

# Adult Social Care Scrutiny Commission

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## Adult Social Care Performance Overview

Date: 3<sup>rd</sup> November 2015

Lead Director: Steven Forbes

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Leicester  
City Council

## Useful information

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

### 1. Summary

- 1.1 This report presents an overview of current Adult Social Care (ASC) performance by providing information on the effectiveness and efficiency of the service along the 'customer journey' or 'care pathway'. The report sets out how ASC in Leicester performs in terms of both activity (the quantity, quality and timeliness of service delivery) and outcomes (the effectiveness of the service in terms of impact on the service user or carer). Where possible, current performance will be considered alongside historic or trend data in Leicester and the performance of other local authorities with ASC responsibilities. Some information is also provided on the costs associated with delivery of the service.

### 2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and feedback on any further information the Commission would like to receive.

### 3. Report

#### 3.1 Background

- 3.1.1 As has been extensively reported, Adult Social Care in England is facing unprecedented pressures as a result of increasing demand and reducing funding. As such it is vital that ASC in Leicester provides the best possible services, delivering the best possible outcomes for service users and carers, in the most efficient way possible.
- 3.1.2 Information in this report is intended to assist the Scrutiny Commission in making a judgement as to how well we are meeting this challenge.
- 3.1.3 In making a judgement on the performance of ASC in Leicester it is important to recognise that ASC does not operate in isolation. While the council has certain statutory responsibilities in respect of providing care and support, families, communities and other public and voluntary and community sector organisations have an important role to play. Of particular importance here is the increasing drive to ensure the integration of health and social care services. It is fair to say that all our partners in the delivery of care and support are facing their own not inconsiderable pressures.

3.1.4 At the beginning of 2014/15, a new high level strategy for ASC in Leicester was produced. This sets out how ASC will respond to the challenges outlined above, setting priorities and a 'direction of travel'. This new approach to the delivery of ASC is summarised below, and illustrated in Appendix 1 of this report.

- **Resources will be prioritised to the most vulnerable and to agreed priorities.**
- **Packages will be designed with service user centre stage, based on an asset not deficit model.**
- **Our focus will be to help people to help themselves.**
- **We will begin assessments by building on the strengths of families, communities and services.**
- **Where outcomes can be improved we will co-locate, integrate or partner with others and jointly commission services with Health where it delivers efficiencies and adds value.**
- **Meeting need in a different way:**
  - **Extra Care & Supported Housing**
  - **Shared Lives**
  - **Promoting Independence**
  - **Greater use of community assets**
  - **Enablement**
  - **Fewer people in receipt of services; more people supported by community assets.**

3.1.5 While this new delivery model is very much in its infancy, the information contained in the following sections of this report will hopefully provide an indication as to whether ASC in Leicester is moving in the desired direction. The data provided for 2014/15 has been quality assured, however in year data for the current year should be treated as indicative as up to a third of outcomes for those requesting support will not have been completed within the reporting period.

### **3.2 Contacts from New Clients**

3.2.1 There is evidence that demand for ASC services continues to rise. Up to 30<sup>th</sup> September 2015 there have been approximately 9,000 requests for service from new clients (not all these will have been completed in the period). This compares to 14,733 completed requests during the whole of 2014/15 and 14,374 in 2013/14. There are problems with comparing data, but the Leicester figure appears to be slightly above the average for the East Midlands. Approximately 45% of requests are for people aged 18-64 with 55% being for people over 65.

3.2.2 Of these requests, approximately 88% come from the community (self-referrals, friends and family etc.), with 11% relating to discharge from hospital and 1% a diversion from hospital. There are also a small number of planned entry transitions from Children's Services

### **3.3 No ASC service provided**

3.3.1 If we are to prioritise our limited resources on the most vulnerable it is important that we help people with lower level needs find and use support to meet their needs through other sources. So far this year, over half of those requests for service did not go onto to receive ASC services. Of these (approximately 5,000) requests, over 3,000 were provided with a universal service or signposted to other services. Others not receiving a service include people with low-level needs for whom there is not a suitable universal service or those who are self-funders.

3.3.2 In 2014/15 a similar percentage of requests for service did not go on to receive ASC services. However, given the increased demand, this means almost 1,000 more people have been diverted from ASC services against the same six months of last year. Although we are getting better, the percentage provided with universal services or signposted is still lower than six of our nine regional comparators.

### **3.4 Short-Term Support**

3.4.1 Reablement, including enablement and intermediate care, is the preferred service for people requiring short-term support. This approach is designed to maximise independence and reduce the need for ongoing support.

3.4.2 At the mid-point of 2015/16 828 people have completed reablement. At the same point in 2014/15 the number was 789. Of the 828 who have completed reablement the outcomes are:

- 465 (56%) are fully independent (in 14/15 this was 437 or 55%);
- 82 (10%) have reduced ongoing support requirements (in 14/15 this was 95 or 12%);
- 148 (18%) have the same level of ongoing support required (in 14/15 this was 126 or 16%);
- 16 (2%) have increased ongoing support required (in 14/15 this was 36 or 5%).

A further 81 people (9.8%) were admitted to hospital (74 or 8.9% in 14/15) and 12 (1.4%) were admitted residential or nursing care (5 or 0.6% in 14/15).

3.4.3 There are three outcome measures associated with reablement services in the national Adult Social Care Outcome Framework (ASCOF). The first of these is *“the proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services”*. In 2014/15 Leicester achieved 84.3%, this was better than the average for England and our comparator ‘family group’ of similar authorities, but slightly lower than the regional average. The second measure is *“The proportion of older people (65+) offered reablement services following discharge from hospital”*. In 14/15 Leicester achieved 3.7% which was better than the England and regional average but slightly lower than our ‘family group’ average. The third measure is *“the outcomes of short-term services (reablement) – sequel to service”*. This was a new measure for 2014/15 and our performance was below the England and regional averages, but slightly above the average for our ‘family group’.

3.4.4 So far this year just over 900 new clients (not receiving reablement) have gone on to receive ‘ongoing low level support’, equating to 15% of all requests for support (we expect this figure to rise). This includes professional services, assistive technology and equipment. In the full year 2014/15 the figure was 3,180 (21.6% of all requests for service).

3.4.4 The balance of requests for service so far this year (approximately 170 individuals) went on to receive ‘other short-term support’. This includes support provided that is intended to be time limited without needing to reduce the need for ongoing support. An example of this might be a short term intervention for a younger adult with impaired mobility recovering from an operation, who is expected to make a full recovery without any additional intervention. In 2014/15 this type of service was received by 3.8% of people requesting a service (559 individuals).

### **3.5 Long-Term Support**

- 3.5.1 Data for requests for service received so far this year that have been assessed as being eligible for long-term support is not currently available. We are advised that this will be remedied shortly. In 2014/15 a total of 743 requests for support were assessed as being eligible for long-term support (this equates to 5% of all requests for support). The majority of these, 639 went on to receive a community based service (e.g. domiciliary care or 'Extra Care' housing). The remaining 104 people eligible for long-term support were admitted to residential or nursing care.
- 3.5.2 There are two ASCOF measures relating to residential and nursing care admissions; "*Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)*" and "*Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good)*". These measures include existing clients as well as the new clients referred to above. For the first of these measures, Leicester's performance in 2014/15 was 13.5 per 100,000 (29 admissions), which was better than the England, regional and family group averages. For the second measure our performance was 734.1 per 100,000 (287 admissions) this is not as good as the England and regional averages, but better than our 'family group'.
- 3.5.3 So far this year we have seen a significant reduction in the number of people aged 65+ admitted to residential or nursing care. Up to the end of September we have had 78 admissions compared to 164 at the same point last year. If we are able to sustain this level of performance over the rest of the year we could be amongst the best performing local authorities in the county.

### **3.6 Assessments and Reviews**

- 3.6.1 A core function of ASC is to assess the needs of people requesting support, and for those who are assessed as having eligible needs and receive a care package, to review their needs and care package on a regular basis (ideally at least every 12 months). A short contact assessment is undertaken on those people requesting support, with those whose needs cannot be met at that first point of contact and those explicitly requesting an assessment of need provided with a full assessment. Reviews are either planned or unplanned, that is to say a response to a 'significant event' (e.g. hospital admission) for the service user.
- 3.6.2 By the end of September 2015 we had completed 4,043 assessments of new clients, compared to 6,427 during all of 2014/15. So far this year we have undertaken 1,539 reviews of people in receipt of long-term support compared to 2,666 in 2014/15. To date this year, 2,490 service users had not been reviewed for 12 months or more, last year the number was 2,199. This is recognised as an area of under- performance with the current ASC Organisational Review introducing measures to address this (establishing a dedicated review team).

### **3.7 Personal Budgets and Direct Payments**

- 3.7.1 Research has indicated that personal budgets (PBs) impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments (DPs) increase satisfaction with services and are the purest form of personalisation. The Care Act places PBs on a statutory footing as part of the care and support plan.
- 3.7.2 We have continued to build on our local history of being an early implementer of personalised

approaches (we were a successful pilot site for PBs 2007-09). There are four ASCOF measures relating to the proportion of service users and carers receiving PBs and DPs. In 2014/15 Leicester's performance was above the England, regional and 'family group' averages, making us one of the highest performing authorities in the Country. As of the end of September this year our performance remains strong with 98% of service users getting PBs, with 43% receiving DPs, and 100% of Carers receiving PBs. However, a change of practice in response to the Care Act means carers no longer automatically receive DPs (a small one-off payment), with alternative methods of meeting eligible needs being provided (e.g. increasing the cred for person's support package).

### **3.8 Carers**

3.8.1 Providing support to those carers who provide unpaid support to vulnerable people is an established and important function of ASC. However the Care Act has placed new duties on local authorities in respect of supporting carers, effectively giving them parity with service users. This includes giving all carers the right to have their needs assessed.

3.8.2 Up to the end of September 2015, 1,176 carers had received an assessment of which 73% went on to receive support and 27% were provided with information, advice, a universal service or signposting to another service. This compares to 2,338 carers being assessed in all of 2014/15.

### **3.9 Quality Standards**

3.9.1 Over recent years we have seen a major shift from local authorities directly providing ASC services to these services being commissioned from the independent sector (private and community and voluntary sector providers). Leicester is no exception to this change. Independent providers are subject to registration and inspection by the Care Quality Commission.

3.9.2 However, in Leicester we have introduced additional measures to monitor the quality of provision and drive improvement in the form of a Quality Assurance Framework (QAF). Data from early 2015 shows that of those providers that have completed the QAF process 77% of care homes, 71% of domiciliary care providers and 100% of independent / supported living providers met the desired standards, with improvement plans agreed for those falling short of this standard.

### **3.10 Efficiency / Productivity**

3.10.1 Efficiency is defined as "the comparison of what is *actually* produced or performed with what *can* be achieved with the same use of resources (money, time, labour, etc.)". It is an important factor in assessing the productivity of a service. Accurately judging and comparing the efficiency of ASC services is highly problematic as accounting practices vary, services are defined differently etc. Moreover, ASC is not in business of producing 'widgets', every service user or carer is unique and requires a bespoke service if positive outcomes are to be delivered.

3.10.2 However, we do have some data which helps understand with some confidence how efficient our services are. For example, in 2014/15 our unit cost for residential and nursing care is lower (cheaper) than the England average. Similarly, our unit costs for providing short-term support in respect of physical disability, memory and cognition and mental health needs are better than the England average, although unit costs for providing support for sensory disability needs are higher than the England average.

3.10.3 Data from 2013/14 shows Leicester's gross expenditure on older adult clients per head of older population was £1,462. This was 4% higher than the median spending of our nearest statistical

neighbours (£1,405). Whereas, Leicester's gross expenditure on working-age adults with learning disabilities per head of working-age population was £162. This was 3% lower than the median spending of our nearest statistical neighbours (£167).

### **3.11 User and Carer Satisfaction**

- 3.11.1 The principle way of measuring the satisfaction levels of service users and carers is through two national surveys the annual 'Personal Social Services Adult Social Care Survey' (user survey) and the 'Personal Social Services Survey of Adult Carers' (carer's survey), conducted every two years. All 152 local authorities with ASC responsibilities are required to carry out these surveys. This provides us with rich, comparable data. The surveys also provide the data for 10 of the ASCOF measures.
- 3.11.2 The last user survey was conducted in 2014/15. Leicester's results for the ASCOF measures derived from the survey was very disappointing, with scores for all the measures being worse than the previous survey and well below the England, regional and 'family group' averages. A partial explanation may be provided by other information collected through the survey, with our service users in Leicester identified as having significantly higher support needs, poorer physical and mental health and less satisfactory housing than average. They are also much less likely to pay for additional care than in other areas of the country. We are currently undertaking further analysis of the survey results to try and understand more about this drop in satisfaction levels and what we can do to improve matters.
- 3.11.3 Results from the carer's survey, also carried out in 2014/15, were more positive than the user survey, but still not as good as we would like. All but one of the ASCOF measures derived from the survey showed improvement from the previous survey, but all measures still fell below the England, regional and 'family group' averages.

## **4. Financial, legal and other implications**

- 4.1 Financial implications
  
  - 4.2 Legal implications
  
  - 4.3 Climate Change and Carbon Reduction implications
  
  - 4.4 Equalities Implications
  
  - 4.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)
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- 5. **Background information and other papers:**
  
  - 6. **Summary of appendices:**
    - Appendix 1: High level strategy flow diagram.



