators which will be monitored via the monthly Adults Performance Board. These are :

- 1) Adult Early Help
 - a) Number of Community Action Plans completed- this is an indication of uptake of adult early help and we would expect this to increase
 - b) Number of referrals passed on to long term teams- this is an indication of successful diversion and we would expect this to decrease and be sustained at a low level
- 2) Community Equipment and Assistive Technology
 - a) Number of contacts for community equipment and Assistive Technology (2 separate measures) – this would be expected to remain stable/ increase and is an indication of support being provided to enable someone to live independently in the community or at home.
- 3) Reablement
 - a) % of people finishing a reablement episode as independent – this is an indication of the success of our efforts to enable people to exit hospital in a timely way and the effectiveness of a reablement episode.
- 4) Delayed Transfers of Care
 - a) Average monthly number of bed day delays (social care attributable) per 100,000 18+ population'

This is a key measure that Councils are held to account for at local and national level. We would always aspire to have no delays- our performance is often an indicator of pressure/ demand on the acute hospital. There is strong evidence that for an older person there is a direct correlation between loss of mobility and independence and length of hospital stay.

- 5) Employment x 2
 - a) % of adults with a learning disability in paid employment and
 - b) % of adults in contact with secondary mental health services in paid employment
 - c) (Currently looking into whether people who have voluntary/ unpaid employment can be included)

This is a key measure- if someone who has Learning Disabilities (LD) is in paid employment it is a strong indicator of independence. If someone with mental health needs is in paid employment this indicates that they are successfully managing their mental health condition in the workplace and they have a supportive employer. The

⁵ <http://www.cqc.org.uk/about-us/board-meetings/care-quality-commission-board-meeting-19-july-2017>

numbers will be lower than might be expected due to the complex needs of these client groups. (benchmarking 7% for LD)

6) Housing x 2

- a) % of adults with a learning disability who live in their own home or with family and
- b) % of adults in contact with secondary mental health services who live independently, with or without support

If someone is living in the community this means they have developed and maintained their independence and are part of the community rather than living in an institutional setting. This is a key target for people with Learning Disabilities as part the national Transforming Care agenda.

7) Direct Payments

- a) % of adults receiving direct payments and % of carers receiving Direct Payments

This is an area where our performance needs to improve across all client groups and in particular mental health and older people where traditionally the uptake of direct payments has been low. The Council will be doing work to increase uptake. Increased uptake of direct payments is an indication of the development of a more personalised approach. For example someone may be more able to access support in the home through use of a direct payment to pay a local source of care than through the Council's contract with home care providers.

8) Safeguarding

- a) % of adult safeguarding enquiries where outcomes were at least partially achieved (this supports Making Safeguarding Personal and gives an indication that the right outcomes have been achieved).
- b) Maintain / decrease the number of residential care places
- c) Increase in % spend on early help/reablement and correlated decrease in long term care packages % spend

In addition to these indicators monitored monthly, Adult Social Care Outcomes Framework indicators (set nationally by Government) are also monitored annually as part of the Local Account.

2.3 SECTOR-LED IMPROVEMENT WORK

Every year the Local Government Association (LGA) and ADASS provide local councils with an "Adult Social Care Self-Awareness Tool" (SAT) to help identify those that may be facing performance challenges in Adult Social Care.

The current tool was developed in 2016 by engagement work within the East Region through Directors, Assistant Directors, Performance Leads and the Regional Improvement Team. It is refreshed early each year to ensure it aligns to national priorities and it also reflects a regional perspective.

The tool focuses on the following areas:

- Section 1 - Overview of Leadership and Governance
- Section 2 – Self Awareness and risk areas
 - Commissioning and quality
 - National priorities and partnerships
 - Resources and Workforce Management
 - Culture and challenge
- Section 3 – Metrics and Risks
- Section 4 – Engagement, transparency and accountability
- Section 5 – Key Priorities and best practice
- Section 6 – Effectiveness of regional work

The tool was issued in the latter half of September and will be completed by the end of October 2017 by directors and senior managers via an on-line tool with “Buddy” conversations taking place in November. A final Regional Improvement Plan will be finalised after a Regional Challenge Event, by April 2018.

Cambridgeshire is “buddied” with Southend and Peterborough so completed SATs will be shared with them.

The authority also invites Peer Review as part of Sector Led Improvement activity and the last review on the theme of “Commissioning for Better Outcomes” was carried out in September 2016.

3. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

Our progress in supporting adults and older people to live healthy and independent lives is outlined in the Appendix and will continue to be monitored through the approaches described in section 2.

3.3 Supporting and protecting vulnerable people

Our progress in supporting vulnerable adults and older people is outlined in the Appendix and will continue to be monitored through the approaches described in section 2.

4. SIGNIFICANT IMPLICATIONS

There are no significant implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

Section 2 highlights that the Council is being monitored within statutory frameworks.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

The Appendix will form the basis of our Local Account for 2016/17.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

Source Documents	Location
Information about CQC Area Reviews is available as part of CQC Board Papers 19 th July 2017, item 6.	http://www.cqc.org.uk/about-us/board-meetings/care-quality-commission-board-meeting-19-july-2017
Nationally published ASCOF measures and statistics on delayed transfers of care	http://content.digital.nhs.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/
Local Account 2016/17	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-social-care/the-local-account/

Full Adults Self-assessment	Available from: Charlotte Black SH1210, Shire Hall Cambridge CB3 0AP Charlotte.black@cambridgeshire.gov.uk
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