

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2016/17 - Quarter 2

Date: 24th January 2017

Lead Director: Steven Forbes

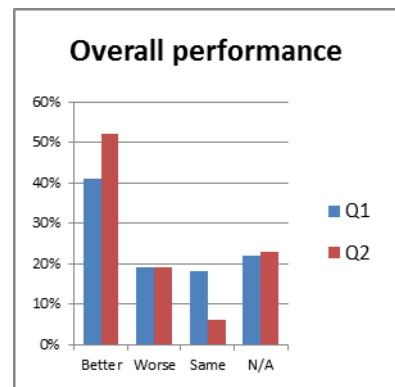
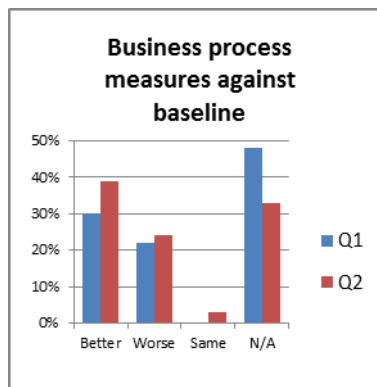
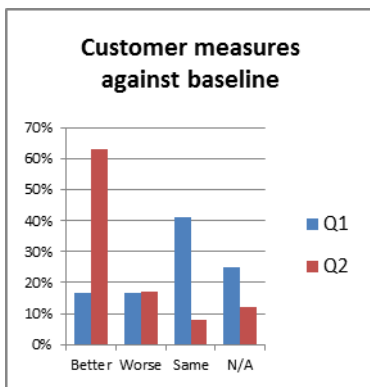
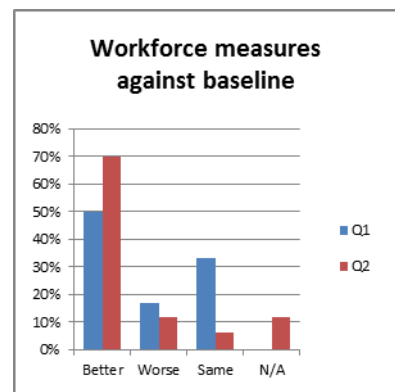
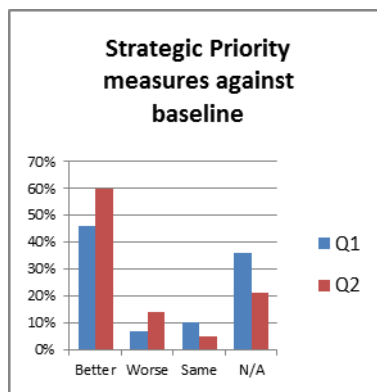
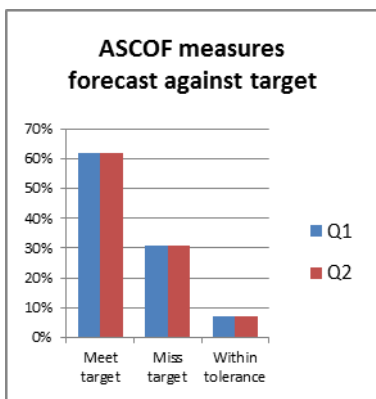


Useful information

- Ward(s) affected: All
- Report author: Gwen Doswell / Adam Archer
- Author contact details: 454 2302 / 454 4133
- Report version: 1

1. Summary

- 1.1 This report provides Scrutiny with information on various dimensions of adult social care (ASC) performance in the second quarter of 2016/17. This is the second time such a report has been produced and for the first time we have introduced Head of Service commentary for our activity and business process measures. It is anticipated that subsequent reports will see the concept of an integrated performance report further developed and refined.
- 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 Quarters 1 and 2 of 2016/17 is presented below:



2. Recommendations

- 2.1 Scrutiny is requested to note the areas of positive achievement for the quarter and areas for improvement.

3. Report

3.1 Delivering ASC Strategic Priorities for 2016/17

- 3.1.1 Our six strategic Priorities for 2016/17 have been agreed and were reported to Scrutiny on 3rd May 2016. We have also set out what we need to do to deliver on these priorities and developed Key Performance Indicators to measure whether we have been effective in doing so. Our priorities for the year are:

SP1. Improve the experience for our customers of both our own interventions and the services we commission to support them

SP2. Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'

SP3. Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs

SP4. 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. Improve the work with children's social care, education (SEN) and health partner to continue to improve our support for young people with care and support needs and their families in transition into adulthood

SP6. Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate

- 3.1.2 We have set out where possible for individual indicators a three year trajectory, from our current level of performance (using 2015/16 as the baseline) to a target of being at the top of the 2nd quartile. This can only apply to those indicators where there is a national dataset to offer a comparison and a league table of performance for all Councils with Social Services Responsibilities (CSSRs).

- 3.1.3 We have identified 42 indicators to help us understand how effective we are in delivering against our six strategic priorities in 2016/17. A number of these indicators are new so we have limited information on which to make a judgement as to whether our performance is improving. Overall, of the 33 indicators where data is available, just over 75% are showing improvement, with 6% showing no change and 18% showing deterioration. A condensed overview of progress is shown at **appendix 1**.

- 3.1.4 Areas to note are:

- Performance continues to be strong in respect of Priority 1, with all 13 indicators showing improvement or no change.
- Priority 2 shows more of a mixed picture with issues including:
 - SP2a – For two consecutive quarters there has been a small decrease in the number of ‘contacts’ signposted to other services or receiving one-off support from ASC, meaning more ‘contacts’ have gone on for a further assessment. However we are forecasting that the number of ‘contacts’ assessed as being eligible for support will be less than last year.
 - SP2b - the percentage of customers who following reablement are fully independent or have reduced needs has improved since Q1, but is still short of the 2015/16 baseline.
 - SP2g - the number of reviews overdue by 12 months has increased further from Q1 (but is now a lower percentage of all open cases) and the number overdue by 24 months has decreased at a faster rate than in Q1. This reflects the targeted approach now in place to clear the backlog.
- Performance for both Priority 3 and 4 is generally strong and mirrors that of Priority 1 in terms of no significant causes for concern.
- The indicators for Priority 5 are all new and as such we cannot make a judgement on comparator or previous performance.
- The picture for Priority 6, which is assessed by considering our overall performance, reflects the wider information provided in this report, with several areas of strong performance alongside a smaller number of areas where improvement is needed.

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 section 42 Enquiries in order to safeguard people.

3.2.2 Of the 81 individuals involved in a ‘Section 42’ safeguarding enquiry, 40 were aged between 18 and 64 with 41 aged 65 and over. 32 were male and 49 female, with 59 of ‘white’ ethnicity, 18 ‘Asian’, 3 ‘Black’ and 1 ‘Mixed’.

3.2.3 43% of those involved in an enquiry have ‘physical support’ as their primary support reason, with ‘learning disability’ and ‘mental health’ the next most common support reasons.

3.2.4 The most commonly recorded category of abuse in Q2 was ‘neglect’ (29), next most common was ‘physical abuse (26) and then ‘financial abuse’ (25). The most common location of risk was the individuals own home (42), followed by care homes (13).

3.2.5 Quarter 2 Performance

Measure	Q2 2016/17
Timeliness: the proportion of enquiries begun with 24 hours following a decision being made than an enquiry is necessary (i.e. it meets the threshold).	49.3% of enquiries begun within 24 hours of threshold decision being made (i.e. strategy ‘meeting’ held) (55.7% in Q1). Some residual data quality issues are being investigated.

Number of alerts progressing to a Section 42 Safeguarding enquiry	Alerts received – 685 (691 in Q1) Threshold met/S42 enquiries commenced -112 (106 in Q1)
Completion of safeguarding enquiries – within 28 days target	59% of safeguarding enquiries were completed within 28 days. (81.9% in Q1)
Percentage of people who had their safeguarding outcomes partially or fully met.	Data reporting issues have been found in relation to outcomes recording under “Making Safeguarding Personal.” Action is being taken to resolve these issues and provide assurance for future reporting.

3.3 Managing our Resources: Budget

3.3.1 In summary, the department is forecasting to spend as per the current annual budget of £102.5m.

3.3.2 Of the £102.5m the most significant item is the £94.6m budget for independent sector care package costs. The level of net growth in long term service users in the first half year was 0.92% (49 service users from a base at the start of the year of 5,329). This translates to an annualised rate of 1.84%, lower than the 2.6% net growth seen in 2015/16 and included in the budget.

3.3.3 The most significant area of cost pressure is from in year increases in the package costs of our existing service users. This is where the condition of the user deteriorates, for example through increasing frailty and additional support is required on a short or longer term basis. The level of increase this year is higher than last. Increases by individual service user are being tracked by social work teams to be clear of the reasons why and the appropriateness of the new package being provided.

3.3.4 Reviews of service users are ongoing to ensure that the most appropriate care packages are in place.

3.3.5 Price increases for 2016/17 have been agreed with residential care providers to reflect the impact of the national living wage in line with the budget.

3.3.6 Extra Care Housing provides self-contained flats with onsite support to enable vulnerable adults to live independently in the community rather using traditional residential care. Not only is this better for the service user but it is also more cost effective for the Council (saving up to £3,000 per user per annum). The government have announced that they have deferred their plans to cap housing benefit payments for residents in Extra Care flats until 2019/20. From 2019/20 the cap will apply but a new ring-fenced grant will be given to local authorities out of which they will in theory be able to fund the difference between the local housing allowance rate and tenants actual rent and service charges. The government will be consulting on the new arrangements shortly. There is clearly still a significant risk that the fixed grant will be insufficient and therefore continue to jeopardise the financial viability of both existing and new schemes. From a financial viewpoint this could frustrate one of our means of reducing care package costs and delivering a key policy agenda in providing independent living opportunities.

3.3.7 There is significant demand for this kind of accommodation across the city and two new

schemes which could provide 157 flats have been put on hold by the development consortium and the Council. We are currently reviewing the scheme in the light of the recent announcements.

3.3.8 Staffing costs will be lower than the budget this year where reviews have been completed but not all vacant posts have been filled for the full year. This is a one off in year saving.

3.4 Managing Our Resources: Our Workforce

3.4.1 Adult Social Care consists of two divisions: Social Care and Safeguarding and Social Care and Commissioning. The department has undergone significant change over the last 2 years including an organisational review and restructuring of the department leading to the creation of a new Learning Disability service and a new Enablement service, clear focus on hospital discharge and a re-focused Contact and Response function (our “front door”), as well as delivering the final phase of closure of in-house residential care homes (EPHs). See **appendix 2** for a snapshot of workforce performance.

3.4.2 ASC is seeking to have a workforce that is representative of the community we serve. As at 30/09/16, our staffing establishment is 834.28 FTEs compared to 888.43 FTEs at 31/03/16. 76% of employees are female and 24% are male; whereas approximately 60% of our service users are female and 40% male. 39.7% of staff are categorized as BME, compared to 37% of our service users.

3.4.3 Our vacancy level has fallen from 114.05 FTEs at 31/03/16 to 93.37 FTEs at 30/09/16. Both figures include staff who are on maternity leave or secondment; this equates to approximately 13 FTEs at 31/03/16 and 11 FTEs at 30/09/16.

3.4.4 As at 2016/17 Q2, the sickness absence rate had improved in Social Care and Safeguarding Division when compared to 2015-16 Q2 with 7.33 sick days per FTE compared to 9.14 sick days per FTE last year. However, Social Care and Commissioning Division saw a slight decrease in performance for the same timeframe with 8.49 sick days per FTE this year versus 7.79 sick days per FTE last year.

3.4.5 As at 30/09/16, the number of staff with 30+ days sickness on a rolling 12 month period had reduced when compared to the position at 31/05/2016 from 122 cases to 102 cases. Average working days lost per case, though, have increased from approximately 75 days at 31/05/2016 to 78 days at 30/09/2016.

3.4.6 Our unplanned staffing cost (i.e. agency, casual and overtime) had decreased by 58% when comparing 2016-17 spend at 30/09/16 (£521,563) to the equivalent position in 2015-16 (£1,232,841). Agency and casual staff costs have decreased in both divisions as well as Social Care and Commissioning overtime costs. However, Social Care and Safeguarding overtime costs have increased from £99,435 (2015-16 to 30/09/2015) to £135,977 (2016-17 to 30/09/2016).

3.4.7 Overall, our total staff cost bill has decreased by 12% from £16,452,605 435 (2015-16 to 30/09/2015) to £14,526,780 (2016-17 to 30/09/2016).

3.4.8 As at 30/09/2016, our number of disciplinarys had reduced from 44 (as at 30/09/2015) to 28 this year. Grievances have increased by 1 from 4 (as at 30/09/2015) to 5 this year.

3.4.9 Our workforce profile:

- The % of female employees in the ASC workforce has reduced from 77.2% (as at 30/09/2015) to 76% (as at 30/09/2016). However, it is significantly higher than the corporate position of 58.6%. In addition, the % of females in the ASC top 5% earners is 64.4% compared to the corporate position of 53%.
- BME representation has increased from 37.9% (as at 30/09/2015) to 39.7% (as at 30/09/2016). The corporate position is 31%. The % of BMEs in the ASC top 5% earners is 35.6% compared to the corporate position of 20%.
- The proportion of disabled employees in the ASC workforce has increased from 7.2% (as at 30/09/2015) to 8.7% (as at 30/09/2016). The corporate position is 6.4%.
- The proportion of Under 25s and Over 55s have increased slightly (1.8% and 23.4% respectively at 30/09/2015 to 2% and 24% at 30/09/2016). This compares to the corporate profile of 3% and 24%.

3.4.10 We have taken on a small number of apprentices (1) and graduates (3) in 2016.

3.5 How effective are we?

3.5.1 National Comparators - ASCOF

3.5.1.1 The Adult Social Care Outcomes Framework (ASCOF) is a set of national common indicators against which each local authority can measure its performance against both the national and regional comparison. See **appendix 3** for ASCOF performance.

3.5.1.2 Data is not published for all indicators on a quarterly basis. For quarter 2 there is data for 13 out of 27 indicators and of these 62% showed an improved position compared to 2015/16 outturn and we are forecasting that over 60% will meet the target we have established.

3.5.1.3 We now have full national benchmarking data for 2015/16. 14 (64%) of the measures have shown an improvement in our national ranking with three (14%) unchanged and five (23%) dropping.

3.5.1.4 Q2 results show a strong performance in a number of areas including:

- The number of people admitted to residential and nursing care. For working age adults we are projecting 26 admissions in 16/17 against 39 last year and for people aged 65 and over we are forecasting 238 admissions against 258 last year.
- 93.3% of older people receiving reablement following a hospital discharge were

still living at home 91 days later. Over the last three years our performance failed to reach 90%.

- Delayed transfers of care from hospital per 100,000 population have come down to just 5.2 from a peak of 15.9 in 2013/14.

3.5.1.5 However, there are areas where we are forecasting that targets will not be met including:

- We are forecasting that the measures for both mental health and learning disability service users in employment (1E and 1F) will fail to meet their target. For LD, this is at least in part due to people who were previously eligible for ASC being supported into employment, which has in turn had a significant positive impact on their independence and has resulted in them no longer being eligible for ongoing support from ASC, and as such not counted for this measure.
- The percentage of mental health service users living independently (1H) has dropped markedly in the first half of the year (this, along with measure 1F above, may be a data recording issue from a third party as has previously been the case, and will be investigated).
- The outcomes following reablement (2D) have improved from Q1, but are still below last year's level. This data currently only captures people in receipt of ASC reablement and enablement services. It should be noted that the integrated crisis pathway, though ICRS, provides over 6000 short term interventions each year. 75% require no further intervention or services. However this is not included in the ASCOF data return as access to the service is not contingent on ASC referral and therefore not recorded on our database. Officers will review the available data sets against the ASCOF guidance and consider whether changes are appropriate to better reflect the short term service offer.

3.5.2 Local Key Performance Indicators

3.5.2.1 We have developed a range of local key performance indicators to give us an insight on the things that are essential to continue delivering services within our financial resources.

3.5.2.2 Activity and Business Processes:

- 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. For many of these indicators we don't have historic data so we can't make a judgement as to whether performance has improved. In other cases the indicators are still under development. See **appendix 4** for a snapshot of business process performance, with commentary provided by Heads of Service.
- For those indicators where data is available, approximately 60% showed improvement from the baseline position with 5% unchanged and the remaining 35% showing some deterioration.

- There is some evidence emerging that we getting better at managing demand. Although we are receiving more contacts than last year, more of these are being referred to universal services or being provided with information, advice and guidance. Equally, we are forecasting that fewer people entering ASC will be in provided with long-term support than last year (as defined for the purposes of our statutory returns).
- The number of reviews overdue by over 24 months has reduced from 1,112 at the end of September 2015 to 778 at the end of September 2016, with over 150 of those outstanding reviews commenced but not completed. The number of reviews overdue by 15 months or more at the end of Q2 is 1,602. This backlog is being reduced at a rate of approximately 50 each month.
- We continue our work to develop and provide assurance about data quality is required if we are to gain a better understanding of our performance (particularly in service areas where there has historically been less emphasis on reporting).

3.5.2.3 Customer Service

- 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. See **appendix 5** for a snapshot of customer performance.
- For those indicators where data is available, approximately 70% showed improvement from our baseline position, with 10% showing no or little change and 20% deterioration.
- Customer satisfaction with the way our staff carry out assessments is particularly encouraging and the overall number of staff commendations is forecast to be 40% higher than in 2015/16.
- The number of complaints relating to practice decisions, delays to services and staff attitudes / behaviour is currently forecast to be higher than last year. This has been discussed by Leadership, and it has been agreed that lessons learnt will be shared with Heads of Service, with the Complaints Manager having follow up meetings to support best practice, particularly when we are reducing a service user's care package.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered in section 4.4, Managing our Resources.

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

Appendix 3: ASCOF

Appendix 4: Business Processes

Appendix 5: Customer Service

