

### Open Report on behalf of Glen Garrod, Director Adult Social Services

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>8 July 2015</b>
Subject:	<b>Quarter 4 Performance Report</b>

#### Summary:

This is the Adult Care Performance Report for Quarter 4 of 2014/15. The report provides a summary of the Adult Care performance measures in the local performance framework including three Council Business Plan indicators, and a summary of customer satisfaction from recent surveys and complaints monitoring.

#### Actions Required:

The Adults Scrutiny Committee is requested to consider and comment on the report and the detailed performance information that is attached as Appendix A.

## 1. Background

Within Adult Care, a local performance framework has been developed to monitor social care outcomes, the effectiveness of service provision and integration of Health and Social Care. The framework includes measures from the national Adult Social Care Outcomes Framework (ASCOF), and some have been locally defined.

Within the framework, three measures have been identified as a priority for the authority and therefore included in the Council Business Plan.

- % of people receiving reablement where the outcome was no ongoing support
- Delayed transfers of care attributable to social care or jointly to social care and the NHS per 100,000 population
- % of clients in receipt of long term support and carers who receive a direct payment

These measures monitor the effectiveness of the service at delaying or reducing the need for care and support, and promoting a good quality of life for people who use services. At the end of Quarter 4, two of the three council business plan measures are ahead of target. This report also gives an overview of all measures reported to Adult Care senior managers throughout the year, and additional

customer satisfaction information to give a richer picture of how the department have performed.

## **Performance Summary**

2014/15 saw the introduction of a new statutory return called the Short and Long Term (SALT) return, which as a consequence resulted in some new indicators being created and changes to definitions for others.

The local performance framework includes a total of 29 measures. In summary, 16 out of the 25 measures that can be compared to 2013/14, have performed better than the previous year. 13 measures finished the year on or above target and 15 were below target.

## **Prevention**

Adult Care has been working to provide support to people at an early stage to help them to stay independent for as long as possible in their own home by providing preventative services. Better information and advice can help people to find ways to meet their support needs and reduce reliance on funded services.

Overall Adult Care received 32,000 requests for support from new clients during the year. Almost half of these contacts were offered alternative support in the first instance.

There has been an increase in the uptake of Telecare equipment with 3,100 new clients benefitting in 2014/15 which is an increase of a third compared to 2013/14. Telecare is an ongoing low level support which can provide people with enough support to maintain their independence, or compliment an existing care package.

For those new contacts where preventative services were not appropriate they went on to receive an Adult Social Care Assessment. The target time for these assessments to be undertaken is 28 days. At the end of 2014/15, 95% of new clients had their assessment within this timescale. One contributory factor is that 70% of assessments were completed at the point of contact by a Customer Service Centre based team.

## **Reablement**

The Lincolnshire Assessment and Reablement Service (LARS) was transferred to the Mental Health Trust on 01/04/2014, following a successful pilot involving a joint health and social care Independent Living Team (ILT). This service coupled with additional home and bed based support from the Community Health Trust make up Lincolnshire's Intermediate Care service.

Reablement performance at the start of the year was promising but deteriorated through Quarter 2 and 3 before recovering slightly in Quarter 4. Due to high demands in winter months from increased hospital strains, the service struggled to provide the required capacity and the number of people unable to access the service peaked in February. Due to focused improvements in the service in Quarter 4, performance improved by year-end and 57% of patients required no ongoing support from Adult Care, which was ahead of the annual target and higher than 2013/14.

The number of people admitted to hospital during their reablement episode also decreased this year, but increased as a proportion of the total reablement episodes to a level above the year-end target at 18.2%.

Although the proportion of people offered an intermediate care service was lower this year, 79% of older adults that did receive the service after a hospital stay were at home (with or without support) 91 days after discharge, which is ahead of target and a good improvement compared to 2013/14.

## **Personalisation**

An additional 900 clients and carers have benefitted from a direct payment this year compared to 2013/14, which is a good increase of 19%. As a proportion of users for whom a direct payment could be provided in the community, the figure has increased from 39% in 2013/14 to 48% in 2014/15. Of the 5,500 total direct payment recipients, almost 4,000 are carers (70%), a number and proportion that continue to rise. Overall, the measure finished below the annual target of 50%, but just below the 2% target tolerance level.

This year, people have received their direct payments much quicker than they have done in previous years. 89% of direct payments provided in the year have been paid within 14 days.

Research suggests that people prefer to remain at home or in a community setting. 63% of Adult Care clients are currently supported in the community, and the remaining 37% are in residential care.

Several thousand clients in receipt of short term support in the community (e.g. equipment and short term care) are now excluded from the measure, which is why the proportion has reduced from 75% in 2013/14. The trend through the year shows very little variance, and big swings in support setting are hard to achieve over a short space of time. Nonetheless, the shift in support setting is moving in the right direction with a 1.3 percentage point increase in community provision since April last year. There was a comparatively low rate of admission to residential care this year with 86 fewer admissions to residential care for clients aged 65 and over, but the data suggests that a higher proportion of people in residential care are living longer so the full effect of the low admission rate has not been seen.

Of those clients who go on to receive a home support package, the target time for their package to be brokered is seven days. In 2014/15, 87% were brokered within timescale which is lower than 2013/14, but this is an achievement in light of the added pressure of packages being handed back by providers, increased referrals from health to reduce the pressure on hospitals, and picking up the reduced capacity in the reablement service.

## **Carers**

A total of 5,900 adult carers were supported during the year by the council or one of the Carers Trusted Assessor organisations, and demand for carers assessments continues to rise.

52% of carers also benefit from the Carers Emergency Response Service (CERs), a proportion that was ahead of the target. The service provides 3,300 carers with a contingency plan which the council will activate in case of emergency, should the carer not be able to perform their caring role. An additional 680 plans were in place at the end of March 2015, compared to March 2014, and there were 68 activations during the year giving those carers peace of mind that their loved ones were looked after. In future developments, contingencies and emergency care will be incorporated into the assessment and support plan. The principal will be the same as CERs but all carers supported will benefit.

The Carers Service is also a good preventative service to carers to help sustain the independence of the person they care for, and reduce their dependence on funded service. 75% of carers supported are caring for people who are not a client of Adult Care. While this is encouraging, the renewed focus on Carers in the Care Act will however have an impact on this measure in the future. New Mosaic processes will likely increase the rate of referrals from Adult Care Teams, who feel carer support provided alongside Adult Care services will produce the best outcomes in a whole family approach to care provision.

### **Interface with Health**

For people who have been in hospital, Adult Care has worked closely with health colleagues to reduce unnecessary delays and get people out of hospital quickly. For two consecutive years, Lincolnshire has been one of the best performing authorities in the country with respect to the national measure on delayed transfers of care.

On average, 10 people were delayed per month in acute and non-acute hospital beds through the year, where the delay was in part attributable to social care. Despite a small increase from 8 people last year, the rate per 100,000 of 1.66 is lower than the annual target set at 1.9. As expected the rate fluctuates cyclically in line with general hospital activity, and although the rate has increased since the mid-point in the year, the number of people delayed has been relatively low compared to hospital activity.

Brokerage had to deal with a 50% increase in volume of referrals from health compared to the previous year, all of which were prioritised above other sources of referral to ensure people's stay in hospital or an intermediate care bed were not delayed. By the end of March, 62% of health referrals were brokered within 48 hours, which was well below the 80% target for the year. The vast majority were however placed within seven days as mentioned previously.

### **Safeguarding**

It is vital that we ensure that all vulnerable adults' rights are protected so they can live in safety and free from abuse and neglect. Robust safeguarding procedures mean that each adult at risk maintains choice and control, safety, health, quality of life and dignity and respect.

During 2014/15 the Safeguarding Team have been very good at managing the front end of the safeguarding referral process. A key indicator for this is the

percentage of Safeguarding Strategy Discussions held within 5 working days of a referral. In 2014/15 there was only one case out of 1,020 referrals where the strategy discussion was not held within 5 days of the referral date.

Following a referral safeguarding assessments should be completed within 28 days. Unfortunately despite good performance early in the year the year-end target of 75% was not met by 3%. This was due to the volume and complexity of the cases in the last quarter of the year.

The Department of Health are developing the collection of outcome based information in relation to 'Making Safeguarding Personal'. In particular, future monitoring will consider the alleged victim's desired outcomes and whether they have been met, and also report on customer experience for people who have been through the process.

### **Organisational**

There is no Quarter 4 data available for the organisational measures due to the transition to Agresso.

It is unlikely that the year-end target on the percentage of appraisals completed has been met, given the trajectory through the year. At the end of February 2015, 68% of current staff had received an appraisal. Also, based on the cumulative performance up to February 2015, the sickness days target has not been met and the estimated performance for March 2015 of 12.7 days is similar to 2013/14 levels.

### **Customer Experience**

In 2014/15 both the Adult Social Care User Survey (ASCS) and Survey for Adult Carers (SACE) were undertaken. The results obtained from the surveys are statistically significant so the views and experiences of the respondents are representative of all people who use services.

All of the ASCOF indicators sourced from the two surveys have improved in performance in 2014/15.

66% of people who use services reported they were 'extremely' or 'very satisfied' with their care and support. This was just short of the 68% target, which was set at the 2012/13 CIPFA upper quartile value.

The proportion of people who use services who feel safe increased to 75%, and the proportion of people who say that those services have made them feel safe has increased to 94%.

94% of service users feel that their care and support services help them to have a better quality of life.

This year, 49% of carers stated that they were either 'extremely satisfied' or 'very satisfied' with the support or services they and the person they care for have received from us. This is a good improvement from 41% of carers reporting the

same level of satisfaction in the last survey which was undertaken in 2012/13. The outturn is just short of the 52% target, which was set at the 2012/13 CIPFA upper quartile value.

Adult Care received a total of 215 complaints in 2014/15. Below is a breakdown of the quarters which they were received in.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	2014/15
48	54	48	65	215

Despite an increase in complaints this year compared to last year, the level is 37% lower than four years ago.

146 complaints were closed in 2014/15, of which 83 were unsubstantiated, which represents 57% of complaints closed. Owing to system changes and the move over to Serco to monitor complaints, we are unable to provide any further breakdowns for complaints.

## 2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the report and the detailed performance information that is attached in Appendix A.

## 3. Consultation

### a) Policy Proofing Actions Required

Not Applicable

## 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Detailed Performance Report 2014/15 Q4

## 5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Hannah Farrar, who can be contacted on 01522 554003 or [hannah.farrar@lincolnshire.gov.uk](mailto:hannah.farrar@lincolnshire.gov.uk).

