

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2018/19 - Quarter 1

Date: 4th December 2018

Lead Director: Steven Forbes



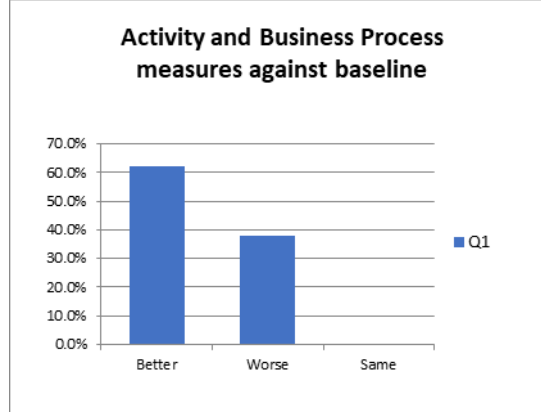
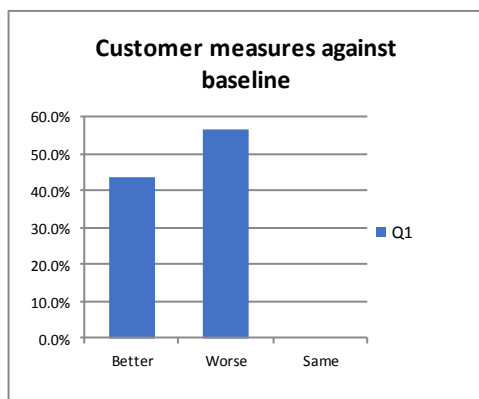
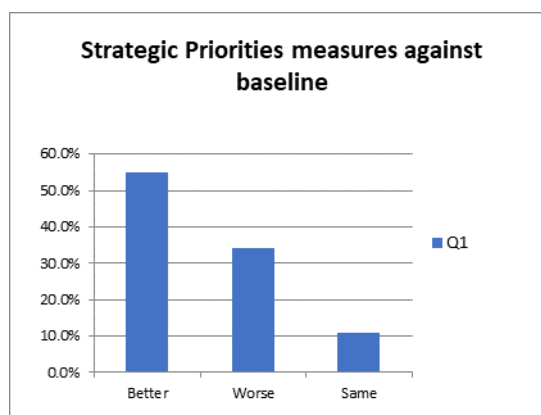
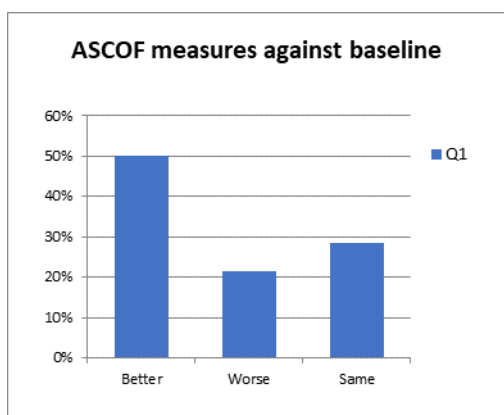
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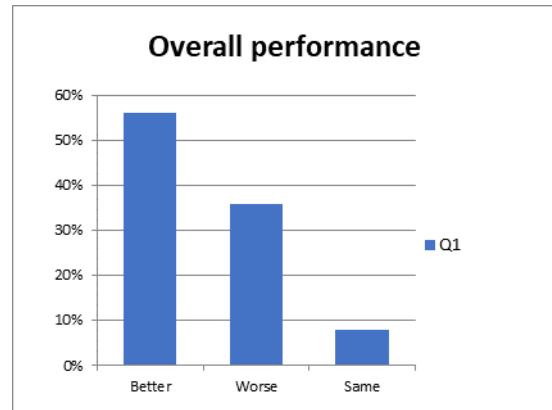
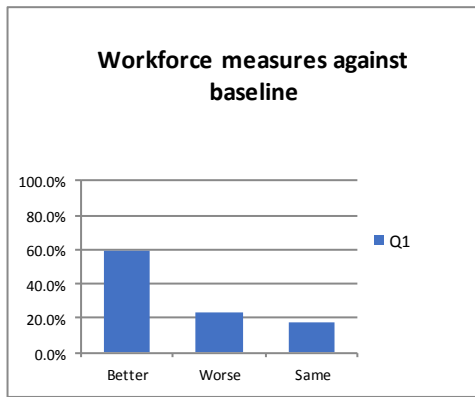
Useful information

- 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 in the first quarter of 2018/19.
- 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 for the first quarter of 2018/19 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 2018/19

3.1.1 Our strategic Priorities for 2018/19 remain 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 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 2017/18 baseline, with just seven showing deterioration. This is an improved position to that reported at the end 2017/18. Performance is consistently strong across all priorities. 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 so far this year.

3.1.4 Achievements:

Performance against the new measures to reflect the 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 of 2017/18). Critically here, 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, 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.

3.1.5 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. This is particularly the case in respect of admissions to residential and nursing care (mostly following discharge from hospital), despite us having an effective quality assurance process in place to ensure that all admissions are unavoidable and working with partners to develop alternative provision.

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 Q1 2018/19, 151 individuals were involved in a safeguarding enquiry started in that period. Of these, 47 were aged 18 to 64, with 104 aged 65 years or over. 95 of those involved were female and 56 were male. 104 were 'White', 25 'Asian' and 10 were 'Black.'

3.2.3 74 individuals who were involved in an enquiry have a recorded Primary Support Reason. 35% of these individuals (26 people out of 74) 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" (78), followed by "physical abuse" (61), and then "financial abuse" (30). The most common location of risk was in care homes, with a total of 88, of these, 73 were residential homes and 15 nursing homes. The next most common abuse location recorded was the person's own home, 37 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 = 659 Threshold met in 213 cases, of which 154 progressed to an enquiry
Completion of safeguarding enquiries within 28 days target	45.2% of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	92.6% of individual who were asked for and gave desired safeguarding outcomes had these outcomes fully or partially met in, fully met 54.3% and partially met 38.3%

3.3 Managing our Resources: Budget

- 3.3.1 The department is forecasting to spend within the budget of £104m. The budget has been reduced from £105.1m by £1.1m to £104m to reflect spending review savings achieved a year ahead of schedule.
- 3.3.2 The department is conducting an organisational review of admin and team support worker posts in order to achieve previously approved budget savings of £0.2m. The review will also lead to the creation of a new brokerage team who will be responsible for purchasing residential, nursing and domiciliary care packages.
- 3.3.3 The Independent Living Floating Support service will cease from 31 March 2019 following an Executive decision on 1 August. Total savings of £0.55m will contribute further to the Spending Review four savings target from 2019/20. As a result of this work, expenditure in 2018/19 has been significantly below budget and will result in savings of £0.2m in the current year.
- 3.3.4 Total gross package costs are forecast to be £112.2m, in line with the budget. There were 5,056 service users at the start of the year and a net reduction of 13 users in the first three months of this year.
- 3.3.5 As ever, rather than growth in numbers the main issue remains the increasing need of our existing service users as the year progresses. In the first three months of this year the increased need was 3.2% resulting in additional costs of £3.1m pa. This compares to 5.3% in the full previous year.
- 3.3.6 Nevertheless there is sufficient headroom in the budget set aside for gross package costs in 2018/19 to allow for this. If increases in need do not continue at the current rate then there will be an under-spend in gross package costs. The annual forecast position will of course be reviewed again at period 6

3.4 Managing Our Resources: Our Workforce

3.4.1 Summary:

HR are transferring to a new case management system meaning complete data for grievances and capabilities has not been available since Q2 of last year. Overall performance in the first quarter of 2018/19 remains reasonably strong, with 10 of the 17 measures where we have data showing improvement.

3.4.2 Achievements:

For the fourth quarter running we can report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department continue to fall, with a 4.5% reduction from the first quarter of 2017/18.

3.4.3 Concerns:

The only area of concern from the data available is that spend on agency staff has continued to increase because of recent work to achieve the required staffing reductions. This has meant that some vacant posts had been filled using agency workers during the review process. Costs for the Adult Social Care and Safeguarding division were £142,035 compared to £83,144 in the corresponding period in 2017/18. This review process has now concluded, and we expect to see agency levels reduce as continuing posts are substantively filled. Total spend on casual staff has also increased, with costs for the Adult Social Care and Commissioning division being £10,470 compared to £3,805 in the corresponding period in 2017/18 (although spend was in ASC and Safeguarding has reduced).

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:

The number of data issues which impacted on our ability to make accurate judgements about our performance during 2017/18 has reduced. However, we continue to have data quality concerns for the two mental health measures (employment and stable accommodation) and we continue to use historic live discharge data for the measure on the percentage of older people provided with reablement following hospital discharge as local authorities have been denied access to current data. Our overall performance for the ASCOF has been positive, with 50% of measures showing improvement and a further 20% matching the 100% performance achieved last year.

3.5.3 Achievements:

From the data available for the first quarter of 2018/19 there are some areas of strong performance. Performance against measures relating to self-directed support remains very strong. The three measures for Delayed Transfers of Care are all showing continued improvement: the total rate dropping from 8.8 to 5.5 bed delays per 100,000 population; the rate attributable to ASC dropping from 0.6 to 0.2; and the rate jointly attributable to ASC and the NHS dropping from 1.9 to 0.9. The rate of permanent admissions to residential care for older people (65+) is encouraging at almost 15% fewer than at the same point last year.

3.5.4 Concerns:

Performance against a small number of key measures has dropped during the first quarter of 2018/19. There have been 11 permanent admissions to residential care for those aged 18 to 64 compared to just 6 at the same point last year. The positive outcomes of short-term services have fallen slightly to 68.3% from 69.8% at the end of 2017/18. The proportion of adults with a learning disability who live in their own home or with their family has dropped from a year-end position of 74.9% to 72.9% at the end of Q1. Although these dips in performance are relatively minor, we will seek to understand why this is happening, with a view to addressing these concerns.

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 Summary:

Overall performance remains positive, with 62% of measures where a judgement can be made showing improvement from our 2017/18 baseline, although this rate of improvement is less than in the same period last year. Where appropriate, targets for 2018/19 have been agreed for activity and business process measures.

3.6.3 Achievements:

We can continue to be confident that we are getting better at managing demand. While the total number of contacts at the 'front door' has increased, 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 (87.5% reduction in the number of reviews not completed for over 24 months since the end of 2015/16).

3.6.4 Concerns:

While not impacting on the improved demand management described above, it is worth noting that the number of "new clients" (as defined for our SALT statutory return) was over 1,000 higher in Q1 than in the same period last year (4,310 compared to 3,032). 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 particularly effective. As such, we have re-focused our efforts to support people to move from a residential to a supporting community setting. Although the number of re-assessments outstanding for more than two years has reduced by over 87% 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 based on the provisional data from our submission to NHS digital in May 2018.

3.7.2 Summary:

Performance on 10 of our customer measures is showing improvement from our 2017/18 baseline, with 13 showing a decline. This is the first time in over two years that the number of measures showing a decline in performance outnumber those showing improvement in any of our baskets of indicators.

3.7.3 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 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 the first quarter of 2018/19 continue to be positive with 76.6% of service users saying that their needs were very much or completely met (up from 74.4% at the end of 2017/18) and 73.1% said that their quality of life had improved very much or completely as a consequence (up from 70.6% at the end of 2017/18).

We continue to see a decrease in the number of complaints received. Our current position is significantly improved from our 2017/18 baseline.

3.7.4 Concerns:

The main concern about our performance relating to customer experience and satisfaction, and the principle reason for the high number of measures showing a decline in performance, is that we saw a marked dip in satisfaction levels from our survey of people having received an assessment in Q4 last year. Performance had been consistently strong through Q1 to Q3. There has been some

modest improvement in these measures in Q1, but we are still well below the levels of satisfaction reported throughout 2017/18. However, it is interesting to note that results from this survey are 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 in Q1 when compared to the same period last year.

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 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 (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: 2018/19 Quarter One: Key Data

Appendix 2: 2018/19 Quarter One: ASCOF