

REPORT TO: Health & Wellbeing Board
DATE: 13th November 2013
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Health & Wellbeing
SUBJECT: Update on Sector Led Improvement
WARD: Borough Wide

1.0 PURPOSE OF REPORT

1.1 This report describes the benchmarking process that has been set up in the North West region to inform the process of Sector Led Improvement and highlights the performance in Adult Social Care in Halton over the last 12 months.

2.0 RECOMMENDATION

It is RECOMMENDED that Members of the Health & Wellbeing Board note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 The benchmarking framework:

3.1.1 Sector Led Improvement (SLI) is the new framework for ensuring continuous improvement and development within adult social care services. Led nationally by the Towards Excellence in Adult Social Care Board, it is driven in this region by the North West Towards Excellence Board.

3.1.2 The North West Performance Leads (NWPL) group for, has had in place a framework for lead performance officers to benchmark their performance against key national adult social care performance indicators.

3.1.3 This framework has now been developed and enhanced as a part of the SLI process in the North West; the first submission was in September 2012 but was backdated until the start of that financial year. The latest submission will therefore complete the first year of data collection in the new format.

3.1.4 Three tiers of information are now collected on a quarterly basis. These tiers consist of:

- Key Adult Social Care Outcomes Framework (ASCOF) data
- ADASS/AQuA whole system data, which is drawn down mainly from published health service data
- An additional suite of information which provides North West benchmarking.

These tiers combine into Towards Excellence in Adult Social Care (TEASC).

3.1.5 The TEASC overview analysis for 2012/13 has now been published. It contains 80 items and is divided under the following sections:

- 1 Access to Services – 9 items
- 2 Community Based Services – 14 items
- 3 Residential and Nursing – 8 items
- 4 Intensity of Home Care – 1 item
- 5 Services for Carers – 2 items
- 6 Quality of Life – 17 items
- 7 Self Directed Support – 13 items
- 8 Living Independently – 4 items
- 9 Assisting Discharge – 3 items
- 10 Views of Users and Carers – 9 items

TEASC provides comparators with:

- a) The North West
- b) Unitary Authorities
- c) CIPFA comparators

3.1.6 The data is collected from each Authority and are therefore able to see how they perform against other areas, and particularly their nearest neighbours in terms of benchmarking.

3.1.7 The submitted data will be used by the NW Towards Excellence Board as part of the SLI Risk Analysis. At this stage it is not clear whether particular indicators will carry more weight in terms of being seen to pose enough risks to trigger intervention. However it is likely that three areas will be of particular interest: self-directed support, direct payments and adult safeguarding.

3.2 The Data

3.2.1 Halton's data has now been submitted and shows exceptional performance and a sustained picture from previous years – this applies to at least 75% of submitted items.

3.2.2 The TEASC provides the Council with very positive outputs across a number of domains.

- The numbers of people in residential and nursing care are

significantly less than in comparator groups. However, the numbers of placements are showing a year on year increase and this is subject to further investigation currently due to the budgetary implications.

- The proportion of people who feel they have enough control over their daily lives again is significantly higher than comparators.
- The proportion of people receiving Self Directed Support has increased and is above the National target of 70%.
- There has been a significant increase in the numbers of people subject to an adult safeguarding referral. This is consistent with the introduction of the Safeguarding Unit and continued local and National publicity. In addition the “Priory” Hospital in Widnes generated significant numbers of referrals before closing in late 2012.
- The Board are aware of the key problems with admissions and re-admissions to hospital and extra resources and an urgent care strategy have all been agreed to address these problems.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising from this report.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no financial implications arising from this report.

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

The activity will highlight successes and areas for development in adult social care across the North West.

6.4 **A Safer Halton**

The risk based approach to the process of sector-led improvement, will identify where an authority is deemed to require significant external input to ensure that its adult social care services are of a quality to ensure appropriate support to vulnerable people.

6.5 **Halton’s Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

- 7.1 The collection and publication of benchmarking information is part of the public sector's commitment to openness and transparency, and shows local people how well the Authority is performing across a whole range of issues and compared with all other councils in the region. However, the process itself raises the risk that Halton will fall significantly outside – either very good or very bad – the regional average in its indicators. This would be likely to attract the attention of the North West Towards Excellence Board and therefore would run the risk of attracting a peer review. However having compared ourselves against the other Councils this is highly unlikely.

8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 An Equality Impact Assessment is not required for this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None within the meaning of the Act.