

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
HEALTH, ENVIRONMENTAL HEALTH AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE – 13 MARCH 2013
REPORT FROM THE TRI-BOROUGH EXECUTIVE DIRECTOR FOR
ADULT SOCIAL CARE
ADULT SOCIAL CARE MANDATE – PERFORMANCE UPDATE

This report provides an update on how the Kensington & Chelsea Social Care Mandate is being delivered. The report looks at the outcomes the mandate was designed to achieve and reports progress to date in their delivery.

The Committee is requested to note the content of the report and appendices and comment on areas of interest.

FOR INFORMATION

1. BACKGROUND

1.1 The format which has been developed for reporting progress in delivering outcomes for people with social care needs is based on the 3 social care mandates covering Kensington & Chelsea, Westminster and Hammersmith & Fulham. Performance is monitored against the delivery of the outcomes in the Mandates on a monthly basis and presented to Scrutiny Committee on a quarterly basis for discussion.

1.2 There eight high level outcomes derived from the Mandates:

- Achieving greater productivity and value for money
- Maximising self reliance, personal responsibility and enabling people to find their own care solutions
- Providing people with the right help at the right time to facilitate and regain independence
- Helping people with long term conditions stay independent for longer and able to live the lives they choose
- Effectively balancing risk between empowering individuals and safeguarding them
- Help people with disabilities to be active citizens and enjoy independent lives
- Identify carers and help meet their needs within their caring role

- Ensure people have a positive experience of social care services.
- 1.3 The report provides Committee with performance information against the common set of indicators used across tri borough partners for the period upto the end of January 2013. Presenting the information in this way better enables the identification of good practice, and equally areas of possible concern. Comparing performance in this way is still quite new, and some of the results so far have identified clear differences in how some information has been counted in the three boroughs. Work is continuing to address these issues to ensure it becomes a more useful means of improving performance. The introduction of Framework-I across the three boroughs and work taking forward the integration of community health and social care services with Central London Community Health both also assist with enable common measures to be developed across the three boroughs.

2. SUMMARY OF PERFORMANCE TO DATE

2.1 Appendix 1 sets out in detail the performance to date against each outcome and measure across tri borough. Each outcome has a number of indicators which are used to determine the overall performance. For each indicator there is a 'target' or 'direction of travel' arrow shown. This makes clear what improvements in performance we are aiming for in each case. The following section of this report highlights some of the key performance issues for the Royal Borough of Kensington & Chelsea at this time.

2.2 Greater Productivity and Value for Money

2.2.1 Since the last performance report to Committee work has been undertaken to improve the comparability of unit cost information across tri borough. Looking at the hourly cost of home care provided by external organisations shows that in RBKC the hourly costs is typically £14.90, below that in Westminster but above that in Hammersmith and Fulham. The unit costs of home care is closely monitored by the e-monitoring team and the department runs a dedicated homecare board on a monthly basis to review quality, developments and the financial position in this area. Residential weekly care costs in RBKC are typically lower than partner boroughs for 18-64 service users across all care groups. Unit costs for residential and nursing care for older people are slightly above partners but well within the inner London average.

2.3 Maximise self reliance, personal responsibility and enable more people to find their own care solutions

2.3.1 In RBKC there is a policy of a more inclusive eligibility criteria, set locally at 'moderate'. However looking at the population of the borough, for every 1000 adults, 12.5 are supported with social care. This is lower than partner boroughs, which both have a higher eligibility threshold. In RBKC the number of adults supported at home with longer term packages of home care has continued to reduce this year. This position is in part accounted for by an increased focus and success of our preventative services such as re-ablement, supporting people to recover skills and be more independent.

2.3.2 Self reliance is also dependent on high quality information being available to individuals to make their own arrangements at times and in ways which best suit their circumstances. The People First website in RBKC has been designed with this in mind and has received s positive feedback. The annual Adult Social care Survey asks individuals if they have had any difficulty in finding information and advice. In RBKC 17% reported some difficulty, (significantly lower than partner boroughs, where nearly a third in one case expressed difficulties). We consider 17% to still be too high and there are a number of projects in place to improve access to information, one being the introduction of a care portal where residents can find information about formal services, service providers and 3rd sector and charity services.

2.4 Providing people with the right help at the right time to facilitate and regain independence

2.4.1 In RBKC both the reablement service and OT assistants in the Access Information and Advice Service (AIA) provide reablement assessment and programmes to individuals who are assessed as likely to benefit.

2.4.2 Reablement services in each of the partner boroughs are organised differently, and at present the performance figures in Appendix 1 do not fully reflect all services; this will be remedied with the introduction of Framework-I.

2.4.3 Taking the reablement service alone 64.2% of people who have completed a programme of re-ablement so far this year have not required any further social care afterwards. This doesn't give the full picture in RBKC however, as when the work of the AIA service is added in, there have so far been more than 460 individuals who have received a service, a substantial increase in previous years with many of these leaving the service full independent and not reliant on long term services. This supports the reduction that is seen in the number of people being supported by social care overall.

2.4.4 Those who continue to receive social care after re-ablement often do so at a reduced rate to the care they would have required if they did not complete the programme. In addition the approach has helped maintain the very low rates of admission to residential care. Of older people discharged from hospital, 92.3% of those who received a re-ablement or rehabilitation service were still at home 91 days after hospital discharge. This provides some evidence as to the long term effects of the service, and supports the department to reduce placement admissions and hospital re-admissions.

2.5 People with long term conditions stay independent for longer and are able to live the lives they choose

2.5.1 Where people have ongoing social care needs, the service aims to support the greatest proportion as possible at home, in the community. This is achieved very successfully in RBKC 7.2 people supported in the community to every 1 in residential care... This is the highest proportion across the three boroughs and is reflected in the low rates of placement admission that the borough has historically maintained. There have been 13 new admissions into residential care since April and 10 admissions into nursing care. These admission rates continue to be in the top performance quartile for inner London and significantly better than partner boroughs.

2.5.2 For those receiving community based services, 86% of eligible service users (excluding MH) receive their care via a personal budget. Personal budgets allow service users maximum flexibility in how their needs are met and by whom. Again, this is the highest performance when informally benchmarked against tri-borough partners however the operational service are working to review all home care cases and convert and remaining clients onto a personal budget to further improve performance in this area. Of those receiving a personal budget, 36.4% take this personal budget in the form of a direct payment. This allows the user to directly control their budget and commission their own care.

2.5.3 The service recognises that more people could have a direct payment and is committed to improving the rate of people receiving services in this way. A tri-borough project is underway to redesign the way we offer personalisation of services to users. This involves more specialist advice and information being available, increased frequency in reviews and better care planning support. It is expected that this will have a significant impact on the uptake of direct payments in 2013/14.

2.5.4 Overall service users have expressed that the care and support they receive has a positive impact on their quality of life and in the last

Adult Social Care Survey, RBKC achieved a weighted score of 18.2 out of 24 in this area. 76% of users also expressed that they have as much control over their lives as they would like. This is a strong performance and we hope to see further improvement when the results of the 12/13 survey are released. Overall RBKC was the only tri-borough partner who has improved performance in the rate of service users who report that services enhance their quality of life.

2.6 Risk is effectively balanced between empowering and safeguarding individuals

2.6.1 In RBKC all safeguarding alerts are considered referrals for investigation and 44% of these are substantiated. The borough does receive a higher number of complaints than its partners but this is due in part to the practice of the operational team to pass all comments and concerns to the complaints team. This is seen as a positive practice and is now being replicated in the other boroughs. A high proportion of complaints relate to homecare services, and this is monitored through the home care board and reported in further detail. The service actively works with providers to monitor and resolve complaints, take forward learning and ensure that recommendations are implemented. The trend in relation to safeguarding referrals this year is so far consistent with that reported in the previous year. A more detailed analysis will be made available to Committee as part of the Annual Safeguarding Report.

2.7 People with disabilities are active citizens and enjoy independent lives

2.7.1 The department recognises that the rates of people with LD and MH services users in employment are low. This is a nationally recognised issue and although improvements have been made in last year's performance for MH, there is still much to do. There has been an increase in the number of MH users in settled accommodation and LD performance in this area is on par with the previous year. More accurate and timely reporting through the implementation of Framework-I should improve monitoring in this area and allow collation of this information for all service areas, allowing a wider understanding of the accommodation and employment status of service users.

2.8 Identify carers and have their needs met within their caring role.

2.8.1 Supporting carers in their caring role is a priority for all tri-borough partners. In many cases a carer's involvement can prevent placement admissions and reduce user dependency on services. Recent census data shows there are 10,978 carers living in the borough, with 3,506 caring more than 20 hours per week. On this

basis it is estimated that the borough is in touch with 43% of carers who care for someone with high needs. To date 57.7% of know carers have had an assessment or a review of their needs, equating to 875 carers. This is a strong performance when compared to partners however the service is committed to improving this and is currently focusing resources on carers' assessments between now and the end of the financial year. Performance should also improve with the inclusion of MH data which will be provided by the trust at the end of the financial year. Of those carers who have been assessed this year, 80.2% have received a service to support them in this role. This is very positive, and will continue to be monitored as more assessments are completed.

2.8.2 A pilot cares survey was completed in 10/11. This suggested that 49.8% of respondents were satisfied with social services, and 77% felt they were included in discussions about the person they care for. Some carers expressed difficulty in access information and advice (32.8%) and a similar proportion suggested they did not have as much control over their life as they would like. As these results are part of a small pilot they cannot be generalised to all cares however they do provide a good indication of areas where we could be better at supporting cares. A full national version of the survey is being completed this year and local results will be available next month. This will be the first full survey to measure outcomes for carers and will be key to our operational and commissioning approach for carers.

2.9 People have a positive experience of services

2.9.1 The results of the statutory Adult Social Care Survey are the main national source of information on personal outcomes. One of the key measures included in the survey is the overall satisfaction of service users. Residents in RBKC who use social care services consistently report higher levels of satisfaction than in other tri borough partners. In 2011/12 people who reported they were very or extremely satisfied rose from 57% to 65%. The annual survey covering 2012/13 is currently being undertaken and the results will be reported to Committee during the summer 2013.

3. RECOMMENDATION

3.1 The Committee is requested to note the content of the report and appendices and comment on performance issues of interest.

FOR INFORMATION

Andrew Webster

Tri-borough Executive Director for Adult Social Care

Background Papers used in the Preparation of this Report: None

Contact officer:

Mike Rogers, Head of Business Intelligence, Policy & Planning and Workforce

Tel: 020 7641 2425

E-mail: mrogers@westminster.gov.uk