Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

Quarter 3 - 2018/19

Date: 19th March 2019

Lead Director: Steven Forbes

Leicester
City Council

Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

1.   Summary

1.1   This report brings together information on various dimensions of adult social care (ASC) performance for the second quarter of 2018/19.   The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business. Our model draws on best practice, for example, incorporating features of a Balanced Scorecard.

1.2   The report contains information on our *inputs* (e.g. Finance and Workforce), the efficiency and effectiveness of our *business processes,* the volume and quality of our *outputs,* and not least, the *outcomes* we deliver for our service users and the wider community of Leicester.

1.3   The overall position at this stage of the year remains broadly positive, although the rate of improvement is less than reported previously.   This is not unexpected given the impressive rate of improvement over recent years at the same time as we have seen resources reduced. For those measures where data is available (no workforce data – see section 2.12), 59.2% are showing improvement from the baseline position (mostly 2017/18 outturn); 33.5% of measures are not performing as well as the baseline position; and 11.6% of measures are unchanged. This overall rate of improvement is better than that reported at the end of Q1 but is slightly poorer than Q2 and both the same period (Q3) and year-end in 2017/18. It is not possible to make a judgement on 11.6% of measures as they are either new measures without a baseline position, measures for which accurate data is not yet available, or they provide management information rather than a reflection of departmental performance.   Assuming there has not been a significant deterioration in workforce performance our Q3 position is likely to be understated.
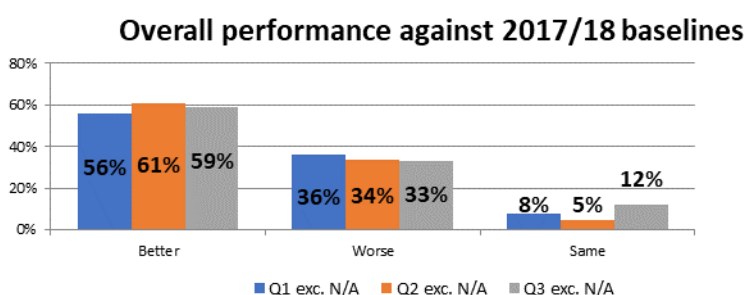
2.   Recommendation

2.1   The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in this report.

3. Report

## 3.1 Delivering ASC Strategic Priorities for 2018/19

3.1.1 Our strategic Priorities for 2018/19 are unchanged from 2017/18, they are:

SP1.	We will work with partners to protect adults who need care and support from harm and abuse.
SP2.	We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence.
SP3.	We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.
SP4.	We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.
SP5.	We will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood.
SP6.	We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services.

3.1.2 As in previous years, we have set out what we need to do to deliver on these priorities in our Annual Operating Plan and made some revisions to the KPIs designed to measure whether we have been effective in doing so.

3.1.3 Summary:
Overall performance against those KPIs aligned to the department's strategic priorities suggest that progress on our priorities continues to be made, and that having a small number of clear and visible priorities has been effective. Overall, 27 of our measures have shown improvement from our 2017/18 baseline, with 17 showing deterioration. This is a slight improvement on position to that reported at the end of Q2, but poorer than the 2017/18 out-turn. Performance is strong across priorities four and five, mixed for priorities one, two and six, and weak for priority three.

Strategic Priorities measures against baseline
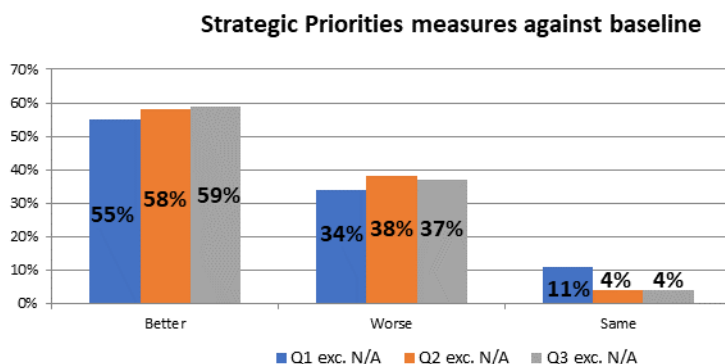
3.1.4 Achievements:
User satisfaction levels derived from the national ASC user survey, our local survey (at assessment) and questions asked in the supported self-assessment (at re-assessment) are positive. Critically here, over 73% of service users said that their quality of life had improved very much or completely as a consequence of our support and services. 6 of the 7 ASCOF measures derived from the national ASC user survey showed improvement from the 2016/17 baseline. Performance against the new measures reflecting our priority around Transitions are increasingly positive.

3.1.5 Concerns:
Performance against the new measures to reflect the new safeguarding priority has dipped since

Q2. Performance in priority three (promoting independence in the working age population) has stabilized this quarter, but only one measure is showing an improvement from our baseline.

3.2   Keeping People Safe

3.2.1   The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding, including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2   During Q3 2018/19, 111 individuals were involved in a safeguarding enquiry started in that period. Of these, 45 were aged 18 to 64, with 66 aged 65 years or over. 72 of those involved were female and 39 were male. 75 were 'White', 14 'Asian' and 6 were 'Black.'

3.2.3   55 individuals who were involved in an enquiry have a recorded Primary Support Reason. 50.9% of these individuals (28 people out of 55) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health support' the next most common.

3.2.4   Using figures for all completed enquiries in Quarter 3, the most commonly recorded category of abuse for concluded enquiries was "neglect" (70), followed by "physical abuse" (41), and then "emotional abuse" (27). The most common location of risk was in care homes, with a total of 58, of these, 49 were residential homes and 9 in nursing homes. The next most common abuse location recorded was the person's own home, 42 instances.

3.2.5   Quarter 3 performance:

Measure	Q3 2018/19
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	77.3% of enquiries begun within 24 hours of threshold decision being made
Number of alerts progressing to a Safeguarding enquiry	Alerts received in the quarter = 564
Completion of safeguarding enquiries within 28 days target	Threshold met in 196 cases, of which 113 progressed to an enquiry
Percentage of people who had their safeguarding outcomes partially or fully met.	46.5% of safeguarding enquiries were completed within 28 days.

3.3   Managing our Resources: Budget

3.3.1   The department is forecasting to spend £104m as per the budget.

3.3.2   Year to date there has been a net increase of 45 long term service users, 0.9% of the 5,068 users at the beginning of the year. The growth was predominantly in the over 65, elderly cohort, with no net increase in either adult mental health or learning disability related service users

3.3.3   The forecast rate of increase in need of existing service users is 5.5%, adding £5.6m to in year costs. This is comparable with 2017/18 but significantly is the first year that the rate of change of this increase has slowed. The equivalent rates in the previous 3 years were 2.5%, 3.4% and 5.3%. Whilst far too early to draw any firm conclusions this slow- down would be in line with our expectations that there is a limit to the density of care packages that existing service users

require.

3.3.4   We are still working with the CCG to review the re-assessments of joint funded packages of care that they have undertaken this year. The full year impact will be felt in 2019/20 and is still estimated at up to £2m.

3.3.5   Whilst it is difficult to provide a definitive outturn position, the impact of a slowdown in client cost growth and early achievement of savings implies that we are to make savings on the current year's budget.

3.4   Managing Our Resources: Our Workforce

3.4.1   Summary:
Workforce data for Q3 was not available by the deadline for submission of this report due to a combination of staffing and systems issues.
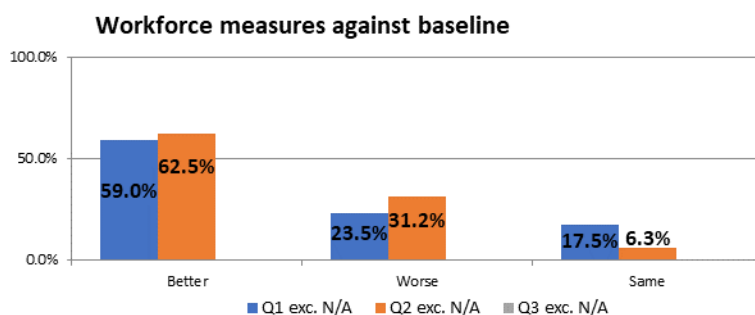

3.5   National Comparators - ASCOF

3.5.1   The national performance framework for ASC focusses on user and carer outcomes (sometimes using proxy measures). Submission of data for the ASCOF is mandatory and allows for both benchmarking and local trend analysis. ASCOF complements the national NHS and Public Health outcome frameworks. The following analysis includes ASCOF measures derived from the user survey as full results were not previously available. Details of our ASCOF performance including 2017/18 national benchmarking can be seen in Appendix 2 of this report.

3.5.2   Summary:
In this report we are able to include provisional ASCOF scores from the 2018/19 statutory carers survey (Survey of Carers in England). These scores are calculated on the basis of our data submission to NHS digital and are subject to change. It should also be noted that we had a very poor response rate to this year's survey and as such there is a high margin of error. This response rate cannot be explained and as yet we don't know if this reflects a national trend. Notwithstanding the issue of reliability, the data suggests a downturn from the very positive results from the 2016/17 survey.   Four of the five ASCOF scores are likely to be lower than 2016/17. Of these two are lower than the scores from 2014/15 and two higher.

This year, we continue to have some data quality issues outside of our control: the proportion of older people provided with reablement following discharge from hospital (2Bii) is still calculated using 2015 live discharge data as current data cannot be shared with local authorities; and the measures based on the new Mental Health dataset (1F and 1H) continue to raise concerns over the quality of data reported by our secondary mental health providers.

ASCOF measures against baseline
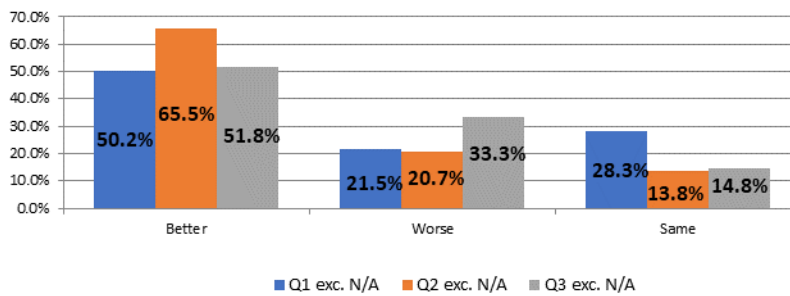
3.5.2   <u>Achievements:</u>

From the data for Q3 of 2018/19 there are some areas of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains strong.   The outcomes of short-term services, reablement and enablement (2D) continue to improve, have exceeded the 20178/18 benchmark and are now over 10 percentage points higher than at the end of 2016/17. Linked to this, the proportion of older people at home 91 days after hospital discharge (2Bi) has improved for the third consecutive quarter. The three measures for Delayed Transfers of Care (2Ci, 2Cii and 2Ciii) are all showing improvement.

3.5.3   <u>Concerns:</u>

Notwithstanding the data issues referred to in the summary, there are signs that performance against a few of our key measures are bucking the overall improvement trend. Despite rigorous controls being in place, permanent admissions to residential care for 18-64 year olds (2Ai) are markedly higher than in Q3 last year. Similarly, performance against both learning disability measures (1E and 1G) continues to fail to match historic performance.

3.6   Activity and Business Processes

3.6.1   We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. The use of these indicators will also support the overall approach to managing workflow and workloads within services and teams.

3.6.2   <u>Summary:</u>

Overall performance remains positive, with 59% of measures where a judgement can be made showing improvement from our 2017/18 baseline. However, this rate of improvement is lower than in Quarters 1 and 2 and for the same period last year.   Having said that, the number of measures where performance is below the baseline has decreased quarter on quarter. Where appropriate, targets for 2018/19 have been included for activity and business process measures.

Activity and Business Process measures against baseline
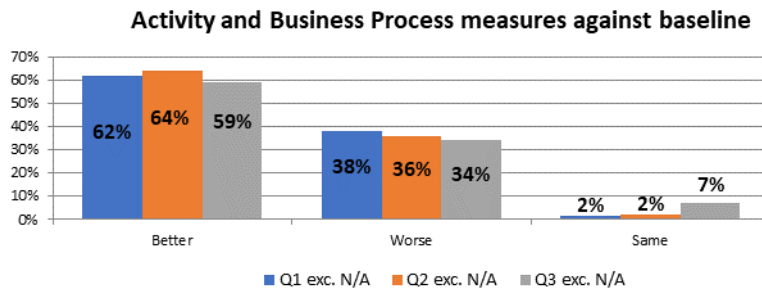
3.6.3 <u>Achievements:</u>

We can continue to be confident that we are managing demand through the provision of information, advice and guidance (including signposting to universal services) and one-off or short-term interventions.   While the total number of contacts at the 'front door' continues to increase, fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with assessed as having eligible needs. Fewer new contacts are moving into long-term support with more people being 'deflected' or provided with low level or short-term support.   We have also made progress in addressing areas of previous poor performance such as the timely completion of reviews.

3.6.4 <u>Concerns:</u>

While not impacting on the improved demand management described above, it is worth noting that the number of "new clients" as defined for SALT purposes was nearly 1,753 higher at the end of Q3 than at the same period last year (11,709 compared to 9,956).

The number of service users in residential and nursing care has remained stable over recent years with no evidence to suggest our continued efforts to reduce admissions or move service users into alternative provision are proving impacting on this pressure. The number of cases allocated to a worker for more than 100 and 250 days respectively has decreased from Q2, but remains higher than at Q1. Although the number of service users in receipt of domiciliary care has decreased, the number of hours of care commissioned has increased.

3.7   Customer Service

3.7.1 We have identified 25 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services.   The following analysis includes ASCOF measures derived from the user survey based on the published data from NHS digital in October 2018.

3.7.2 <u>Summary:</u>

Performance on 17 of our customer measures is showing improvement from our 2017/18 baseline, with 5 showing a decline. This is a marked improvement from Q1, when for the first time in over two years the number of measures showing a decline in performance outnumbered those showing improvement in any of our baskets of indicators.

Customer measures against baseline
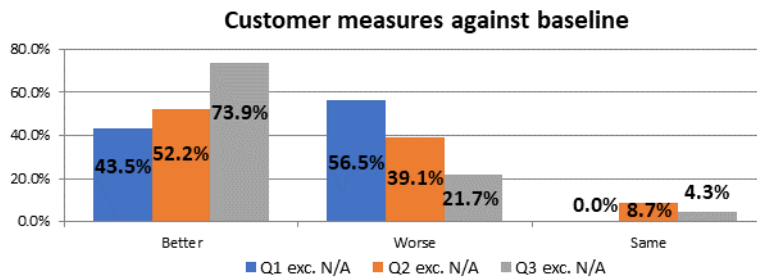
3.7.3 Achievements:

The final results from the 2017/18 national ASC user survey are positive: the overall quality of life score climbed from 18.5 to 18.7, our highest score since the introduction of the survey; the proportion of people who use services who have control over their daily life increased from 76.2% to 78.1%, again our highest ever score; and, the proportion of people who use services who find it easy to find information about services climbed from 67.4% to 70.5%.

The local survey conducted following all reviews enables us to measure whether services have met the needs identified in the initial assessment and whether the service user's quality of life has improved as a result of their care package. Results in the third quarter of 2018/19 continue to be higher than at the end of 2016/17 and 2017/18.

Results for all responses to our survey of people having received an assessment have shown significant improvement from Q1. The results from Q1 were themselves a modest improvement from Q4 in 2017/18 when results unexpectedly plummeted. All but one of these measures have now exceeded our 2017/18 full-year baseline.

3.7.4 Concerns:

We have seen an increase in the number of complaints received (not necessarily upheld) for two of the three categories used in this report.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered specifically in section 3.3 of the report.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext: 37 2284

4.4 Equalities Implications

From an equalities perspective, the six strategic priorities are in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity, and the information related to the outcomes delivered for service users and the wider community. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and socio-economic inequalities, experienced by many adults across the city. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into equalities (as set out in the adults JSNA).

Sukhi Biring, Equalities Officer (Ext. 374175)

4.5   Other Implications: None

5.   Background information and other papers: None

6.   Summary of appendices: Appendix 1:   2018/19 Quarter Two: Key Data

Appendix 2:   2018/19 Quarter Two: ASCOF