Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

Quarter 2 - 2018/19

Date: 22nd January 2019

Lead Director: Steven Forbes

Leicester City Council

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 for the second quarter of 2018/19.   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. Our model draws on best practice, for example, incorporating features of a Balanced Scorecard.

1.2   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,* and not least, the *outcomes* we deliver for our service users and the wider community of Leicester.

1.3   The overall position at this stage of the year is broadly positive.   For those measures where data is available, 61% are showing improvement from the baseline position (mostly 2017/18 outturn); 34% of measures are performing worse than the baseline position; and 5% of measures are unchanged. This overall rate of improvement is better than that reported at the end of Q1, but is slightly poorer than the same period (Q2) and year-end in 2017/18. It is not possible to make a judgement on 16% of measures as they are either new measures without a baseline position, measures for which accurate data is not yet available, or they provide management information rather than a reflection of departmental performance.
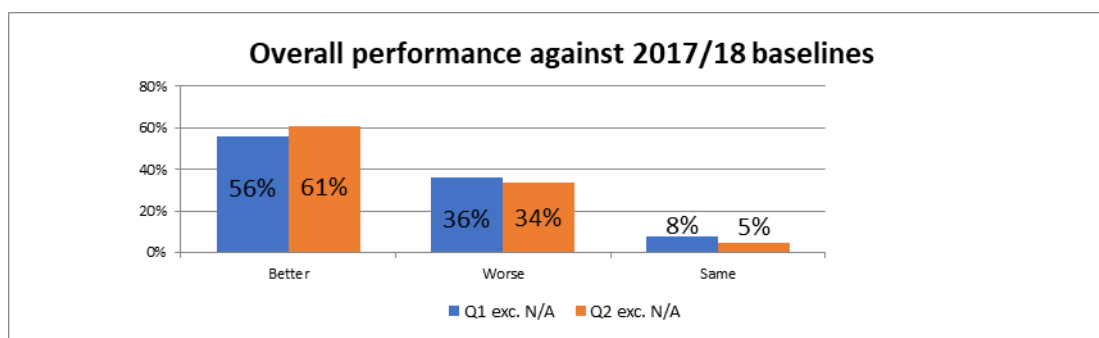
2.   Recommendation

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 are 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, 26 of our measures have shown improvement from our 2017/18 baseline, with 17 showing deterioration. This is a similar position to that reported at the end of Q1, but poorer than the 2017/18 out-turn. Performance is strong across priorities one, four and five, Performance is mixed for priorities two and six, and weak for priority three.
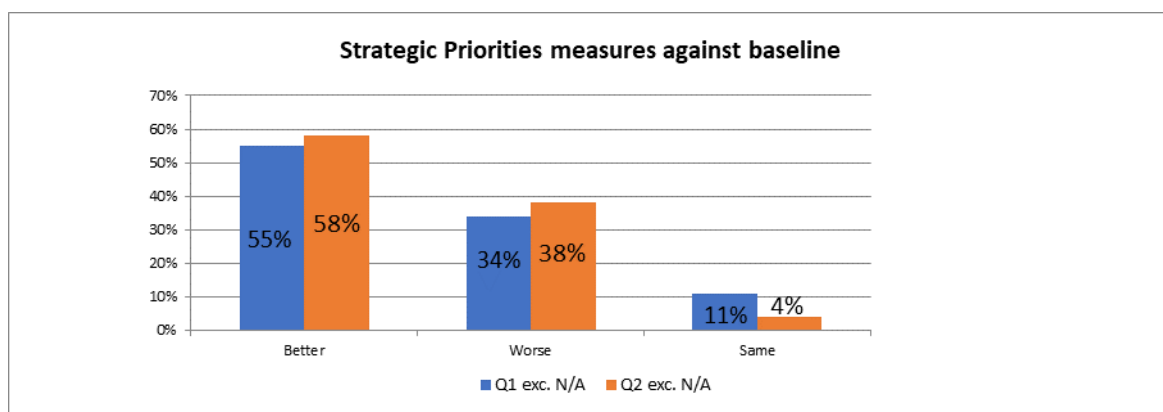
3.1.4   Achievements:
Performance against the new measures to reflect the new safeguarding priority has improved since Q1, with all measures performing better than our 2017/18 baseline. User satisfaction levels derived from the national ASC user survey, our local survey (at assessment) and questions asked in the supported self-assessment (at re-assessment) are positive. Critically here, over 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 baseline. Performance against the new measures reflecting our priority around Transitions are broadly positive.

3.1.5   Concerns:
Performance in priority three (promoting independence in the working age population) has dipped again this quarter, with no measures showing an improvement from our baseline position.

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 Q2 2018/19, 153 individuals were involved in a safeguarding enquiry started in that period. Of these, 59 were aged 18 to 64, with 94 aged 65 years or over. 95 of those involved were female and 56 were male. 114 were 'White', 22 'Asian' and 7 were 'Black.'

3.2.3   72 individuals who were involved in an enquiry have a recorded Primary Support Reason. 37.5% of these individuals (27 people out of 72) 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 2, the most commonly recorded category of abuse for concluded enquiries was "neglect" (77), followed by "physical abuse" (61), and then "emotional abuse" (39). The most common location of risk was in care homes, with a total of 70, of these, 56 were residential homes and 14 in nursing homes. The next most common abuse location recorded was the person's own home, 56 instances.

3.2.5   Quarter 2 performance:

Measure	Q2 2017/18
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	76.8% of enquiries begun within 24 hours of threshold decision being made
Number of alerts progressing to a Safeguarding enquiry	Alerts received in the quarter = 560
Completion of safeguarding enquiries within 28 days target	Threshold met in 174 cases, of which 103 progressed to an enquiry
Percentage of people who had their safeguarding outcomes partially or fully met.	50.1% of safeguarding enquiries were completed within 28 days.

3.3   Managing our Resources: Budget

3.3.1   The department is forecasting to spend £104m as per the budget.

3.3.2   The most significant item since the first quarter's report is the notification by the CCG that they are revisiting the health funding element awarded to a number of jointly funded packages of care. This is as a result of the CCG requesting that their Commissioning Support Unit (CSU), who took over the contract from the previous provider in April 2017, re-assess existing cases to ensure that any health funding awarded is in line with national guidance. A number of cases have been identified to us where the CSU review has identified that health funding should be withdrawn. We are working with the CCG to review these assessments jointly and agree a way forward. On an annual basis the impact could be a reduction in our joint funded income of nearly £2m. The final impact has yet to be finalised for 2018/19.

3.3.3   Notwithstanding the potential reduction in income the department is still forecasting to remain within the budget as a result of a one-off staffing savings and in year savings from the Independent Living Floating Support service which will cease from 31 March 2019 following an Executive decision on 1 August. Full year savings will contribute to corporate spending review targets.

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 second quarter of 2018/19 remains reasonably strong, with 10 of the 16 measures where we have data showing improvement.
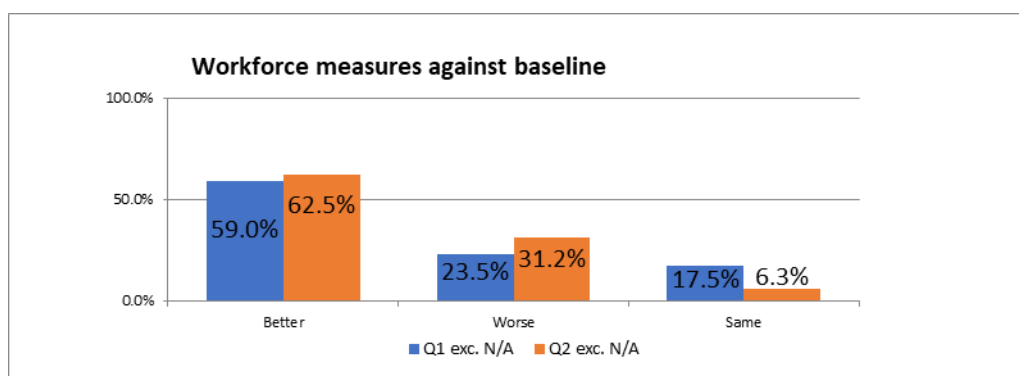
3.4.2   Achievements:
For the fifth quarter running we can report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department continue to fall, with a 30% reduction from the same period two years ago.

3.4.3   Concerns:
The only area of concern from the data available is that spend on agency staff has continues to be higher than last year. Costs for the Adult Social Care and Safeguarding division were £226,199 compared to £166,473 by the mid-point of 2017/18. Having said that, the level of spend during the second quarter was only marginally higher than last year. Total spend on casual staff has also increased, with costs for the ASC and Commissioning division being £22,313 compared to £10,578 by the end of Q2 in 2017/18. Spend in ASC and Safeguarding has also increased, but at a slower rate.

**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:

3.5.1   The 2017/18 ASCOF data for all local authorities in England with social care responsibilities was published on 23rd October. This allows us to incorporate national benchmarking for last year in this report. This outcome is broadly similar to last year and reflects continued improvement over

recent years. For example, in 2017/18 we have seven measures where we are amongst the worst 50 performing councils in England. In 2013/14 the number of measures in this position was 15.

This year, we continue to have some data quality issues: the proportion of older people provided with reablement following discharge from hospital (2Bii) is still calculated using 2015 live discharge data as current data cannot be shared with local authorities; and the measures based on the new Mental Health dataset (1F and 1H) continue to raise concerns over the quality of data reported by our secondary mental health providers.
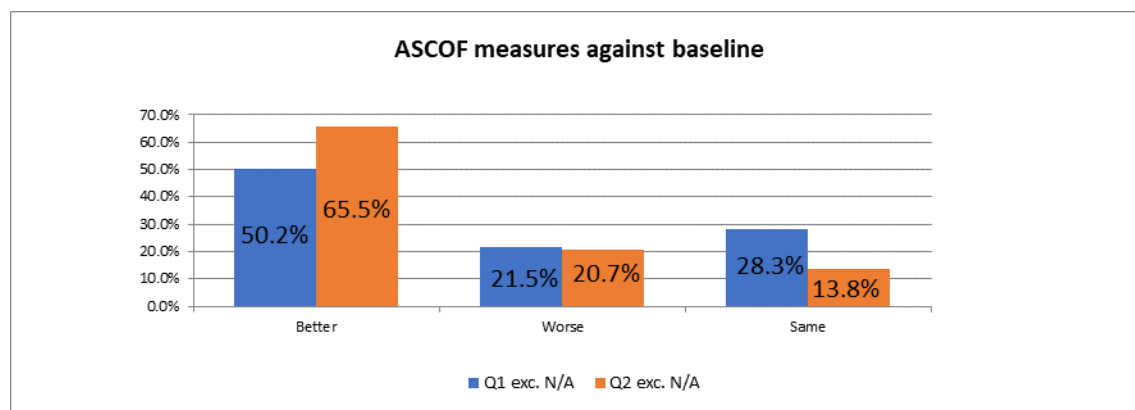
3.5.2   Achievements:
The published ASCOF data for 2017/18 allows us to benchmark our performance against all other local authorities in England with social care responsibilities.   The results show that we have improved our national ranking for 15 measures, with 3 unchanged and 8 declining.

From the data for Q2 of 2018/19 there are some areas of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains strong. The outcomes of short-term services, reablement and enablement (2D), have exceeded the 20178/18 benchmark and are now almost 10 percentage points higher than at the end of 2016/17. The three measures for Delayed Transfers of Care (2Ci, 2Cii and 2Ciii) are all showing improvement.

3.5.3   Concerns:
Notwithstanding the data issues referred to in the summary, there are signs that performance against a few of our key measures are bucking the overall improvement trend. Permanent admissions to residential care for those aged 18-64 (2Ai) are markedly higher than in Q2 last year. The proportion of older people at home 91 days after hospital discharge (2Bi) has improved marginally since Q1 but remains well below historic performance levels. Similarly, performance against both learning disability measures (1E and 1G) continues to fail to match historic performance.

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:
Heads of Service have provided narrative relating to performance against these measures (paper 8). Overall performance remains positive, with just over 64% of measures where a judgement can be made showing improvement from our 2017/18 baseline, this rate of improvement is slightly higher

than in Q1 and for the same period last year.   Where appropriate, targets for 2018/19 have been proposed for activity and business process measures.
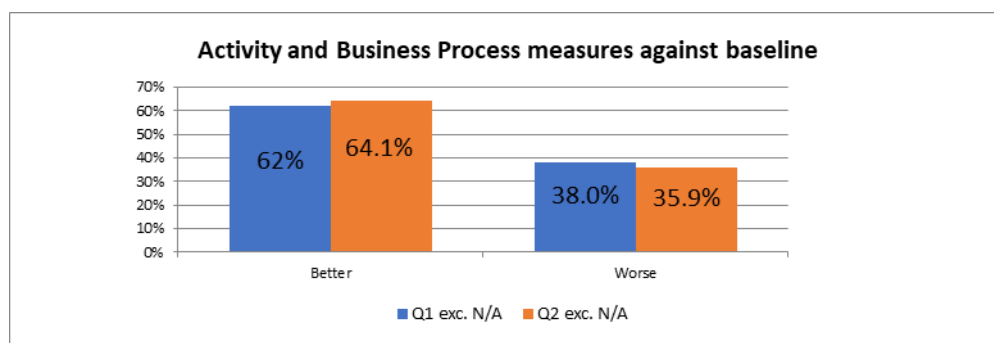
3.6.3   Achievements:
We can continue to be confident that we are managing demand through the provision of information, advice and guidance (including signposting to universal services) and one-off or short-term interventions.   While the total number of contacts at the 'front door' continues to increase, fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with assessed as having eligible needs. Fewer new contacts are moving into 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 timely completion of reviews.

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 SALT purposes was over 2,000 higher at the end of Q2 than at the same period last year (8,502 compared to 6,261).

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. The number of cases allocated to a worker for more than 100 and 250 days respectively has increased from Q1. Although the number of service users in receipt of domiciliary care has decreased, the number of hours of care commissioned has increased.

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 published data from NHS digital in October 2018.

3.7.2   Summary:
Performance on 12 of our customer measures is showing improvement from our 2017/18 baseline, with 9 showing a decline. This is an improvement from Q1, when for the first time in over two years the number of measures showing a decline in performance outnumbered those showing improvement in any of our baskets of indicators.

Customer measures against baseline
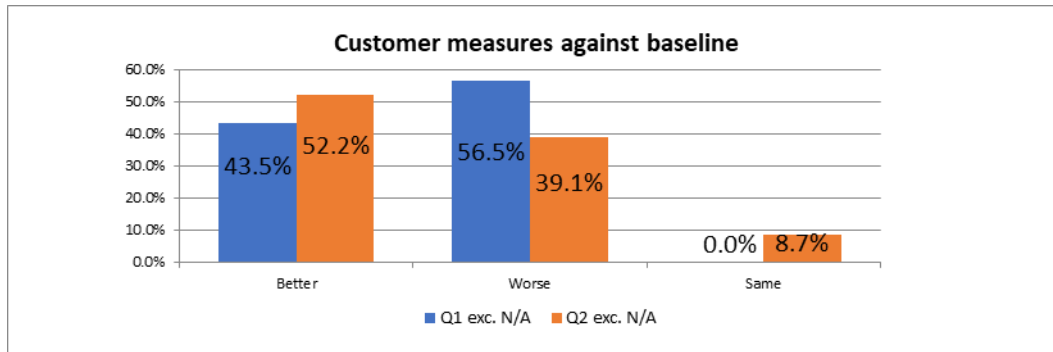
3.7.3   Achievements:
The final results from the 2017/18 national ASC user survey are positive: the overall quality of life score climbed from 18.5 to 18.7, our highest score since the introduction of the survey; the proportion of people who use services who have control over their daily life increased from 76.2% to 78.1%, again our highest ever score; and, the proportion of people who use services who find it easy to find information about services climbed from 67.4% to 70.5%.

The local survey conducted following all reviews enables 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 second quarter of 2018/19 continue to be higher than at the end of 2016/17 and 2017/18.

Results for all responses to our survey of people having received an assessment have shown significant improvement from Q1. The results from Q1 were themselves a modest improvement from Q4 in 2017/18 when results unexpectedly plummeted. Half of these measures have now either matched or exceeded our 2017/18 full-year baseline.

3.7.4   Concerns:
Following from the above, we are still below the levels of satisfaction reported throughout 2017/18 for half of the measures derived from our survey of people having received an assessment. We have also seen an increase in the number of complaints received for two of the three categories used in this report.

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.

Aidan Davis, Sustainability Officer, Ext: 37 2284

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 Two: Key Data
Appendix 2:   2018/19 Quarter Two: ASCOF