
	<p><b>One Council Overview and Scrutiny Committee</b></p> <p><b>2 May 2013</b></p> <p><b>Report from the Director of Adult Social Services</b></p>
<p><b>Adult Social Care Performance Statistics - Quarter 3 2012-13</b></p>	

### Background

This briefing is in response to a request made by Cllr. Colwill and Cllr. McLennan following the One Council Overview and Scrutiny Committee meeting of 22<sup>nd</sup> March 2013. They requested a meeting with Adult Social Care to discuss poor performance statistics contained in the Performance and Finance Review Report for quarter 3 2012/13.

### NI 130 Social Care clients receiving self-directed support

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
53.48%	40.0%	49%		Cumulative

Upon further investigation it appears that the Council has not been interpreting the definition of this indicator correctly. These percentages measure the proportion of adult social care clients *who currently receive direct payments only*.

However the indicator guidelines confirm it is designed to measure all those who receive self-directed support to fund services. Self-Directed Support is defined as those who choose to make their own arrangements and fund their care through a personal budget or pay for services directly via direct payments. *It also measures those who choose to have Council-managed services (i.e. they do not want independence).*


For some time now it has been the Council's policy to offer Self-Directed Support as a matter of routine to those who qualify for services. Therefore 100% of those who are eligible to receive services are offered Self-Directed

Support. The indicator will therefore be adjusted from quarter 1 2013/14 to reflect this and the target will also be set at 100% to reflect operational practice. In addition we will use the historical data to monitor the proportion who choose to be independent and take responsibility for managing their own payment entitlements (either via direct payment or personal budget) and those who do not.

### NI 132 Timeliness of Social Care assessments (Mental Health only)

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
75.51%	51%	70%		Cumulative

### NI 133 Timeliness of Social Care packages following assessment (Mental health only)

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
100%	100%	95%		Cumulative

We have recently conducted a comprehensive review of Brent Mental Health Service. The findings reveal a number of deficiencies in relation to data quality and workflow processes. The report also revealed the challenges faced by the service in arranging and completing timely assessments e.g.

- The chaotic lifestyles of many clients make it very difficult to make contact and even when this is made it can be a struggle for them to organise themselves to attend.
- There is a high volume of cases where appointments are set up and clients do not attend without notice or explanation.

The above figures confirm there are clear difficulties in setting up and completing assessments, but once they are complete we perform very well in terms of putting the care packages in place within designated timescales.

The present situation is further exacerbated by the fact that last year on average there were approx. 50 referrals per month compared to this year's average 150. CNWL are currently investigating the significant increase in GP referrals and will advise us in due course.

As a result of the review, we have recommended that the Council should begin a process of competitive dialogue with 'any willing provider' in an effort to redesign the service to make it more efficient and effective. The report is due to be discussed at Executive on 22<sup>nd</sup> April 2013 and the outcome will be known shortly.

**NI 135 Percentage of carers receiving needs assessment or review and a carer's service.**

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
29%	12%	23%		Cumulative

We have consistently had difficulty recording carers up to now. This is due to:

- Poor working practice in that social workers have traditionally focused more on the presenting needs of the service user.
- The process for recording carers on Frameworki in a systematic way is not as robust as it could be.
- Some Carers do not identify themselves as Carers and as such tend to refuse assessment on the basis that they do not see it as being relevant.

We also have difficulties with the way the indicator is designed and how it attempts to measure. It calculates on a cumulative basis, and as such is not an accurate reflection of the precise number of assessments in place. It also requires us to conduct annual assessments, which is not practical, desirable or affordable for the department. This is because it conducts a fresh count each year and is based on the assumption that 100% of carers will require and have a revised assessment of their needs and services. This is both impractical because we do not have the resources to carry out annual reviews, and undesirable because the majority of carers' needs do not change annually.

We have put together a variety of initiatives to improve the support we give to carers. We have recently set up a Carer's Hub which provides a 'one stop' service for carers. This service offers advice, signposting and practical help to carers. We are in the process of improving our workflow processes to help make the identification and recording of Carers easier and ensure that 100% of identified carers are offered an assessment going forward. We are also poised to set up an online forum which will potentially enable Carers to network and offer peer support.

**Local quarterly number of delayed hospital discharges.**

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
33	13	6		Cumulative

This indicator is cumulative through the year. The 'spike' in the quarter 3 figure is largely attributed to systemic pressure resulting from the U.K. having experienced the coldest winter for 50 years. Historical performance trends show that discharges for the third quarter always show a seasonal increase. Overall the figure is comparable to 2011/12 and is only showing status 'red'

because we set such an ambitious target for ourselves for 2012/13. This will need to be reviewed next year in light of this year's performance.

In the wider context, the other influencing factor is Continuing Health Care, which is PCT funded. Brent currently has the third lowest level of CHC funding in London, which directly correlates with the high level of local hospital admissions and attendant discharges. In an effort to address the underlying structural deficiency therefore, the Council is currently in the process of undertaking a Judicial Review of local CHC funding.

### **Transitions Overspend**

<b>Projected ASC Budget Position at quarter 3 2012/13</b>				
<b>Service</b>	<b>2011/12 Out-turn £000,</b>	<b>2012/13 Budget £000,</b>	<b>2012/13 Forecast £000,</b>	<b>2012/13 (Under)/Over Spend £000,</b>
Transitions	0	5,513	6,149	636

The projected overspend for the department at quarter 3 2012/13 relates to the cumulative shortfall in funding for the Transitions Service covering the last two financial years. The attendant costs for running this service were not properly calculated when it transferred from the Children and Families department. As such, we inherited a 'legacy overspend' in this area and have been working hard to absorb it ever since through one off funding streams and a range of wider departmental initiatives including delivering underspends in other service areas. This shortfall has been addressed within the Medium Term Financial Strategy for 2013/14 and therefore will not be an issue going forward. At this juncture the department is on track to deliver a balanced budget for 2012/13.

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Encl. Mental Health Review Report 2012/13