

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2017/18 - Quarter 1

Date: 24th October 2017

Lead Director: Steven Forbes



Useful information

- Ward(s) affected: All
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- Report version: 1

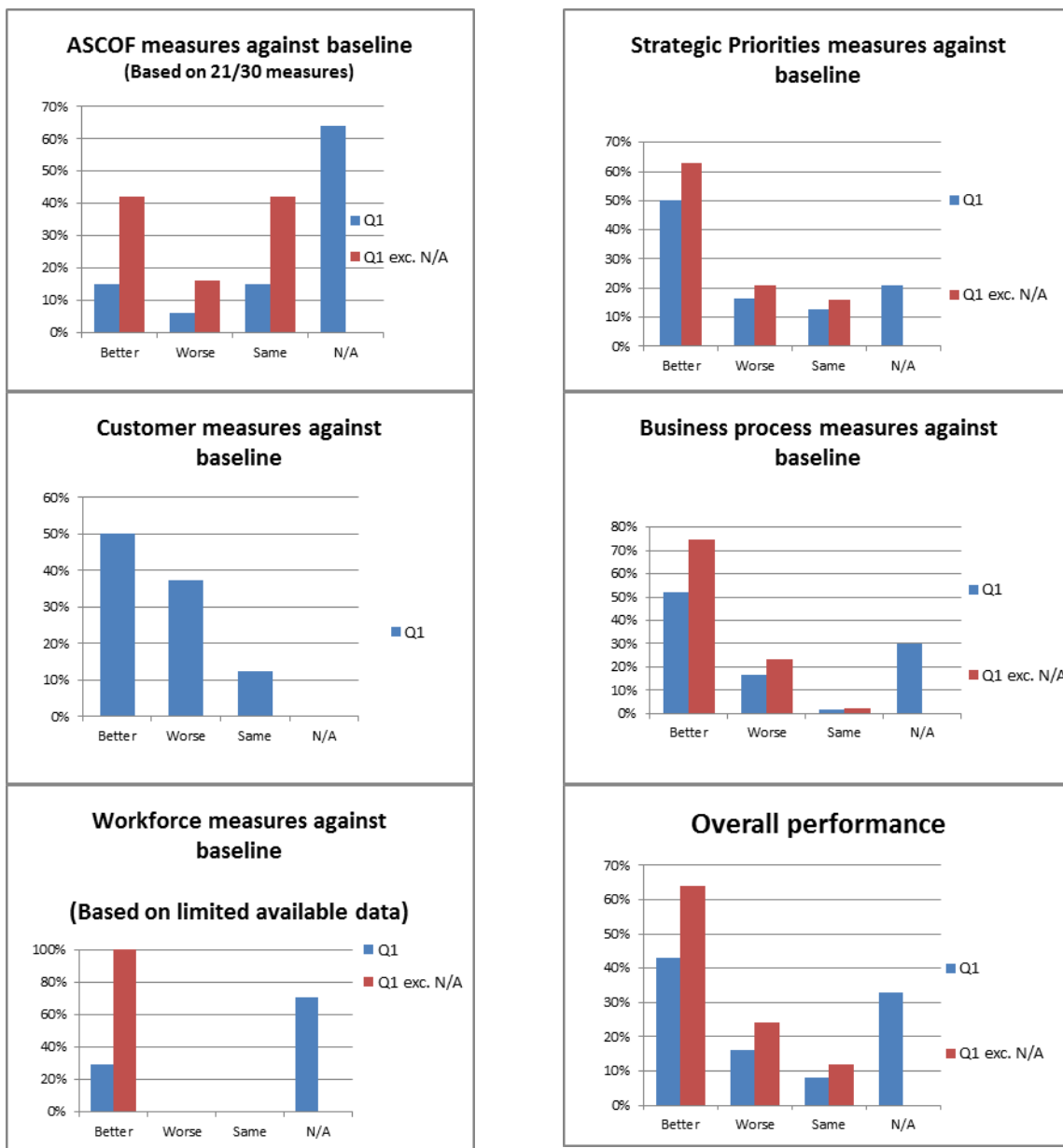
1. Summary

1.1 This report brings together information on various dimensions of adult social care (ASC) performance in the first quarter of 2017/18.

1.2 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. 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
- the outcomes we deliver for our service users and the wider community of Leicester

1.3 A summary of data based performance for the first quarter of 2017/18 is presented below:



2. Recommendations

- 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 2017/18

- 3.1.1 Our six strategic Priorities for 2017/18 have been agreed and were reported to Scrutiny on 29th June 2017. These are mainly the priorities carried forward from 2016/17. A new priority has been introduced to make our commitment to keeping people safe explicit. We have also 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. The following analysis includes ASCOF measures derived from the user survey as results were not yet available for our 2016/17 Q4 /year-end report. A condensed overview of progress is shown at **Appendix 1**.

Our priorities for the year 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 Summary:

Overall performance against those KPIs aligned to the department's strategic priorities suggest that significant progress on our priorities continues to be made, and that having a small number of clear and visible priorities (as advocated through our peer challenges) has been effective. Overall, 24 of our measures have shown improvement from our 2016/17 baseline, with 8 showing deterioration. This is a stronger improvement position than reported at the end of 2016/17. Performance is consistently strong across all priorities except priority five (see below). The inclusion of aggregated data from other sets of KPIs to reflect performance against priority six also provides evidence of strong overall performance across ASC so far this year.

3.1.3 Achievements:

Performance against the new measures to reflect the new safeguarding priority is broadly positive.

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 encouraging. Critically here, 98.6% of service users said that their quality of life had improved as a consequence of our support and services, with 67.3% saying it had improved very much or completely. 5 of the 7 ASCOF measures derived from the national ASC user survey showed improvement from the 2015/16 baseline, with overall satisfaction with ASC improving by almost ten percentage points since 2014/15. Generally, there has been encouraging progress made in taking forward our preventative and enablement model of support, particularly with regard to the outcomes of short-term support to maximise independence. Notwithstanding a higher number of working age admissions to residential and nursing care than hoped for, overall performance in promoting independence for both working-age adults and people over 65 has been positive.

3.1.4 Concerns:

Measures are still to be developed in support of our priority to improve young peoples' transition to adulthood (priority five), however this has been progressed and it is planned to commence reporting in Q3.

3.2 Keeping People Safe

3.2.1 The Care Act 2014 put adult safeguarding on a statutory footing for the first time. The Act set out our statutory duties and responsibilities including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2 During Q1 2017/18, 123 individuals were involved in a safeguarding enquiry started in that period. Of these, 54 were aged 18 to 64, with 69 aged 65 years or over. 70 of those involved were female and 52 were male. 90 were 'White', 24 'Asian' and 5 were 'Black.'

3.2.3 89 individuals who were involved in an enquiry have a recorded Primary Support Reason. 38% of these individuals (34 people out of 89) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 1, the most commonly recorded category of abuse for concluded enquiries was "neglect" (48), followed by "physical abuse" (47), and then "psychological/emotional abuse" (43). The most common location of risk was in care homes, with a total of 32, of these, 23 were residential homes and 9 nursing homes. The next most common abuse location recorded was the person's own home, 29 instances.

3.2.5 Quarter 1 performance:

Measure	Q1 2017/18
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	74.2% of enquiries begun within 24 hours of threshold decision being made
Number of alerts progressing to a Safeguarding enquiry	Alerts received in the quarter = 509 Threshold met in 126 cases, of which 114 progressed to an enquiry
Completion of safeguarding enquiries – within 28 days target	51.3% of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	95.3% of individual who were asked for and gave desired safeguarding outcomes had these outcome fully or partially met in, fully met 50.6%

3.3 Managing our Resources: Budget

3.3.1 Reporting on the ASC Revenue Monitoring Out-turn commences at the end of period four (end of July 2017) and as such information is not available for this report.

3.4 Managing Our Resources: Our Workforce

3.4.1 Summary:

The reporting functionality of the new HR system is not working yet. As such there is very little data available for this report. It is envisaged that these issues will be resolved within the next few weeks. Full reporting (including retrospective data for Q1) should resume with our Q2 report. Due to this lack of data the summary appendix has been omitted from this report.

3.4.2 Achievements:

Spend on agency staff and overtime is lower than the corresponding period in 2016/17.

Concerns:

3.4.3 There are no areas of concern from the limited data available.

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 compliments the national NHS and Public Health outcome frameworks. The following analysis includes ASCOF measures derived from the user survey as full results were not available for our 2016/17 year-end report.

3.5.2 Summary:

At the end of the Q1 there is limited data on which to make a judgement on overall performance. There is no carers survey this year and results of the 2017/18 users survey won't be available until May 2018. The measurement of Delayed Transfers of Care (2Ci and ii) has changed as a result of the NHS no longer collecting the 'snapshot' data on which the measure was calculated. We have been advised to use 'bed days' data which is a monthly average. No formal guidance on the impact this will make on the ASCOF measure has been published yet. We also have an issue with the measure for the proportion of older people provided with reablement following discharge from hospital (2Bii) as the NHS is no longer making Hospital Episodes Statistics (HES) available to local authorities. We have been advised to use 2015 data as a proxy. There is no clear position on future arrangements. There have also been problems with the measures based on the new Mental Health dataset (1F and 1H). These measures will not be included in the 2016/17 ASCOF publication, and although data will continue to be published, it is again unclear as to what the implications for 2017/18 will be.

3.5.3 Achievements:

From the limited data available there are some early signs of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains strong. There were 11 fewer permanent admissions to residential care for older people (2Aii) than in Q1

last year. The outcomes of short-term services (reablement and enablement) (2D) have improved markedly and are currently above target. Provisional results for the ASCOF measures derived from the annual ASC user survey are encouraging, with five out of seven measures showing improvement from the 2015/16 results. In particular, the overall satisfaction of people who use services with their care and support has increased by 14% since 2014/15.

3.5.4 Concerns:

Notwithstanding the data issues referred to in the summary, there are a few early warnings that performance is not at the level targeted. Permanent admissions to residential care for 18-64 year olds (2Ai) are higher than in Q1 last year. The proportion of older people at home 91 days after hospital discharge (2Bi) has dropped 6.5 percentage points from the 2016/17 baseline.

Performance against both learning disability measures (1E and 1G) has dipped slightly from the baseline position. The percentage of mental health service users living independently (1H) has improved from the baseline, but remains off-target and below the 2015/16 outturn.

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 KPIs will also support the overall approach to managing workflow and workloads within services and teams. See **appendix 4** for a snapshot of business process performance, with commentary provided by Heads of Service.

3.6.2 Summary:

Overall performance is very encouraging, with more than 70% of measures where a judgement can be made showing improvement, more than three times as many as showing deterioration. Where appropriate, targets have now been set activity and business process measures. These have been proposed by the relevant Heads of Service and relate to a 2017/18 year-end position.

3.6.3 Achievements:

Evidence continues to build that we are getting better at managing demand. The total number of contacts at the 'front door' has decreased (potentially reflecting increased use of the ASC portal), fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with eligible needs. Fewer people are in receipt of 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 completion of re-assessments, with a 73% reduction in the number of reviews not completed for over 24 months since the end of 2015/16.

3.6.4 Concerns:

The number of service users in residential and nursing care has remained stable over recent years with no evidence to suggest efforts to reduce admissions or move service users into alternative provision are proving effective. Although the number of re-assessments outstanding for more than two years has reduced by 73% since the end of March 2016, the number outstanding for between one and two years has reduced at a much slower rate.

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 as full results were not available for our 2016/17 year-end report. See **appendix 5** for a snapshot of customer performance.

3.7.2 Summary:

Performance on 12 of our customer measures is showing improvement from our 2016/17 baseline, with five 3 showing no significant change and 9 showing a decline. As reported last year, the method for calculating our local survey measures was to include all positive statements. This meant most measures were in the high 90%'s and showing little change over the year. From this quarter onwards we will calculate our scores by using only the most positive statements. By doing this we are seeing a greater divergence of scores between measures and may well see more change over the year.

3.7.3 Achievements:

The provisional results from the 2016/17 national ASC user survey are encouraging. The overall quality of life score climbed from 18.1 to 18.4, 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 70.5% to 76.2%, again our highest ever score. Overall satisfaction of people who use services with their care and support rose from 61.7% to 65.4% and the proportion of people who use services who find it easy to find information about services climbed from 61.7% to 67.4%.

The number of staff commendations continues to increase with 69 received in Q1 compared to 57 in the same period last year.

The new assessment form, introduced in November 2016, includes two questions to be asked during all reviews / re-assessments. These enable 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 Q1 continue to be extremely positive with 73.4% of service users saying that their needs were very much or completely met and 67.3% said that their quality of life had improved very much or completely as a consequence.

3.7.4 Concerns:

The overall number of complaints received has increased to 27 in Q1 compared to 20 in the same period in 2016/17, with the number of complaints relating to practice decisions, delays to services and staff attitudes / behaviour increasing. Five of the measures from our local survey showed a small dip in satisfaction levels compared to the baseline.

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.

Mark Jeffcote, Environment Team (x372251)

4.4 Equalities Implications

From an equalities perspective, the most important information is that related to the outcomes delivered for service users and the wider community. This is in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and also socio-economic inequalities that many adults in the city experience. 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 inequalities (as set out in the adults JSNA).

Irene Kszyk, Corporate Equalities Lead, ext 374147.

4.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

5. **Background information and other papers: None**

6. **Summary of appendices:**

Appendix 1: Strategic Priorities

Appendix 2: Workforce (not included due to lack of data available)

Appendix 3: ASCOF

Appendix 4: Business Processes

Appendix 5: Customer Service