

REPORT TO: Health Policy and Performance Board
DATE: 11th September 2012
REPORTING OFFICER: Strategic Director – Policy & Resources
PORTFOLIO: Health and Adults
SUBJECT: Adult Social Care User Survey 2011/12
WARDS: Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To inform Health Policy and Performance Board of the results of the Adult Social Care Survey for 2011/12.

RECOMMENDED THAT: The report is noted.

2.0 SUPPORTING INFORMATION

- 3.1 In line with Putting People First, the National Adult Social Care Survey was introduced for 2010/11 with the intention of surveying a cross-section of individuals receiving adult social care services. This differs from previous surveys prior to 2011/12, which were targeted at specific cohorts – for example, residents 65+ receiving home care, or residents receiving equipment. This is the second year that the statutory survey has been undertaken and it is scheduled to take place annually between January and March each year.

3.2 Changes to the Statutory Procedures for the 2011/12 Survey

Changes were made to the 2011/12 survey by the Department of Health following feedback from Councils arising from the first survey undertaken in 2010/11.

3.2.1 Changes to Capacity Checking

- 3.2.1.1 The main change was that Local Authorities were no longer required to check capacity for service users to be included within the sample due to the burden placed on social care teams in the 2010/11 survey. Local Authorities were required instead, to write to Care Home Managers in the local area to request that the Care Home Managers report back to the Council confirming whether service users resident within care homes (or Supported Living arrangements) had capacity to take part in the survey. In accordance with the statutory guidance, if no response was received from Care Homes, then it was to be assumed that service users did have capacity to take part. Briefings took place in September 2011 to inform Residential and Nursing Care Providers of this change.

3.2.1.2 Implications of this Change: The change to the process for checking capacity resulted in a number of non-responses from Care Homes locally for service users who did lack capacity. This led to the Performance Team contacting all Care Homes in the area who had not responded to the initial mailing letters to confirm capacity prior to reminder letters/surveys being distributed. Feedback has been sent to the NHS and Social Care Information Centre as regards this change in process and the implications which arose. Other North West Councils confirmed that Halton is not alone in raising concerns over this change to capacity checking.

3.2.2 Changes to Cohort used for sampling

3.2.2.1 In 2010/11 service users receiving only Professional Support were included in the sample. This caused some confusion among recipients of the survey, who did not identify themselves as receiving 'social services'. The same issue applied to those who also may have only received a one-off item of equipment and did not identify themselves as receiving 'social services'. In 2010/11, this appeared to adversely affect the response rate. Additionally, when providing cost data, we could not attribute a cost to those provisioned with Professional Support only – meaning that cost data could not be reported for these clients. For the 2011/12 Survey, Performance and Improvement Team and Management Accounts agreed that the Master Service Return (MSR) would be used to derive the sample, rather than an extract from Carefirst, as this would identify those with a package of care, who would be more likely to be able to identify themselves as receiving a 'social care service'. Also, for costing purposes, the MSR could be used to more accurately match clients with cost data.

3.2.2.2 Implications of the Change: Whilst using the MSR was effective in addressing the issues raised from the 2010/11 survey (as described in section 3.4), the implication for the results is that the respondents in the 2011/12 are reflective of a cohort with complex needs (i.e. receiving a package of care), versus a sample in 2010/11 who may have only received one-off pieces of equipment or professional support. This is clearly evidenced within the results to questions, for example Q15, Q16 and Q21 as shown in Appendix A.

3.3 Sample Size and Composition

3.3.1 752 surveys were sent by post during January 2012 to a sample of service users receiving adult social care services from Halton Borough Council (as at 30th September 2011). The survey forms are pre-determined by the Department of Health.

3.3.2 The total sample of respondents and non-respondents was split 35.5% Male: 64.5% Female, with 78% being aged over 65.

3.3.3 The four different types of forms were distributed to;

- Clients resident in the community
- Clients in residential or nursing care
- Clients with learning disability resident in the community
- Clients with learning disability in residential or nursing care

3.4 Response Rates

Questionnaire Type	Number Sent	Number Returned	% Returned
Residents in own home	493	242	49%
Residents in care homes	160	60	37.5%
ALD in own home	93	36	38.7%
ALD in care homes	6	4	67%
TOTAL	752	342	45.4%

3.5 Results

3.5.1 The full set of results are reported in the appendices. A number of additional questions were added to the survey this year.

3.5.2 Highlights include:

- Overall satisfaction levels (Q1) for respondents extremely satisfied or very satisfied (67.7%) with the care and support they receive has increased in comparison to 2010/11 (61.7%).
- Quality of life also demonstrates a positive movement with more individuals reporting a better quality of life in general, compared to 2010/11.
- An overwhelming 89% reported that care and support services enable them to have control over their daily life (Q3b).
- A higher proportion of respondents reported feeling safe (Q7) in comparison to 2010/11.
- A higher proportion of respondents felt that their home is designed to meet their needs very well 59.3%, with 32.8% meeting most of their needs - Q17.
- Generally, the results are demonstrating a positive trend in comparison to the 2010/11 survey. There is one caveat to this however - the cohort included in the sample have more complex needs Q15,16 and 18– as described in Section 3.2.2. Health state in terms of pain management or discomfort, has also improved Q14 a) for the sample selected.

3.5.3 In contrast to the positive results it is to be noted that, a higher proportion of respondents reported to being extremely anxious or depressed - an increase of 0.8% (Q14b).

- 3.5.4 A higher proportion of respondents reported that someone answered the survey for them without asking them the questions – this may again be representative of a cohort with more complex needs (Q21).

4.0 POLICY IMPLICATIONS

- 4.1 The results of the survey may be used to feed into the development of local strategy, policies or procedures, or may lead to further local research/analysis.

5.0 OTHER IMPLICATIONS

- 5.1 The total direct costs of running the survey in terms of printing and postage was approximately £2K, exclusive of staff time in administering the survey on behalf of the Department of Health.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People

This survey relates to Adults service users only and indicates positive results for the wider family setting.

6.2 Employment, Learning and Skills in Halton

The care sector is a significant employer within the Borough, in which the demand for care services will grow, given the ageing population with higher level of needs. The survey demonstrated the effectiveness of commissioned services by the Local Authority by internal and external providers.

6.3 A Healthy Halton

All issues are outlined in the report which focuses directly on this priority.

6.4 A Safer Halton

Questions have been included in this survey(7a and 7b) which indicate positive results for respondents feeling safe in their home and also that the care and support services help service users in feeling safe.

6.5 Halton's Urban Renewal

The environment in which we live has a direct impact on our health and wellbeing. The survey shows a higher proportion of residents feel that their home is designed to meet their needs, demonstrating a positive contribution of the adaptations programme, in maintaining individuals independence.

7.0 RISK ANALYSIS

7.1 Monitoring performance is essential to ensure that resources and services are directed at those areas in most need. Therefore, failure to monitor performance could in turn have a detrimental impact on the local area.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Monitoring performance enables a more targeted approach to those areas who are suffering from some of the worst health inequalities. This in turn should ensure that the most vulnerable members of the community have access to services/ initiatives aimed at reducing these inequalities.

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

None within the meaning of the Act.

Contact Officer Hazel Coen DM (Performance & Improvement)

APPENDICES

Summary of Results– Adult Social Care User Survey. Comparison between 2010/11 and 2011/12