

**Agenda Item No.8 (b)**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**13 DECEMBER 2016**

**Report of the Strategic Director for Adult Care**

**ADULT SOCIAL CARE SURVEY & ADULT SOCIAL CARE OUTCOMES  
FRAMEWORK 2015-16**

**ADULT SOCIAL CARE**

**1. Purpose of the Report**

- (1) To bring the results of both the annual Adult Social Care Survey (ASCS) and the Adult Social Care Outcomes Framework (ASCOF) for 2015-16 to the attention of Cabinet and to gain approval for the wider publication of the outcomes.
- (2) To seek approval for a review of the current Learning Disability employment support services.

**2. Information and Analysis**

As is explained below both sets of results are good, providing strong evidence that despite the difficult financial context in which we are working, the services being provided are of a high standard, and compare well to the adult social services being provided by Derbyshire's "family" of similar authorities<sup>1</sup>.

**2.1 Surveys**

Every year we undertake a survey to find out what clients think of the services we provide and commission. This is a requirement placed on every adult care department by NHS Digital (formerly the Health and Social Care Information Centre). The information gathered informs national policy as well as feeding national performance monitoring; the ASCS provides the data for 7 ASCOF Performance Indicators (PIs) which the Department publishes in the Local Account.

---

<sup>1</sup> Developed to aid local authorities in comparative and benchmarking exercises, the "family" comprises other local authorities which are similar to Derbyshire on a range of characteristics such as population number, socio-economic factors, rurality, and so on.

NHS Digital sets out a precise protocol for the survey which we are required to follow; this includes the wording of the questions, the design of the survey form, and the timing of the survey. This means that comparisons can be made between different authorities right across England. The advantage of this approach is that variations due to random bias are reduced to an absolute minimum; so the results are accurate to within a small percentage of the “true” result and that any differences in the performance indicators are valid and reliable. It also gives the Council the confidence to be able to use the results of the surveys to improve support for the people of Derbyshire.

In addition to the Survey, the Council submits a range of statistical returns to NHS Digital at the end of each financial year. These returns cover a broad range of adult social care activity. From these statistical returns, NHS Digital extracts the PIs which feed into ASCOF.

## 2.2 Data Returns

All local authorities (LAs) who have a responsibility for adult social care have a statutory duty to provide this data. Each of the PIs in the ASCOF is clearly defined and LAs are duty-bound to submit their data following the way that NHS Digital sets out. The consistency of the approach means that, in principle, different LAs can be legitimately compared. Differences can be studied in detail, from which it is possible to glean “good practice”. LAs can improve by understanding how their better performing peers do things.

## 2.3 Derbyshire’s ASCS performance 2015-16

The survey feedback from clients has been very good. On a range of survey questions, Derbyshire is rated either better than all the other similar authorities in its “family”, or at least is towards the top end and above the average.

Detailed figures are presented in Table 1 in the Appendix. In summary Derbyshire has compared very well on a range of questions:

- a) On general satisfaction with care and support, a higher proportion of Derbyshire clients are “Extremely Satisfied”. The family average is 27.3%; Derbyshire’s rate is 31.4%.
- b) Similarly, the proportion of “Extremely Dissatisfied” clients is lower at just 0.5% compared with a family average of 0.9%.
- c) Derbyshire has the highest proportion of clients whose overall levels of satisfaction are positive; 70.1% compared with a family average of 64.9%.
- d) Derbyshire has the 3rd highest rating on agreement that its care and support services improve client’s quality of life and 3rd highest too on help to increase feelings of control.
- e) Derbyshire has the highest proportion of clients agreeing to the question that care and support services help them to stay clean and presentable.

- f) Derbyshire is also the highest rated LA amongst its family in terms of the proportion of people who say care and support helps to ensure they get food and drink.
- g) Derbyshire's efforts to improve the social contact that clients need to prevent isolation and loneliness is reflected in being the 2nd highest rated authority amongst its peers; over 70% of clients agreed that Adult Care help with this.
- h) Recently, Derbyshire Adult Care has put a great deal of effort into helping people find the right information about care, support and benefit services and this is shown by the proportion of people rating the information to find as "easy" – 78% is the highest level amongst its family.
- i) Derbyshire's population has one of the highest proportions of unpaid carers in the country, yet Derbyshire's respondents were the lowest proportion of clients to receive help from a family member in the same household or friend living in another household. This is because we are targeting our services well, and that people with social care needs who do not have an informal carer are accessing our services.

### Easy Read Survey Version

Clients with a learning disability receive an Easy Read version. Derbyshire clients rate their life very highly compared with other LAs; they also rate their treatment from staff as being on par with other LAs.

## 2.4 Derbyshire's ASCOF performance 2015-16

ASCOF comprises 26 PIs in total; during 2015-16, 5 PIs have not been measured. Of the 21 that were measured during the year, 14 (67%) have improved compared with 2014-15, four (19%) have shown stable performance and three (14%) have shown some reduction, and need some further development.

Detailed figures are presented in Table 2 in the Appendix.

### 2.4.1 Improved direction of travel

It is pleasing to see the majority of our key PIs moved in the right direction during 2015/16 because they reflect considerable, sustained hard-work over an extended period. Of particular note are the reductions in the two indicators about delayed transfers of care from acute hospital beds. We know there has been increasing activity in the NHS, largely due to the demographic context, so to achieve a reduction in delayed hospital discharges is quite notable.

Similarly, it is pleasing to see permanent admissions to nursing and residential care homes for both younger and older adults demonstrate a marked improvement, with younger adults (18-64) substantially reduced from 119 in

2014/15 to 60 in 2015/16. This reduction reflects our strategic aim to reduce the numbers of people in nursing and residential care. Improved co-ordination of access to supported-living options as an alternative to residential care for people with a learning disability has contributed to this improvement. We are continuing to develop the range of alternative options including plans to extend the offer of Shared Lives.

The proportion of adults with a Learning Disability, who are clients of Adult Care, in paid employment continues to improve; but has not yet reached the level we believe is acceptable and a recommendation is included to take this forward. Building on the Local Government Challenge held in March this year, it is proposed to undertake a review of the current Learning Disability employment support services with the aim of improving employment opportunities. Our vision is that we should be achieving at least the average proportion achieved by our regional neighbours.

Also worthy of note is the 5% improvement in the proportion of people who find it easy to find information. We were already a high performer in this area, but the Care Act 2014 added emphasis to our responsibility to appropriately signpost clients, including self-funders, in what can seem like a complex care world.

#### 2.4.2 Stable performance

Three PIs show stable performance; two of these are at 100%. The other one concerns the proportion of older people offered re-ablement service following discharge from hospital. We are currently reviewing how we operate our re-ablement service, including a consideration of how we might target our services more appropriately.

#### 2.4.3 Opportunities for further development

Four of our PIs have declined but not without mitigation:

- a) The proportion of adults in contact with secondary mental health services in paid employment showed a reduction of 2.3% since 2014-15. However this remains above our neighbouring authorities in the East Midlands who average 4.7% (compared with our 9.4%) and the national average at 6.7%.
- b) Derbyshire Adult Social Care has historically performed well supporting clients with a learning disability to live independently or with family members with proportions increasing year on year from 59.5% in 2010-11 to a high of 88.8% in 2014-15. 2015/16 has seen a reduction to 84.3%. This still represents higher performance than our East Midlands neighbours who average 76.3% and the national average of 75.4%, 8.9% lower than Derbyshire.

- c) The proportion of older people who were still at home 91 days after discharge from hospital into re-ablement was 87.1% in 2014-15 compared with an outturn of 77% in 2015-16. The reduction in part is symptomatic of an increasingly older and frailer client cohort In Derbyshire (for example, the average age of clients referred to Adult Care in our County has increased from 71.0 years in 2011-12 to 73.89 years in 2015). The East Midlands and England averages on the indicator respectively are 80.5% and 82.7%. The aforementioned review of re-ablement, with a particular focus on better targeting will address this.
- d) The proportion of people who use services who say that those services have made them feel safe and secure has reduced to 86.9% from 90.3%; the figure is still above the England average (85.4%) and just below the East Midlands figure of 88.5%. In part, the drop can be explained by an increase in a related question from the ASCS that is, we have seen in 2015-16 a 5% increase in the proportion of people answering positively to “do you feel as safe as you want to?” Effectively, the baseline number has increased impacting on the proportion who then attribute feelings of being safe to care and support services.

We will focus efforts on these development areas when we revise our annual Service Plan and they will be priorities for improvement over the next 12 months.

### **3. Social Value**

Many of the positive outcomes identified in this report are as a result of activities by people who live and work in Derbyshire, whether they are family carers, volunteers or paid staff. It is pleasing that the positive impact of the various interventions has a beneficial impact on the wider wellbeing of the people of Derbyshire.

### **4. Other Considerations**

In preparing this report the relevance of the following factors has been considered: Legal, finance, equality of opportunity, health, human resources and crime and disorder considerations.

### **5. Background Papers**

Background papers concerning the ASCS can be found online at <http://content.digital.nhs.uk/ascs1516>. Background papers providing key information about the ASCOF can be found at <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016>.

**6. Key Decision**

No

**7. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?**

No

**8. Officer's Recommendation**

It is recommended that Cabinet approves the wider publication of these outcomes.

That a six month review of the council's current approach to supporting people with learning disabilities into employment is undertaken and that the report, including recommendations, are received by Cabinet in June 2017.

**Joy Hollister  
Strategic Director – Adult Care  
County Hall  
MATLOCK**

**Table 1 Derbyshire's ASCS Performance 2015-16**

Indicator	Derbyshire	Family Average	England Average
1A - Social care-related quality of life score: % Extremely Satisfied	31.4	27.6	27.5
1 - Overall Satisfaction: % Extremely or Very Satisfied	70.1	64.5	64.4
2b - % Agreeing that services help better quality of life	94.9	93.1	92.2
3b - Do care and support services help you in having control over your daily life?	93.5	90.4	89.4
4b - Do care and support services help you in keeping clean and presentable in appearance?	91.1	82.5	82
5b - Do care and support services help you to get food and drink?	82.5	77.8	76.1
7b - Do care and support services help you in feeling safe?	86.9	86.9	85.4
8a - Do care and support services help you in having social contact with people?	71.1	67.4	67.7
9b - Do care and support services help you in the way you spend your time?	67.9	66.3	66.1
12 - In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits? % Answering Very or Fairly Easy	78	72.3	73.5

**Table 2 Derbyshire's ASCOF Performance 2015-16**

Indicator	2014-15	2015-16	Trajectory
<b>Improved Direction of Travel</b>			
1A - Social care-related quality of life score	19.1	19.3	↗
1B - The proportion of people who use services who have control over their daily life	75	75.3	↗
1C part 1A - The proportion of people who use services who receive self-directed support	85.7	92.1	↗
1C part 2A - The proportion of people who receive services who receive direct payments	22.5	23.3	↗
1E - The proportion of adults with a learning disability in paid employment	1.6	1.7	↗
1H – The proportion of adults in contact with secondary mental health services living independently, with or without support	57.1	82.1	↗
1I part 1 - The proportion of people who use services who reported that they had as much social contact as they would like	42.4	47.2	↗
2A part 1- Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes	23.8	12.9	↗
2A part 2 - Long-term support needs of older adults (aged 65 and over) met by admission to residential and Nursing homes	799.7	730.7	↗
2C part 1 - Delayed transfers of care from hospital	9.7	8.5	↗
2C part 2 - Delayed transfers of care from hospital attributable to adult social care	3.3	2.7	↗



Indicator	2014-15	2015-16	Trajectory
3A - Overall satisfaction of people who use services with their care and support	69	70.1	↗
3D part 1 - The proportion of people who use services who find it easy to find information about support	72.8	78	↗
4A - The proportion of people who use services who feel safe	65.2	70.6	↗
<b>Stable Performance</b>			
1C part 1B - The proportion of carers who receive self-directed support	100	100	→
1C part 2B - The proportion of carers who receive direct payments	100	100	→
2B part 2 - The proportion of older people (65 and over) who were offered re-ablement services following discharge from hospital	1.9	1.9	→
<b>Opportunities for further development</b>			
1F - The proportion of adults in contact with secondary mental health services in paid employment	11.7	9.4	↘
1G - The proportion of adults with learning disabilities who live in their own home or with family	88.8	84.3	↘
2B part 1 - The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services	87.1	77	↘
4B - The proportion of people who use services who say that those services have made them feel safe and secure	90.3	86.9	↘

<b>Not measured in 2015/16</b>
3B - Overall satisfaction of carers with social services
3C - The proportion of carers who report that they have been included or consulted...
3D part 2 - The proportion of carers who find it easy to find information about support
1D - Carer-reported quality of life score
1I part 2 - The proportion of carers who reported that they had as much social contact as they like