



# **ADULT & COMMUNITY CARE SERVICES PERFORMANCE REPORT**

**Elmbridge Local Committee  
14<sup>th</sup> November 2005**

## **KEY ISSUE:**

This report describes the progress Adults and Community Care have made over the last year. It sets out this analysis in the context of Elmbridge as a whole, which is served by North and Mid Adults and Community Care areas.

## **SUMMARY:**

There has been strong progress over the last 12 months and this has been confirmed by external evaluation following inspection of our Older People and Supporting People services. The Medium Term Strategy is the basis for work taking place, much of which depends on partnerships including Health.

The aim is to introduce developments that help to support more people at home and there are a number of schemes being developed which are helping to achieve this outcome. At the same time there is a challenging requirement for change within a climate of severe financial constraint.

## **OFFICER RECOMMENDATIONS:**

### **The Committee is asked to:**

Note and comment upon the performance of Surrey's Adult and Community Care Service county-wide and the work that is being undertaken to provide monitoring information that is available for Elmbridge,

## **1. INTRODUCTION AND BACKGROUND**

- 1.1 The previous Adults and Community Care report was presented to the Elmbridge Local Committee in January 2005. Each quarter of the performance report is considered by the Executive for the service as a whole and while this report follows a similar style, it focuses on Elmbridge.
- 1.2 Within Annex A performance indicators are detailed and where possible the information is specific to Elmbridge.
- 1.3 The report makes comments under each plank of Adults and Community Care's Medium term strategy:
  - Health and Social Care
  - Social Care and Housing
  - Partnerships
  - Making full use of the power of Surrey
  - Quality and Value for Money
  - Open Service

## **2. HEALTH AND SOCIAL CARE**

- 2.1 The Committee will be aware that there are to be consultations on proposals to reconfigure health organisations. The recommendation is for a Surrey-wide Primary Care Trust to replace the existing five organisations. The impact on Elmbridge could be that the existing division between East Elmbridge and Mid Surrey (EEMS) PCT and North PCT is removed. There will however need to be locality divisions within a countywide structure to support GP or locality commissioning. The make up of the localities is to be determined but one option will be to match the four Area structures adopted for the majority of the County Council services. This would place Elmbridge alongside Spelthorne and Epsom and Ewell.
- 2.2 These structure changes are to be introduced at a time when the local health economy is under severe financial pressure. Both EEMS and North PCTs are having to implement financial recovery plans, for example in EEMS there is a reduction of 16% in its staffing costs.

2.3 Within this climate Adults and Community Care are working hard to avoid “cost shunting” and maintain good progress achieved through our emphasis on joint working:

- In Elmbridge, delayed transfers of care for social care reasons are regularly at zero levels
- We are continuing to work hard to limit the number of unscheduled admissions into hospital and long term care placements. As a result, more people are able to remain in their own homes. For example, within the last 12 months 57 people have been diverted from long-term care and enabled to live at home as a result of joint working in East Elmbridge.

2.4 An exciting development in Elmbridge is the coming together of staff within an integrated rehabilitation service. This will be managed by Adults and Community Care but will include both Health and Social Care staff whose prime role will be to prevent avoidable admissions into hospital and facilitate early discharge.

2.5 The “Better Healthcare Closer to Home” proposals have previously been considered by this Committee. The next stage is for an outline business case to be approved. It will include plans for the siting of a critical care hospital in Sutton to replace Epsom and St. Helier. It will also include options for local care hospitals such as Molesey and Cobham. Adults and Community Care have a strong interest in these developments, as more care at home will depend on increasing availability of social care.

2.6 A hospital discharge project is now available for Elmbridge residents where people have the opportunity for assistive technology/telecare package, i.e. falls sensors for a 12-week period. In future it is anticipated that assistive technology will play an increasingly important role in community care.

### **3. SOCIAL CARE AND HOUSING**

3.1 Earlier this year the County Council received an extremely positive inspection report on our Supporting People service based in the Esher Civic Centre. The future of the Supporting People Programme, however, is uncertain. In December last year the government announced that Surrey’s grant will be cut by 5% this year and the consequence of an emerging distribution formula might be cuts of up to 34% over time.

3.2 The impact in Elmbridge has been that supporting people providers have not received uplift for inflation this year but no valued services have been cut.

3.3 In the light of our good inspection, Surrey is still the highest performing County authority. We have participated in a National review of the Supporting People programme. Options for the future need to ensure policies are linked across all government departments and set out how long term funding should work, so that providers and commissioners have the confidence to invest in the future.

- 3.4 We have developed a strategy to introduce “Extra Care Housing”. This is a long-term strategic development that will require a partnership with a range of stakeholders. Recently we have invited expressions of interest from developers to work with us on this programme. Extra Care Housing is the preferred choice for many as an alternative to residential care. One of the first developments in Surrey was Whitely Village. We have thirty units of accommodation in this development where we contribute revenue funding and a queue for vacancies now exists.
- 3.5 For people with learning disabilities, we have too many people who continue to be placed out of the area and in costly residential settings. At the same time we have increasing numbers of people being supported by carers who may themselves be in their 70s. In Cobham the residential home is being modernised and will include a 10-place unit that will be autism accredited. We will also have 10 units of accommodation for supported living where people will have their own tenancies. This local development reflects a pattern where there is a need for more supported living accommodation that maximises people’s independence while at the same time we need to ensure that people with complex needs such as autism are properly supported.

## **4. PARTNERSHIPS**

- 4.1 We work closely with Elmbridge Borough Council and have some excellent services provided by them through contracts. These include Meals on Wheels, Community Alarm and Assistive Technology. Specialist day care is provided for people with dementia within the day centres for retired people. In both North and Mid Surrey we have commissioned jointly funded posts for support workers who help people make maximum use of the day centres.
- 4.2 We have a number of voluntary organisations we support such as Crossroads providing a sitting service, Cheer, a befriending service and Molesey and Ditton’s Housework Scheme with whom we have commissioned a visiting service. This enables families to have a person “popping in” to check an elderly relative when they go on holiday or are in hospital.
- 4.3 Social Care teams and GP practices authorise Carers Emergency Cards. These cards are for carers to carry with them and so if they are involved in an accident or fall ill, emergency services are able to identify them as a substantial carer and there is someone in need of caring. The card includes relevant contacts. This scheme was launched in Elmbridge earlier in the year with support from the local committee and we have had positive feedback from carers.
- 4.4 The local Adult Protection group is made up of representatives of vulnerable people, the statutory voluntary and independent sectors. The emphasis of the group is on raising local awareness of Adult Protection issues, promoting joint working and ensuring vulnerable people at risk of

abuse are identified and protected. In June 2006 we will be promoting “Adult Protection Awareness Week”.

## **5. MAKING FULL USE OF THE POWER OF SURREY**

- 5.1 We have been working closely with Elmbridge Housing and Council Tax Benefits Departments and the Pension Service on “Everybody Benefits”. In the week commencing 11<sup>th</sup> October, Elmbridge sent out 725 letters to Elmbridge residents on housing and council tax benefits and aged over 75, offering them a benefit check. The results are still being collated but initial impressions are that we are having a good response.
- 5.2 In Elmbridge there are 101 members of the Surrey 50 + network. In Surrey as a whole there are over 1000 people who have expressed a wish to be actively involved in decision-making concerning local services. Of the 101 Elmbridge members, over 60% are interested in Health and Social Care issues. The website launched at the end of last year has proved very popular. It is a useful vehicle for consultations and such issues as the forthcoming white paper on the future of adult social care and out of hospital services.

## **6. QUALITY AND VALUE FOR MONEY**

- 6.1 The Annex to the report provides an abstract to performance based on returns that are submitted to the Department of Health. These performance indicators are significant in terms of our “star rating” which is assessed on an annual basis. Adult social care needs to deliver good performance within the comprehensive performance assessment framework used for the Council as a whole.
- 6.2 Earlier in this year we received a judgement following an inspection into Older People’s services. This was across the County and concluded that we serve most people well and have excellent prospects for the future. This inspection, together with the one on Supporting People, supports judgements made following the Joint Review in 2003.
- 6.3 These qualitative assessments have been extremely useful for the service as some of our performance indicators, including those in the Annex, reflect our relatively low volumes. This is particularly the case in terms of the number of older people we are able to support where we are amongst the lowest in the country. Although value for money and well-targeted use of resources has been confirmed in all of our assessments our overall performance is vulnerable unless we are able to increase our volumes.
- 6.4 Of particular priority is the need to increase the number of people supported intensively at home and here we are making good progress. Elmbridge has more people with intensive support packages than the Surrey average.
- 6.5 We continue to give priority to our response times. In most cases we are on track to meet our performance targets that are set at a high standard. There remain issues in terms of data collection and we are contributing to our

corporate change programmes that should enable better information to be available.

- 6.6 Capital to bring back into use the old social service office in Cobham was reserved last year. Since then a project involving a partnership with a local Trust has been established and discussions have taken place to integrate the development with existing Council services situated nearby. The cost of the project is around £1 million and is to be financed by the capital receipts obtained by the closure of the Rentwood site in Fetcham. A detailed business case will need to be approved. The concept is for the facilities to be used to support people with disabilities living within the wider community. It may be to access supported employment, leisure or develop day-to-day skills needed for independent living.
- 6.7 The Commission for Social Care Inspection (CSCI) recently undertook an inspection of Home Based Care Services in East Elmbridge. The inspector provided positive feedback and was particularly impressed with the proactive approach our staff is taking in promoting people's independence.

## **7. AN OPEN SERVICE**

- 7.1 Reference is being made to external inspections. These are valuable in providing affirmation but also in challenging us to improve still further. They compliment internal quality assurance processes, which provide reality checks to test how well our strategies are understood, and how effectively they are being delivered. These quality assurance processes include learning from complaints and indeed compliments.
- 7.2 We continue to involve using carers in partnerships for disabled people, valuing people groups and carer strategy groups. In June we held a County wide supporting people participation conference attended by some 200 people.
- 7.3 Local initiatives include the establishment of a combined register for people with disabilities of all categories. This is accessed by individuals themselves and enables them to receive information and helps us plan services.

## **8. WORKFORCE MATTERS**

- 8.1 Within Elmbridge the vacancy levels are less than 10% but we do have particular gaps in qualified care management and occupational therapists. To address this shortfall we have recruited more community support workers who work under the supervision of more experienced staff. This has been successful as a "grow your own" initiative when backed up by good training opportunities.

## **9. RISK MANAGEMENT**

- 9.1 We are entering a period of considerable change arising from both our own

financial pressures within the County Council and the financial deficits in Health. There is a real danger that our recent good performance record could be compromised without sufficient investment. We particularly need to ensure that continuing care agreements with Health are properly applied.

## **10. EXTERNAL AWARDS RECOGNITION AND PUBLIC PROFILE**

10.1 In addition to the positive external inspections the Adult Protection team hosted by the North area was the County's team of the year. The Mole Valley and Esher Home Based Care team were runners up.

## **11. EQUALITIES IMPLICATIONS**

11.1 Elmbridge Borough Council are undertaking an Equality and Diversity Best Value Review. We are assisting them as a critical friend.

## **12. CONCLUSION**

12.1 Information provided in the report represents a summary of key issues within Elmbridge. Adults and Community Care have made good progress in recent years and are assessed to be serving most people well. Prospects for the future need to be considered alongside demographic changes that will inevitably mean high demands for social care. We are entering a period of significant change both internally within the Council and crucially for Adults and Community Care with our partners. A priority will be to ensure that the quality of our services is maintained as we search for ever-greater efficiency and value for money.

### **Report by:**

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<b>BACKGROUND PAPERS:</b>	<b>background papers</b>

**Appendix A - Elmbridge Committee Report November 2005****Key Performance Indicators****a) Surrey Performance Wheel**

<b>Indicator</b>	<b>Target</b>	<b>Result so far</b>	<b>Status</b>	<b>Comment in relation to Elmbridge</b>
Continuously improve service delivery, particularly for vulnerable and disadvantaged people				
Number of delayed transfers for social care reasons – acute hospitals – per 100,000 pop aged 65 + (ACC24)	9	0	G	We have continued to maintain very low numbers of delays in acute hospitals across the last three quarters
Number of households helped with intensive home care per 1,000 pop aged 65 = (BV53)	6.8 (249 users)	8.3 (317 users)	G	This figure is from June as the HH1 information is not yet available. We are already well above our target. This has been helped by the creation of a specialised home care team. (Top quartile 2003/2004 is 15.7 – national comparison)
Number of very sheltered care housing places available (ACC34)	30	35	G	There are 25 places at Aldwyn Place and 10 at Huntley House. 20 places are in the pipeline for completion in 18 months and a further 20 are under discussion for



				completion within 3 years.
% carers offered assessments (ACC26)	95%	82%	R	This is a high priority and we are improving performance by reviewing our recording practices.
The number of adults and older people receiving Direct Payments as of 30 <sup>th</sup> September per 100,000 pop (BV201)	22 (90 users)	10.3 (47 users)	R	We are promoting the use of direct payments across the county and would expect to meet our target by the end of the financial year. There is a workshop planned for November.
% carers allocated a single room	80%	89%	G	Top Quartile 2003/2004. Target is 96% or more

**Adults and Community Care****(b) Other Key Performance Indicators (Best Value and SCA Measures)**

<b>Indicator</b>	<b>Target</b>	<b>Result so far</b>	<b>Status</b>	<b>Comment in relation to Elmbridge</b>
No. of older people helped to live at home per 1,0000 pop. 64 or over (BV54)	39 (1603 users)	21.1 (873 users)	G	On target, when results are annualised
Proportion of people receiving a statement of needs (BV58)	98%	91%	A	Top quartile 2003/2004. Target is 95% or more
% assessments of new OP begin within 48 hours of first contact (BV195a)	93%	94%	G	Top quartile 2003/2004. Target is 75% or more.
% assessments of new OP completed within 4 weeks of first contact (BV195b)	88%	84%	G	There has been a steady increase in this result over the year. Top quartile is 75% or more
% of full OP care packages starting within four weeks after assessment (BV196)	88%	92%	G	
Rate of problem drug misusers in treatment (BV198)				There is no information available at present
No. admissions of older people to residential and nursing care homes per 10,000 pop. 65	88 (369 admissions)	49.8 (209 admissions)	G	We are on target so far this year and will continue to meet the target if we

and over (AMT1/PAD C26)				maintain the same rate of admissions during the rest of the year
No. of admissions of adults to residential and nursing care homes per 10,000 pop. 18-64 (AMT1/PAF C27)	1.7 (25 admissions)	0.4 (6 admissions)	R	As numbers of admissions are so small, the status of this result appears worse than it is
Carers getting service as % of clients receiving community based services	3%	3%	G	
Intensive home care as % intensive home care and residential nursing home	22%	50%	G	
No. of adults with mental health needs helped to live at home	575	473	R	This is a new performance indicator
No. of older people queued in community hospitals	18	10	G	
No. of adults queued in community (18 – 64)	33	13	G	
No. of PLD helped into employment (SCA)	90	98	G	
No. adults with physical or sensory disabilities helped to live at home per	2.7 (397 users)	1.9 (276 users)	R	The total number of PSD cases have reduced but the number of residential

1000 pop. 18 – 64 (AMT 4, PAF C29)				and nursing placements has been steady.
No. of adults with learning disabilities helped to live at home per 1000 pop. 18 – 64 (AMT 4, PAF C30)	1.4 (119 users)	1.5 (128 users)	G	
No. of delayed transfers for all reasons – all hospitals	15	14	G	We are on target and continue to work hard with our Health colleagues to ensure that this remains the case.
% of equipment delivered to all users within 7 days	75%	75%	G	Top quartile 2003/2004. Target is 88%
Proportion of cases allocated to key workers	95%	91%	G	
Proportion of annual reviews completed (AMT 11/PAF D40)	95%	69%	R	Slight improvement on previous report
No. staff in post as % of establishment	89%	89%	G	
% of days lost to staff sickness	5.3%	9.2%	R	This figure has gone down slightly since the last quarter. The sickness data is a regular item on the monthly Performance Management Group meetings in the areas.