

Adult Social Care Scrutiny Commission

Adult Social Care Performance 2017/18 Year-end Report

Date: 16th October 2018

Lead Director: Steven Forbes



Leicester
City Council

Useful information

- Ward(s) affected: All
- Report author: Adam Archer
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- Report version: 1

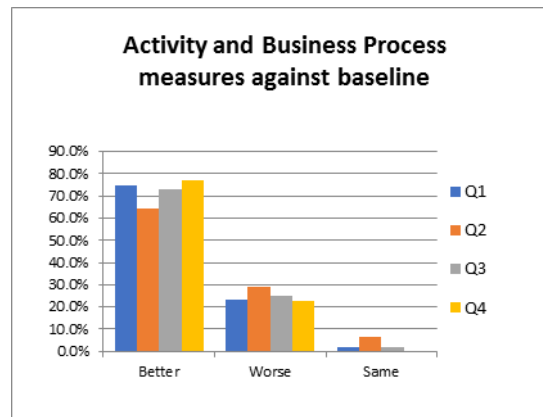
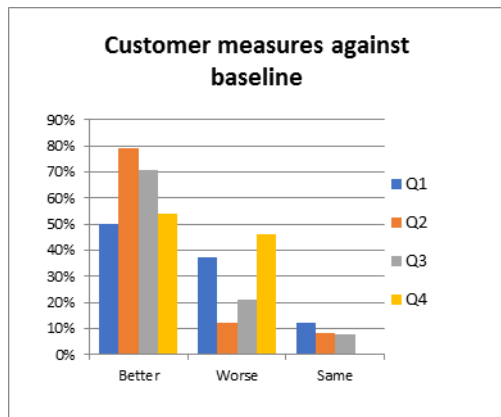
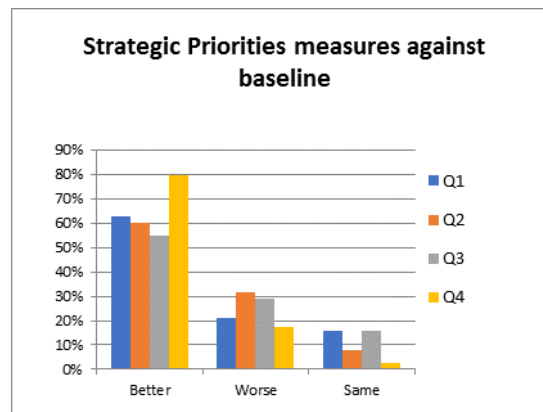
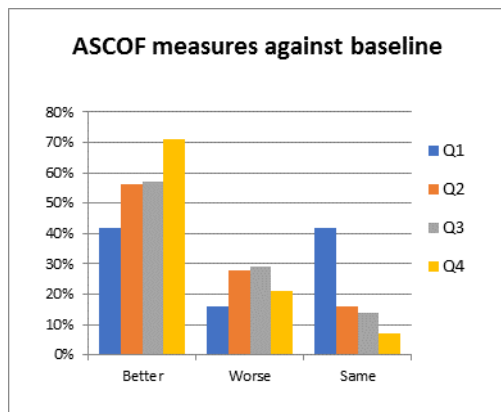
1. Summary

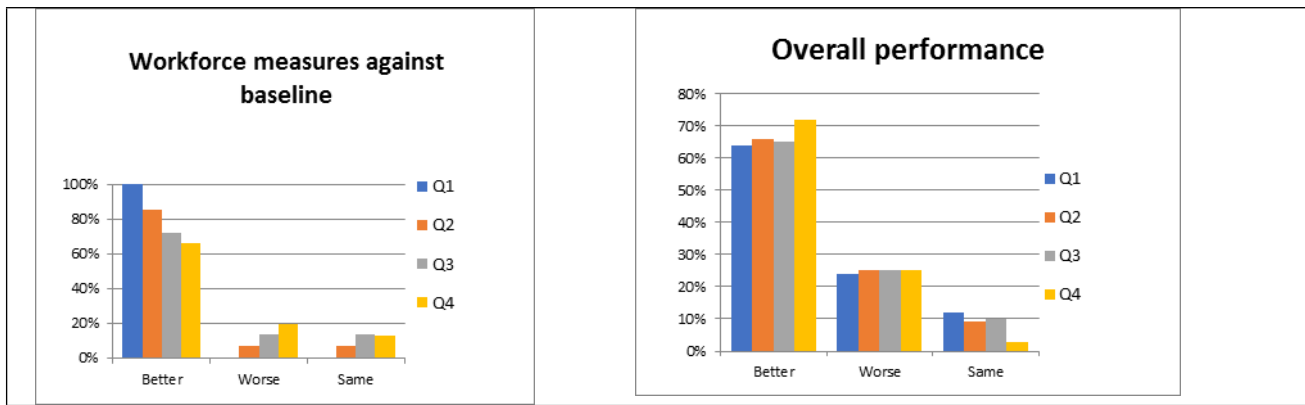
1.1 This report brings together information on various dimensions of adult social care (ASC) performance in 2017/18.

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 performance over 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

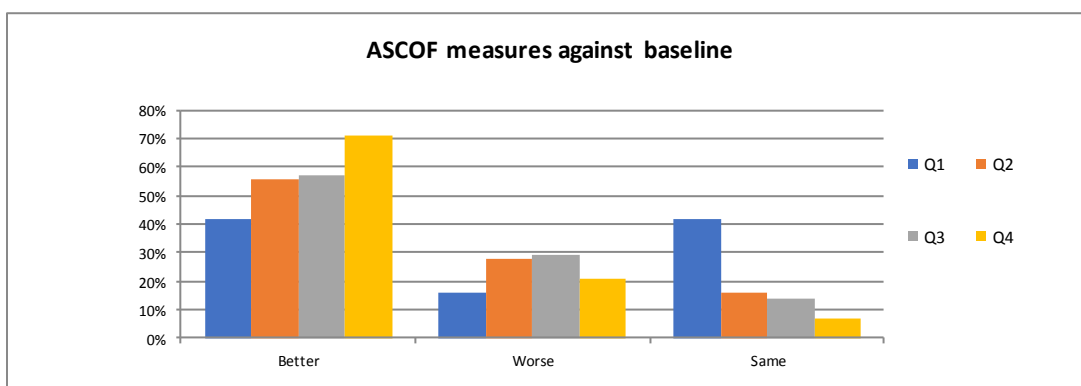
3.1 To provide this overview, this report is made up of several sections covering different aspects of performance. Each section tells its own performance story and when considered together they show the overall picture of performance for the period in question.

3.2 Adult Social Care Outcome Framework

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 NHS and Public Health outcome frameworks.

3.2.1 Summary:

There have been a number of data issues over the year which has impacted on our ability to make accurate judgements about our performance. It should be noted that there is no carers' survey this year, so results from 2016/17 have been rolled forward. Our overall performance for the ASCOF has been very positive, with 71% of measures showing improvement. See appendix 1 for all our provisional results.



3.2.2 Achievements:

From the data available for 2017/18 there are some areas of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Cii and 1Ciiib) remains very strong. The outcomes of short-term services (reablement and enablement) (2D) are 13% better than in 2016/17 and met our target. The new element of the measure for delayed transfers of care counting delays attributable to ASC (part 2) shows very positive performance with just 0.6 bed delays per 100,000 population. The rate of permanent admissions to residential care for 18-64 year olds (2Ai) has improved and our target has been met. Provisional data for ASCOF scores derived from the 2017/18 user survey is also very encouraging with improved performance against six of the seven measures.

3.2.3 Concerns:

Performance against a small number of key measures has dropped during 2017/18 and we failed to meet the targets we have set. The rate of permanent admissions to residential care for those over 65 (2Aii) has increased this year meaning we have failed to meet our BCF target. Having said that, we are confident that alternative arrangements are being considered and that a residential placement is only made if it is necessary. Equally we have failed to meet our BCF target for the proportion of older people at home 91 days after hospital discharge (2Bi) with the year-end position well below the 2016/17 baseline. Performance against the learning disability measure for employment (1E) is a little worse than last year and well below target. Although we met our target for the overall satisfaction of users with our services, performance dropped from 2016/17.

3.3 Strategic Priorities

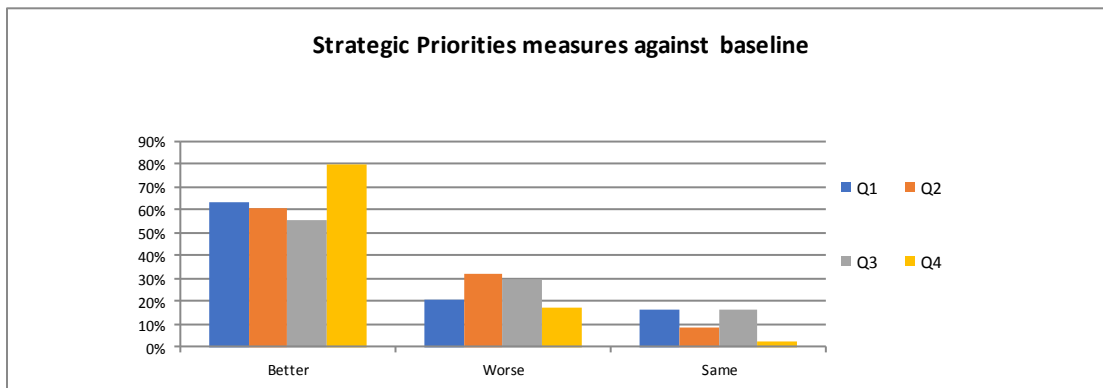
Our strategic Priorities for 2017/18 were agreed as:

- We will work with partners to protect adults who need care and support from harm and abuse.
- We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence.
- 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.
- 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.
- 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.
- 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.

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.

3.3.1 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 has been effective. Overall, 32 of our measures have shown improvement from our 2016/17 baseline, with just seven showing deterioration. This is an improved position to that reported at the end 2016/17. The inclusion of aggregated data from other sets of KPIs to reflect performance against priority six also provides further evidence of strong overall performance across ASC.



3.3.2 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, although there was an unexpected dip in results from our local survey in Q4. Critically here, 73% of service users said that their quality of life had improved very much or completely as a result of our support and services. 6 of the 7 ASCOF measures derived from the national ASC user survey showed improvement from the 2016/17, this marks the third consecutive year of overall improvement. Generally, there has been encouraging progress made in taking forward our preventative and enablement model of support, particularly regarding the outcomes of short-term support to maximise independence.

3.3.3 Concerns:

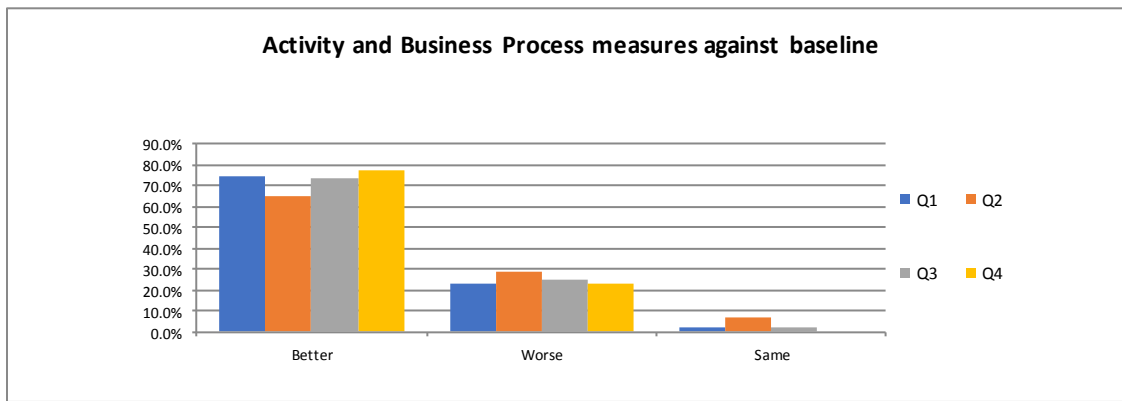
Performance in priorities three and four (promoting independence in the working age and older populations), while showing some improvement over the year, continues to be a cause of some concern, particularly in respect of admissions to residential and nursing care.

3.4 Activity and Business Processes

A set of KPIs related to activity levels and our own internal business processes to support the monitoring of compliance, efficiency, productivity and effectiveness. The KPIs will also support the overall approach to managing workflow and workloads within services and teams.

3.4.1 Summary:

Overall performance is very encouraging, with 77% of measures where a judgement can be made showing improvement from 2016/17, over three times as many as showing deterioration. Where appropriate, targets have been set for activity and business process measures. Despite the year on year improvement, we failed to meet over half of the targets set.



3.4.2 Achievements:

We can be increasingly confident 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 (82% reduction in the number of reviews not completed for over 24 months since the end of 2015/16).

3.4.3 Concerns:

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 exceeded the total for 2016/17. 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 over 82% since the end of March 2016, the number outstanding for between one and two years has reduced at a much slower rate.

3.5 Finance

The department has underspent by £3.4m compared to the revised in year budget of £100.7m. This reflects the virement to Children’s services and City Developments and Neighbourhoods approved at period 9. £0.7m of this underspend was forecast at period 9 as a result of successfully managing to make savings ahead of the original budget plan. As a result, these savings were one off in nature. The balance of the final year end underspend of £2.7m has resulted predominantly from lower than expected gross package costs (£2.3m) together with further savings of £0.4m, mainly from staffing.

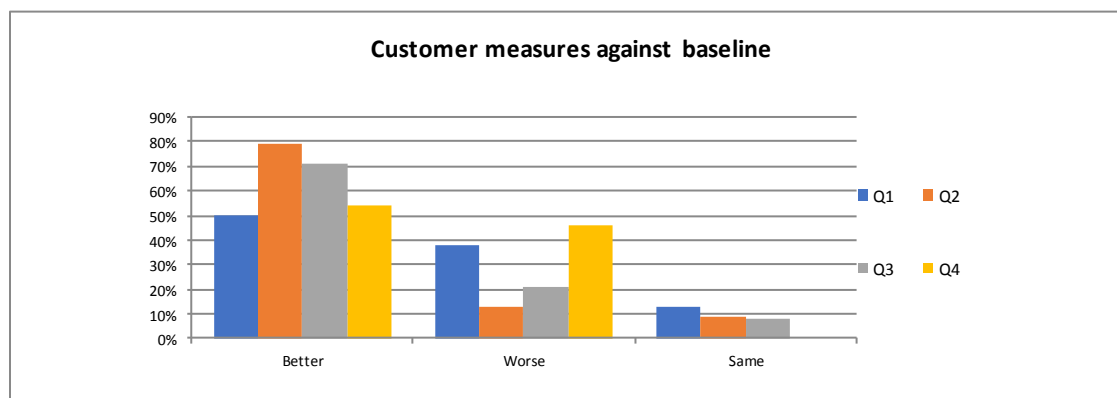
3.6 Customer satisfaction

A set of KPIs related to the customer experience of our service and the services we put in place to support individuals. The following analysis includes ASCOF measures derived from the user survey based on the final data published in October 2017.

3.6.1 Summary:

Performance on 13 of our customer measures is showing improvement from our 2016/17 baseline, with 11 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. We now calculate our

scores by using only the most positive statements. By doing this we are seeing a greater divergence of scores between measures and we are being to see more change during the year.



3.6.2 Achievements:

The provisional 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. The proportion of people who use services who find it easy to find information about services climbed from 67.4% to 70.5%.

The 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 2017/18 continue to be positive with 75.7% of service users saying that their needs were very much or completely met and 73% said that their quality of life had improved very much or completely as a result. Both measures are improved from the 2016/17 baseline. We have seen a marked decrease in the number of complaints received, with our current position is significantly improved from 2016/17.

3.6.3 Concerns:

The only significant concern about our performance relating to customer experience and satisfaction is that we saw a marked dip in satisfaction levels from our survey of people having received an assessment in Q4. Performance had been consistently strong through Q1 to Q3. The Q4 dip accounts for the higher number of measures where performance was poorer than in 2016/17. However, it is interesting to note that results from this survey actually improved if we take account of those who 'agreed' with the statements in the survey rather than only those who 'agreed strongly'. We also saw the number of staff commendations reducing from 2016/17.

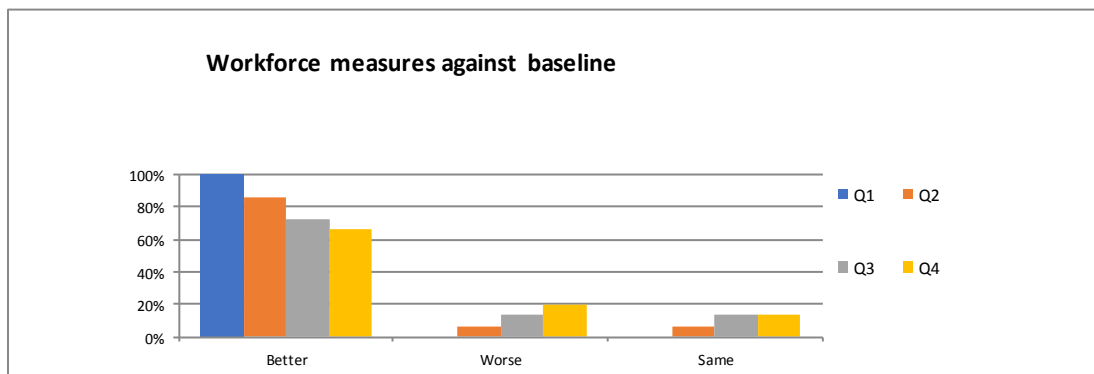
3.7 Workforce

A set of KPIs related to our own workforce is used to support the management, deployment, support and development of our people.

3.7.1 Summary:

The reporting functionality of the new HR system was not working at the end of Q1. This has largely been resolved, with only data for establishment and vacancy rates not available until Q4. Having said that, HR are transferring to a new case management

system meaning complete data for grievances and capabilities is not available for Q3 and Q4. Overall performance at the end of the year remains strong, with 10 of the 15 measures where we have data showing improvement.



3.7.2 Achievements:

For the third time running since reporting on our workforce commenced, we are able to report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department have reduced by over £5m since the corresponding period in 2016/17. This equates to a reduction of almost 20%.

3.7.4 Concerns:

The only area of concern from the data available is that spend on agency staff has increased from the corresponding period in 2016/17. Spend on casual staff has also increased, but not by a significant level.

3.8 There are other process and reporting tools not included in, but complimentary to this report in terms of aiding our understanding of performance, communicating this and driving improvement. These include our Local Account, the regional Sector Led Improvement Programme, and various quality assurance and audit processes.

3.9 Equally, the Performance Assurance Framework ensures that performance is owned at all levels within the department: individual; team; service; and, division. For example, a workflow dashboard is now being used. Some data from these scorecards is presented in an aggregated form in this report, with other data being reported and acted on through normal line management reporting channels.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered specifically in section 3.5 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 six strategic priorities including the new priority on our commitment to keeping people safe 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 (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: 2017/18 Provisional ASCOF Scores

Adult Social Care Outcome Framework – Provisional 2017/18 Results				
Indicator	2016/17	2017/18	2017/18 Target	Rating against target / DoT
1A: Social care-related quality of life.	18.5	18.7%	18.8	
1B: Proportion of people using services who have control over their daily life.	76.2%	78.1%	75.0%	
1Cia: Service Users receiving self-directed support as at 31/3/18.	99.7%	100%	99.0%	
1Cib: Carers receiving self-directed support in the year.	100%	100%	100%	
1Cia: Service Users aged 18 or over receiving direct payments at 31/3/18	46.8%	50.9%	46.1%	
1Ciib: Carers receiving direct payments for support direct to carer.	100%	100%	100%	
1D: Carer reported quality of life.	7.2	No carers survey	N/A	
1E: Proportion of adults with a learning disability in paid employment.	4.7%	4.5%	6.6%	
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.4%	1.0%	5.2%	Data quality issues
1G: Proportion of adults with a learning disability who live in their own home or with their family.	74.4%	74.9%	73.8%	
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	36.6%	21%	68%	Data quality issues
1I: Proportion of people who use services and their carers who reported they had as much social contact as they would like (No carers survey in 2017/18).	35.9%	43.0%	42.6%	
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.	0.372	TBC	N/A	
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential / nursing care homes, per 100,000 pop (Low is good)	17.8 40 admissions	14.7 33 admissions	15.0	
2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good).	692.4 282 admissions	689.9 281 admissions	653.2 266 admissions	
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services.	91.3%	87.6%	90.0%	
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	3.1%	2.8%	3.3%	
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)	8.9	8.8	16/17 target in BCF plan	
2Cii: Delayed transfers of care from hospital attributable to ASC per 100,000 pop. (Low is good)	N/A	0.6	N/A	
2Ciii: Delayed transfers of care from hospital attributable jointly to NHS and ASC per 100,000 pop. (Low is good)	2.9	1.9	1.4	
2D: The outcomes of short-term services (reablement) – sequel to service	61.9%	69.8%	68.0%	
3A: Overall satisfaction of people using services with their care and support.	65.4%	63.9%	63.7%	
3B: Overall satisfaction of carers with social services.	43.5%	No carers survey	N/A	
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	70.7%	No carers survey	N/A	
3D: The proportion of service users and carers who find it easy to find information about services (No carers survey in 2017/18).	67.4%	70.5%	69.0%	
4A: The proportion of service users who feel safe.	65.4%	66.1%	66.0%	
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	77.6%	86.7%	85.0%	