

**Report of Director of Adult Social Services**

**Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)**

**Date: 18 April 2012**

**Subject: Calculating progress in the delivery of Personalised Support**

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|--|------------------------------|--|
| Are specific electoral Wards affected?<br>If relevant, name(s) of Ward(s):   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is the decision eligible for Call-In?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Does the report contain confidential or exempt information?<br>If relevant, Access to Information Procedure Rule number:<br>Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Summary of main issues**

1. National policy changes and local priorities for adult social care have generated a broader range of services and greater complexity in how individuals receive their services. This has impacted upon the measure of progress in delivering social care through personal budgets.
2. A national review of performance measures and national data returns for adult social care is underway but has not yet reported. There is increasing variance between authorities about how to interpret national guidance for the production of this measure. Steps are being taken to develop a more consistent interpretation within the region which enable more accurate benchmarking of performance and more accurate reporting of progress to the Scrutiny Board (Health and Wellbeing and Adult Social Care).
3. Leeds has recalculated its data to create greater consistency with other authorities. Although the data will not be finally validated until the end of the financial year, the revised performance as at February 2012 for 'the proportion of people using social care who receive self directed support' is 47.8%

**Recommendations**

4. Members are asked to note the issues raised in this report.

## **1 Purpose of this report**

- 1.1 This report was requested by members at the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting on the 21<sup>st</sup> March 2012 to provide background information about changes to the calculation of a key performance measure relating to the provision of social care through personal budgets
- 1.2 The report provides Members with the background and details of consequent amendments to reported performance of the Council in respect of its drive to deliver greater personalisation within adult social care services.

## **2 Background information**

- 2.1 Recent national government policy, sector led guidance and local priorities are transforming the way that adult social care is being delivered. Public reports of performance form a key method for citizens to hold local Council's to account for their of progress in delivering policy changes; for the adult social care sector to be able to compare performance and for national government to assess the impact of policy changes and investment.
- 2.2 For many years the Department of Health has required local authorities to provide annual data returns to enable it to measure progress in the implementation of national policy. This data provides the basis for the national Adult Social Care Outcomes Framework performance measurements which provide the basis for demonstrating the sector's achievements. National data returns are subject to regular and frequent review as policy changes and social care practice develops.
- 2.3 The local priorities for improvement for social care in Leeds are outlined in the Health and Wellbeing Priority plan and within the Council Business Plan. These have been influenced by national and sector policy commitments and shaped by local need and strategies for delivery. The performance reports received by scrutiny board employ measures of progress against national and local priorities for delivery, including *"Giving people choice and control over their health and social care needs"*

## **3 Main issues**

- 3.1 Over the past few years there has been significant changes in national policy for adult social care and consequently the approaches to measuring progress are being amended to reflect the emerging standards for service delivery. The NHS Information Centre is currently leading a 'zero-based review' of social care data collections which aims to deliver reforms and improvements to the national data set for social care, from 2012/13 onwards. The sector is currently in an interim position in this respect as it awaits the outcome of this review.
- 3.2 A key measure of performance which is employed locally and nationally is "The proportion of people using social care who receive self directed support" This is defined as the number of service users and carers who, at any time in the year, received self directed support, as a percentage of the number of people who, at any point in the year, received a community based service or a carers specific service. This measure supports the drive towards personalisation outlined in the

*Vision for adult social care, and 'Think Local Act Personal'* by demonstrating the success of councils in providing personal budgets and direct payments to individuals using assessed services.

3.3 The Local Authority circular, LAC(DH) (2008)1: Transforming social care states that;

*'In the future, all individuals eligible for publicly funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear, upfront allocation of funding.'*

3.4 The measure has two elements. Firstly it counts the number of people receiving self directed support. To be counted as receiving self-directed support, the person (adult, older person or carer) must either:

- be in receipt of a direct payment; or
- have in place a personal budget which meets all the following criteria:
  1. The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and
  2. There is an agreed support plan making clear what outcomes are to be achieved with the funding; and
  3. The person (or their representative) can use the funding in ways and at times of their choosing.

This calculation is substantially unchanged by the proposal contained in this report.

3.5 The second element of the measure is 'the number of people receiving community care services'. Guidance relating to the calculation of this performance measure includes all service users classified as receiving community based services as defined within the *Referrals, Assessments, and Packages of Care (RAP)* national return. Community care services are:

- Services that are provided or commissioned by social services and are part of a care plan following a Community Care assessment and;
- Their care must be managed by the Council.

Community Care services include; homecare, daycare, direct payments, short term residential care (not respite) and other community based services. In addition all carers who receive carer specific services are included. It is this element of the calculation that has been amended.

3.6 At a national level. work is underway to improve the data collections which support this measure, so that refinements in future years will better reflect progress on personalisation, and support analysis against the Think Local, Act Personal concordat. The Department of Health have indicated their intention to revise the measure to focus only on those for whom self-directed support and direct payments are appropriate, which is not possible from the current data

collections. This will give a better representation of the progress of the personalisation agenda and enable fairer benchmarking between councils.

- 3.7 The NHS Information Centre acknowledge in their current guidance for data collections that Adult Social Care services are now provided in many ways and that Local Authorities should take care to exclude significant groups of these from their calculations. The interpretation of guidance about this measure has been a source of debate within the sector. National guidance for the Adult Social Care Outcomes Framework acknowledges the difficulties with the current definition.

*‘There are established issues with the data definitions in relation to this measure, which means that care must be taken when interpreting the information for analysis and benchmarking.*

*The denominator of the current measure is based upon a definition of people receiving community-based services which includes some individuals for whom self-directed support may not be appropriate, for instance those receiving some one-off, short-term or universal services such as equipment and reablement. This means the overall proportion does not reflect the true extent of the provision of self-directed support to those who are eligible, and it is not possible to reach 100%.’*

- 3.8 This issue reflects the impact of recent policy changes, and in particular an expectation that, people and their communities should play a bigger role in supporting themselves and others; the broadening range of social care services and providers and delivery through partnership arrangements with health agencies. Many new targeted services have emerged which are not ‘community support’ including crisis support; re-ablement/ intermediate care and safeguarding. The introduction of these new ways of delivering social care have led the directorate to review its interpretation of the guidance to ensure that it is remaining consistent with the measure’s spirit and definition.

- 3.9 In the Autumn of 2011, Leeds consulted with other local authorities in the region about their interpretation of the rules for this measure. This demonstrated that there were inconsistencies throughout the region, but in particular Leeds appeared to be including groups of adult social care service users in the cohort for measurement which they were no-longer including. In order to enable Leeds to compare its performance against its comparator authorities in the region, it needs to employ an interpretation of national guidance for the measure which is more consistent with those authorities.

- 3.10 Our review concluded that the following amendments to the interpretation of the guidance should be made:

- Services which are provided as a part of a care plan following a Community Care Act Assessment should be included.
- This would exclude people receiving reablement services, telecare and a range of other services, including users of sitting services, respite, meals, etc.
- Professional support by a social worker should only be included if it is following a current assessment or part of a broader care plan.

- People receiving major items of equipment which are reviewable should be included in the cohort. People receiving other equipment only should not be included unless the person requires ongoing involvement to use it.
- Carers should be included where they have had a review or assessment and a carers specific service and/or advice and information.

3.11 Under the previous arrangements, data for the period April 2011 to February 2012 would suggest that Leeds will provide support for approximately 15,557 people in receipt of community services. Of these, 5,921 or 38.1% have had some form of personal budget during the period. Current estimates of the impact of taking the steps outlined above would reduce the cohort of people receiving community care to 12,200 people, of whom 5,825 or 47.8% have personal budgets.

3.12 At the point of writing this report this data should be regarded as indicative only as it is still subject to full end of year data validation and further work is taking place to provide more detailed rules for inclusion within the cohort.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

4.1.1 This report provides an update for members about work to revise the interpretation of a national and local performance measure in the light of major policy changes and to maintain consistency with other local authorities within the region. This has implications for the calculation of a performance indicator regularly reported to the board. It is therefore not a decision requiring public consultation, however, all performance information is provided to the public via the council's website, and nationally through the NHS Information Centre website

### **4.2 Equality and Diversity / Cohesion and Integration**

4.2.1 This report refers to a reinterpretation of the rules relating to a performance measure. It does not effect access routes to service. The uptake of personal budgets by ethnic minority groups, gender, age and disability will continue to be monitored to ensure no unforeseen impact is generated. An equality impact screening tool has been completed to support this.

### **4.3 Council policies and City Priorities**

4.3.1 This report provides an update on progress about work to revise the interpretation of a national and local performance measure of progress in delivering one of the council and city priorities in line with the council's performance management framework.

### **4.4 Resources and value for money**

4.4.1 There are no specific resource implications from this report; however it outlines developments which will enable the authority to more accurately compare its performance in regard to providing social care through personal budgets with that of other regional authorities.

## **4.5 Legal Implications, Access to Information and Call In**

- 4.5.1 There are no specific legal implications of the content of this report. Calculations of national and locally reported data are subject to internal and external audit. Reports of performance against this measure are published on the council and Leeds Initiative websites.

## **4.6 Risk Management**

- 4.6.1 This report outlines action which is being taken to reduce the risk of reporting an inaccurate position in respect to the Council's progress in delivering more personalised social care in line with national and local policy.

## **5 Conclusions**

- 5.1 This report provides information for Members about action which is being taken to ensure that accurate performance information is being provided to them in relationship to progress in increasing the proportion of people receiving their adult social care through personal budgets. The report suggests that significant developments in national policy have impacted upon the way that social care is expected to be delivered and that these have required the authority to review the way it calculates its base information. Consultation with regional authorities has revealed that Leeds has become out of step with other authorities with regard to the interpretation of the guidance for defining the associated performance measure. A revised preliminary calculation for the performance measure has been undertaken and this suggests that Leeds is now performing at 47.8% of all community care service users or their carers receiving some or all of their services through personal budgets.

## **6 Recommendations**

- 6.1 Members are asked to note the issues raised in this report.

## **7 Background documents<sup>1</sup>**

- Transparency in Outcomes: a framework for adult social care (2010)
- Think Local Act Personal (2010)
- Adult Social Care Outcomes Handbook of definitions (November 2011).
- Leeds City Council Business Plan – 2011-15
- City Priority Plan – 2011-15

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<sup>1</sup> The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.