

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

Report to:	Adults Scrutiny Committee
Date:	9 December 2015
Subject:	Quarter 2 Performance Report

Summary:

This is the Adult Care Performance Report for Quarter 2 of 2015/16. The report provides a summary of the Adult Care performance measures within the four Commissioning Strategies.

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, our key performance indicators have been aligned to our four Commissioning Strategies;

- Adult Frailty and Long Term Conditions
- Adult Specialties
- Safeguarding
- Carers

The performance measures have been developed within these strategies 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), NHS National Outcomes Framework and some have been locally defined.

All of the measures have been identified as a priority for the authority and have therefore also been included in the Council Business Plan.

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.

Targets will be set following six months of activity and benchmarking information that is now available.

Adult Frailty and Long Term Conditions

The purpose of the strategy is to outline the on-going challenges ahead of us with one of the fastest growing older populations in the country. How in the future we will need to commission our services differently, moving away from a 'one size fits all' approach to service delivery when people are looking for a more bespoke service to meet their increasingly complex care needs.

In response to this we will need to support service providers to adapt their business models and service operations away from service specification towards outcomes frameworks. To meet these challenges we will need to continue to work closely with partners to develop solutions to market needs and secure good quality care and support for people in Lincolnshire.

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. At the end of Quarter 2, 64.3% of requests for support for new clients had an outcome of universal services offered or signposting to other agencies. Although there has been a decrease since Quarter 1, performance has increased compared to last year.

Direct Payments have been shown to give people choice and control, improve outcomes and have a positive effect on well-being. Previously client direct payments were measured combined with carers' direct payments. From 2015/16 the two indicators will be measured separately.

At the end of Quarter 2 26.7% of clients in receipt of long term support were in receipt of a direct payment. This is an increase of 2.5% from Quarter 1. There are 1393 clients in receipt of a direct payment.

At the end of Quarter 2, there were 432 permanent admissions into residential and nursing care for adults aged over 65 years. This equates to 270 per 100,000 population (65+) and is better than the Quarter 2 target. Performance is worse than the same period last year when at the same period there had been 390 admissions. This is a Better Care Fund measure and goes a long way to demonstrating the effectiveness of Adult Care at preserving people's independence in a community setting.

The number of people in receipt of long term support who have been reviewed is increasing at a similar rate to the same period last year and at the end of Quarter 2 was 46.9%. If we continue at the same rate as the first six months of this year it is forecasted that we would hit a year-end outturn of 94%. However, historically performance has dipped towards the end of the year so work will need to be done to ensure this does not happen again and year end performance is improved.

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. On average, 17 people were delayed per month in acute and non-acute hospital beds by the end of Quarter 2 (those attributable to Social Care or joint Social Care and NHS) with a rate per 100,000 population of 2.9. This is an increase from 1.3 per 100,000 population in the same period last year, however, this remains within target and is still above average performance compared to last year's comparator group average. As expected the rate fluctuates cyclically in line with general hospital activity.

Social care has seen pressures in both homecare and reablement capacity over the summer months which has led to an increase in Delayed Transfers of Care attributable to adult care. However, it is anticipated that the new homecare contracts and reablement contracts will deliver increased capacity over the coming months.

Adult Specialties

Specialist Adult Services are often jointly commissioned with Clinical Commissioning Groups (CCGs) and therefore performance indicators used to monitor progress against strategy areas can be in either the NHS Outcomes framework or the Adult Care Outcome Framework or both. Learning Disability services are commissioned jointly through a pooled budget hosted by Lincolnshire County Council. The Learning Disability commissioning strategy is being developed in line with recently published Transforming Care national guidance. The Adult Mental Health commissioning strategy will be developed following the publication of the expected new national strategy early in 2016. The Lincolnshire All Age Autism Strategy, which is a joint strategy with Lincolnshire CCGs and other stakeholders was launched earlier this year.

A number of the indicators within the Adult Specialties Strategy are NHS indicators and are still in development.

There has been a slight increase since the end of Quarter 1 in the proportion of adults with a learning disability or autism who live in their own home or with their family, with a Quarter 2 outturn of 73.1%. The measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion.

Data is collected nationally on Improving Access to Psychological Therapies (IAPT), to encourage improved access to talking therapies for people with common mental health problems. One of the key outcome measures relating to the IAPT service is the measurement of recovery.

At the end of Quarter 2, the recovery rate from psychological therapies was 53.8% which was a slight decrease from Quarter 1 but an increase compared to the same period last year when the Quarter 2 outturn was 49.5%.

Safeguarding

The Safeguarding Strategy highlights the importance of protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

In the latest Adult Social Care Survey 74.9% of people reported that they felt safe. This is an increase of 12.1% compared to the previous year and placed us as the top ranking authority in our comparator group.

Performance has increased compared to the same period last year for the proportion of completed safeguarding referrals where the risk was reduced or removed. There were 78.90% where the risk was reduced or removed compared to 42.6% in Quarter 2 2014/15.

Performance remains stable at the end of Quarter 2 at 100% for the % of safeguarding cases supported by an advocate.

There have been no individuals involved in adult safeguarding reviews who have suffered serious harm and died this year.

Overall, contacts to adult safeguarding are continuing to increase. It is anticipated that we will see a 20% increase by the end of March 2016 for the year.

Carers

The purpose of the carers strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis. The customer feedback indicators within the Carers Strategy are taken from the national Survey of Carers in England (SACE). The latest results show that overall satisfaction and social contact outperformed the CIPFA [Chartered Institute of Public Finance and Accountancy] comparator group average.

Since April a new Care Act 2014 assessment tool has been developed and implemented. The service is in a period of transition shifting practice and processes to meet statutory requirements. The transition plan is multi-faceted and includes the development of practice standards, a workforce learning and development plan, quality assurance framework, data cleaning, revised procedures and improved contract management. Regionally, most authorities including Lincolnshire are modifying data to meet the new requirements and are working to establish a robust data set.

The adjustment to meeting the requirements of the Care Act and applying the eligibility criteria has resulted in a delay in meeting the referral demand. As a response there has been a recent recruitment campaign to increase the number of Trusted Assessors by one Provider. Current recording processes required for

updating AIS [Adults Integrated Solution] have resulted in a lag in data being recorded and reported. Overall there is an improvement in the number of assessments completed within the 28 day timescale.

The proportion of carers with eligible needs has reduced to 48%, from 69% of carers being eligible from the previous assessment and RAS [Resource Allocation System] tool in 2014/15. This is consistent with other authorities regionally and there has not been the expected increase in assessment activity. It is thought that it is likely to increase over a longer period of time as more partner organisations become aware of the statutory support function. This has meant that fewer direct payments have been provided so far this year, and at the end of Quarter 2, 55.6% of carers were in receipt of a direct payment.

The Carers Service is a preventative service to carers to help sustain the independence of the person they care for, and reduce their dependence on funded services. 74% of carers supported are caring for people who are not a client of Adult Care. Whilst this is encouraging, the renewed focus on Carers in the Care Act will have an impact on this measure in the future as it is predicted to increase. As we continue to work with Adult Care teams, partner organisations and Providers to raise awareness and embed the principles of the Care Act 2014 into practice this is likely to increase referrals/the number identified for support.

In 2016 a newly commissioned Carers Service will be in place. The criterion for the new service is designed to improve performance reporting and monitoring which will be supported by the quality assurance framework and improved case management processes.

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

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Detailed Performance Report 2015/16 - Q2

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 552714 or hannah.farrar@lincolnshire.gov.uk.