

By: Oliver Mills – Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee – 4 July 2007

Subject: ADULT SERVICES PERFORMANCE – YEAR ENDING
MARCH 2007

Classification: Unrestricted

Summary: A report on end of year performance for adult services.

Introduction

1. This report updates the Policy Overview Committee on Adult Services performance, for the year 2006-2007. Results for all Local Authorities will be published in November 2007.
2. The Adult Social Services Directorate has a statutory duty to provide performance information to the Department of Health on an annual basis. A wealth of information is provided via a number of statutory data returns, which produce 25 performance indicators. In addition, the Self-Assessment Statement which has this year replaced the Delivery and Improvement Statement (DIS) provides information about all aspects of our approach to strategic management, policy, service management, planning and customer care across all client groups. Regular meetings with the Commission for Social Care Inspection (CSCI) also provide the opportunity for discussion about the issues the Directorate faces and our plans to improve performance.
3. The 25 performance indicators are an important part of performance assessment framework, although not the whole story as explained above. They are assessed by CSCI and form part of the annual assessment cycle, which culminates in the Annual Review Meeting with the CSCI Business Relationship Manager and the Regional Director. This process is finalised with the publication of the star rating for each Local Authority in November.
4. Following the publication of the White Paper 'Our Health Our Care Our Say', CSCI is developing a revised performance framework which will better reflect the current themes, and an increasing focus on outcomes. We can therefore expect that the performance framework will evolve rapidly over the next few years. We welcome this, as some of the existing indicators are seriously flawed, and there needs to be a much greater emphasis on measuring the impact of services on individuals. This report, however, focuses on Kent's performance against the current 25 indicators.

Current Performance Bandings

5. The results for the 25 performance indicators are each given a rating or a “banding”. CSCI sets out the banding framework for each performance indicator as follows:

- Band 5 – OPTIMUM Performance
- Band 4 – GOOD performance
- Band 3 – ACCEPTABLE performance
- Band 2 – Ask Questions about performance
- Band 1 – Investigate urgently

Kent’s performance results for 2006-2007 compared to 2005-2006

6. Kent Adult Services Directorate is recognised for its excellent performance culture. CSCI have frequently acknowledged that Kent’s priority is not to just increase performance indicator results, but to ensure that the focus is on improved outcomes for people. The Directorate’s approach to performance management is well embedded and is managed through dedicated staff. CSCI have also acknowledged that where there appears to be poorer performance for some indicators (details below), there are good reasons or explanations as to why this is. This shows that in these areas, it is the performance indicator itself that is at fault, and not the way in which we support the people of Kent.

7. At present we have 20 indicators for 2006-2007 that are directly comparable with 2005-2006. We are still awaiting some information from CSCI for one indicator and we have not yet completed the unit cost indicators. These are due back to the Department of Health at the end of July. Our results are attached (Appendix A). Of the information currently available the results are as follows:

	2005/06	2006/07
BAND 1	0	0
BAND 2	3	2
BAND 3	4	4
BAND 4	6	6
BAND 5	7	8
CSCI not banded	1	1
TOTAL	20	20

8. Over two thirds of our performance indicators were rated as good or optimum. This included some excellent improvements in:

- Providing equipment and adaptations more quickly to service users.
- Significant increases in the take up of Direct Payments
- Providing more services within four weeks of assessment to all service users
- Reducing the number of older people being admitted to permanent residential and nursing care.
- Supporting people with a disability or mental health need to live at home.

The Band 2 indicators

9. Although Band 2 indicators are 'ask questions about performance', both definitions for Kent's Band 2 indicators have flaws in their design so that they do not actually indicate poor performance, which CSCI inspectors accept.

Older People helped to live at home

10. Within Kent, over 20,000 older people are helped to live at home, whether through a direct payment, homecare, or support from a *voluntary organisation* such as Age Concern.

11. Wherever possible, people are enabled to retain their independence by accessing either one or a combination of these services.

12. Within Kent, a large amount of funding is given to the voluntary sector to provide this type of preventative service, which is a critical part of our 'Promoting Independence' strategy.

13. The definition for this performance indicator, as provided by the Department of health, is very out of date, and does not allow us to count anybody supported through the voluntary sector unless referred by a care manager. Because of this, we are unable to count all of the people we support to live independently within this indicator, and so it does not reflect of our performance accurately.

Ethnicity

14. The way in which CSCI scores each Local Authority for ethnicity does not reflect accurately the reality of our support. CSCI has a scoring structure for this indicator, which look at how well we support people from an ethnic minority, in terms of them accessing Adult Services and being provided with a service, compared with the Kent population as a whole.

15. Understandably, if a Local Authority appears to be providing proportionately less support to people from an ethnic minority, they are penalised with a low band scoring (Band 2). This may seem reasonable, but in Kent, the position is different as we are supporting proportionately **more** people from an ethnic minority background compared with the general population. We are aware from our data that people from ethnic minorities are more likely to live in areas of social deprivation, to have poorer health, to have lower income, and thus are more likely to be eligible for social services support. We are not discriminating in favour of people from ethnic minorities, but ensuring that they are able to access support that they need. Perversely, therefore, we appear penalised by being scored as band 2 for this indicator.

16. This raises questions on the way the indicator is defined for CSCI. They have acknowledged that Kent should not reduce its support for people from ethnic minorities and will need to reassess their banding for these indicators.

Kent Agreement (Local Area Agreement)

17. Attached (Appendix B) is an update report of the Outcome 18 'To promote independent living for all', which was recently presented to the Government Office of the South East (GOSE) having been agreed by the Public Service Report. The report shows we continue to make progress in working towards the target. There continue to be problems in identifying the data for the Performance Indicator 'Emergency acute bed days people aged 75 or over'. This is fully covered in the body of the GOSE report, as are the other issues in regard to Outcome 18.

Conclusion

18. Kent has demonstrated some further improvements on a range of indicators over the last year, despite coping with demographic and budget pressures, as well as uncertainly within the health economy. This is on top of annual high performance as evidenced by 3 Star rating over the last five years. There will be ongoing budget pressures in 07-08 as in previous years and these will need to be managed alongside performance improvement.

Recommendation

19. Members are asked to NOTE, and are invited to COMMENT on, the Directorate's performance over the last year.

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Performance Results for 2006-07

PAF REF	PAF indicator	FINAL END OF YEAR PERFORMANCE	Band
C72	Admissions to residential care for older people	72	5
C73	Admissions to residential care people aged 18-64	1.88	4
D37	Single rooms	94	4
C29	Helped to live at home - PD	5.4	5
C30	Helped to live at home - LD	3.1	5
C31	Helped to live at home - MH	3.8	5
C32	Helped to live at home - OP	75.1	2
D55	Acceptable waiting times - Assessments	94.5	5
D56	Acceptable Waiting times - Care Packages	97.1	5
E47	Ethnicity assessment	1.86	3
E48	Ethncity - Care Packages	1.1	2
D39	Care Plans	98	4
D40	Reviews	86	3
C51	Direct Payments	131	4
C62	Services for Carer	27	5
D41	Delayed transfers of care	38	4
C28	Intensive home care	11.01	3
E82	Assessments of adults and older people leading to servi	67.4	Not banded
D59	Practice learning	8.6	3
D54	Equipment and adaptations delivered within 7 days	92	5






The Kent Agreement - March 2007

Outcome 18

To promote independent living for all

Lead Partner: KCC Adult Services

Accountable Manager: Oliver Mills

Independent living	Baseline (2004/05)	Year 1 (2005/06)	Year 2 (2006/07)	Status (2006/07)	Target (2007/08)
People aged 65 and over helped to live at home (includes KCC funded Voluntary and Community sector)	92.0	93	96		95
Admissions to residential/nursing care per 10,000 population aged 65 or over (PAF C26)	81.3	74.2	72		74.2
Unscheduled use hospital beds	(2003/04)	(2005/06)	(2006/07)	(2003/04)	(2007/08)
Emergency acute bed days people aged 75 or over. LPSA 11	465,677	Not available	Not available		462,908
Vulnerable adults	(Jan 05)	(2005/06)	(2006/07)	(2006/07)	(2007/08)
Adults in permanent residential/nursing placements. LPSA 9.1	1,920	1,891	1,852		1,704
Supporting People	(2004/05)	(2005/06)	(2006/07)	(2006/07)	(2005-07)
Supporting people clients completing move into independence. LPSA 9.2	1,635	2,053	2,483		5,337

Progress to Date

The performance information on unscheduled use of hospital beds has not been updated since the publication of the 2003/04 data. This is due to disparities between the national HES data and the local data. The problem is not limited to Kent it is being experienced by several other authorities, which we have reported directly to the DoH as a matter of concern. Work continues with the Strategic Health Authority/ PCTs to explain the variance. The SHA are confident that the local data is robust and are currently unable to explain the difference as both come from the same source.

Publication of 2005/06 data was expected in February 2007 following an extensive cleaning process by the DH. This process has taken longer than expected.

The performance on the vulnerable adults target for adults in permanent residential/ nursing placements was given amber status in the mid year report. This is due to the performance figures demonstrating a decline in numbers but not by enough of a decline to be on track to achieve the target. There is a concern that we will struggle to achieve this target. Many of those within this cohort who remain in residential care are unlikely to have their needs met elsewhere. Furthermore, the trend with this group of complex needs is expected to increase over the years.

The Supporting People target was show as green status as it is on track to achieving the 2005-2007 target. This demonstrates that this target is well over half way to achieving the 2005-07 target. We will continue to monitor the performance to achieve the overall target. Following the strategic review of Floating Support services in Kent, its recommendations have now been implemented. This has led to a re-distribution of services across Kent resulting in more equitable provision.

The Supporting People Strategic Review of Short Term Accommodation Based services was completed in January 2006. The recommendations within the review were accepted by the Commissioning Body and will

be implemented over the coming year. They include a local connection/reconnection policy and a move-on strategy.

Additional housing stock is required to ensure throughput from supported housing.

Progress towards achievement of the target has remained good throughout 06/07 and it is predicted that the target will be exceeded for the year

Telecare

KCC's aim with its Telecare Project is to develop Telecare services which are available to people as part of their care package, if they are users of Kent Adult Social Services. We also want to make sure Telecare is available privately to people who may not be eligible for Adult Social Services, at an affordable cost.

- Current number of service users: 610
- New developments to enable service user and carer feedback to be better used to inform future service development.
- Development of plans for an in-depth evaluation exercise of the dementia project in Gravesham, to be implemented shortly following approval by the Research Governance Board.
- Shared exercise with PFI Extra Care Housing team to establish technical specification for 340 units of Extra Care Housing in Kent.
- Progress made on the development of a joint Strategy with Supporting People, including work on a joint specification for community alarms and Telecare services. This includes constructive work with District Councils and Housing providers to establish links and shared objectives.
- A final Telecare Strategy will be developed Summer 2007. This will lead to a procurement exercise for installation and monitoring services.
- Participation in a bid by Kent Adult Social Services and key partners (including PCTs) for the Long Term Condition Whole System Demonstrator. The work undertaken for this Bid has been extremely productive irrespective of whether or not the Bid is successful. And is directly contributing to the development of the ongoing Telecare Strategy, including clarifying links with Telehealth, across the health and social care system.

Consultation with Care Managers and Occupational Therapists has established that significant savings can be made by using Telecare to help support people in their own homes, including delaying admissions to residential care. We know from consultation with service users and carers that satisfaction levels are very high.

However, it is clear from experience on the ground that these benefits can only be achieved in the context of targeted, person-centred interventions, delivered following a proper assessment of need many cases choose to take a Telecare-only package offered as part of a wider package of care and support. However, this is not always the case and these lessons will strongly inform the new Strategy.

Telehealth

The roll out of TeleHealth is continuing with up to 186 clients currently using TeleHealth monitoring with 31 more clients in the system. The delivery models are now more clearly defined and we are beginning to understand their different impacts. Early indications are that as a patient centred and targeted intervention, TeleHealth is not only improving health outcomes for patients but is also realising efficiencies and savings for the health economy.

Brighter Futures for Older People Programme

This 'Invest to Save' budget funded programme supports older people living in their own homes in the districts of Ashford, Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells. The programme is delivered via a range of volunteer services designed to reduce avoidable admissions into hospital or long-term care, as well as keeping older people healthy, promoting social inclusion and independence and producing other benefits to the volunteers and their communities.

Six out of the seven funded projects are fully operational, with the seventh project partly operational. Over 150 volunteers are working within the seven projects and well over 500 older people have been supported to date. The Brighter Futures Group (BFG) services, amongst which are postural stability classes; befriending; transport; assisted shopping and information / sign-posting, are proving very popular and work is underway in some areas in Kent where BFG services are not currently operating to seek funding to start such services. The formal evaluation that is being carried out by the London School of Economics is underway.

On 1 November 2006 a celebration event was held to raise awareness of the BFG; share good practice and ideas about preventative services for older people; consider future sustainability of the BFG services and how they could be extended across Kent: to thank volunteers and celebrate the success of the Brighter Futures Group to date.

Direct Payments

Staff are now more actively involved in promoting direct payments and we have continued to see a significant increase in take-up during the year. The Kent Direct Payment Scheme continues to provide a quality service to individuals who choose to employ personal assistants. The scheme has developed some excellent DVDs as a training resource, these give real examples of how direct payments have been used to improve the quality of an individual's life. These examples are also available on the Kent Direct Payment Web-site. Currently 60% of direct payment recipients choose to employ staff and many people who initially used agencies are transferring to the employment option.

The Kent Card was officially launched in March and we are working with providers to encourage them to accept visa payments. We currently have 20 people testing the card and working to identify other areas in the County Council that can use the product. The Kent Card will reduce bureaucracy around direct payments and will also be the tool used to deliver individual budgets. Many other local authorities have shown an interest in this product and we are supporting RBS at a London event in early June that interested authorities can attend.

Risks and Constraints

Due to a change in the way that preserved rights clients are counted, from 1st April they become part of the Older People performance line. We need to be aware that this has occurred so they can be excluded from the calculations conducted to monitor the People aged 65 and over helped to live at home.

The other risk is that the new computer system that is being implemented to record all client information (SWIFT) needs to be fully functional with all the migration completed. Without the new system working fully performance information cannot be produced to complete the statutory returns or to provide monitoring information for LAA and Towards 2010

Future Actions

Adult Services view these activities as core business with policy and initiatives already in place to support implementation. We also aim to:

- Continue to implement the action plan to increase the uptake of direct payments.
- Continue to focus on the reduction of residential/nursing placements and develop community based preventative services to enable people to be supported within their own communities.
- Integrate the work of IF into mainstream joint working with the NHS
- Work with the new PCTs and SHA to develop activities to help deliver the Outcomes of the Kent Agreement.
- Work with the Health Service to improve access to information, particularly in regard to Emergency Admissions

Future Updates

- Operational Management Team (OMT) – Monthly updates
- Senior Management Team (SMT) – As part of the Financial and Risk Management Process reported quarterly
- OPUS and the Locality Groups – a regular standing item on these agendas to review performance on reduction of the use of hospital beds
- Healthy Communities and Older People's Block – quarterly meetings for the lead officers.