

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

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>24 February 2016</b>
Subject:	<b>Adult Care - Quarter 3 Performance Report and Future Reporting Development</b>

**Summary:**

This is the Adult Care Performance Report for Quarter 3 of 2015/16. The report provides a summary of the Adult Care performance measures within the four Commissioning Strategies. A reporting development using flow diagrams has been included in the report for consideration.

**Actions Required:**

The Adults Scrutiny Committee is requested to consider and comment on the report, the performance report in Appendix A, and the flow diagram in Appendix B.

## **1. Background**

Within Adult Care, our key performance indicators have been aligned to the four Commissioning Strategies;

- Adult Frailty and Long Term Conditions
- Adult Specialist Services
- 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) and some that 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 and the Safeguarding Adults Return (SAR), which as a consequence resulted in some new indicators being created and changes to

definitions for others. For consistency of reporting, some of the measures reported in Q1 and Q2 have been updated following improvements in data processing and fine tuning of definitions.

As highlighted in previous Scrutiny reports relating to Performance, all of the measures and targets have just been reviewed. Six months of activity has allowed enough of a trend to emerge to more accurately determine the trajectory of each measure. Benchmarking information on the national measures has also given us a steer for what good performance looks like. As a result of changing priorities and responsibilities, particularly in Safeguarding and Adult Specialist Services, some new measures have been added, and some have been revised or deleted.

Please note that some measures are reported annually because they come from the results of the Adult Social Care Survey (ASCS). These measures will be reported in Quarter 4 once the responses have been analysed. Three measures in the Carers Strategy come from the biennial Survey of Adult Carers in England (SACE), which is next due in 2016/17, so monitoring throughout 2015/16 is not possible.

### **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.

The agreed measures for the strategy are as follows:

- Permanent admissions for adults aged 65+ to residential and nursing care
- Requests for support for new clients, where the outcome was universal services/signposting
- People using the service with control over their daily life (**survey measure**)
- Adults who receive a direct payment
- Delayed transfers of care from hospital (per 100,000 population)
- Adults who have received a review of their needs

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. In the nine months of the reporting year, 62% of 22,000 requests for support from new clients were dealt with by the provision of information and advice or signposting to other agencies in the community with no interaction from Social Work teams. Whilst this

figure has reduced slightly compared to Quarter 2, the measure should not be judged in isolation. New requests can also be diverted to reablement or wellbeing, both of which are taking more referrals. The ultimate aim is to manage demand and reduce and/or delay the need for longer term care and support. So far, only 4% of requests for new clients have resulted in residential or nursing care or a longer term service in the community such as home care.

Direct Payments have been shown to give people choice and control, improve outcomes and have a positive effect on well-being. At the end of Quarter 3 there were 1,590 adults in receipt of a direct payment, an increase of 60 people since the start of the reporting year. The number of direct payments has fluctuated throughout the year as a result of ongoing data validation which has been necessary to prepare for migration to Mosaic.

660 permanent admissions into residential care for older people have been made in the year to the end of December. This is currently ahead of target. 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 had a review of their needs is increasing at a similar rate to the same period last year. At the end of Quarter 3, 61% of clients have had a review. The year-end forecast has been revised down to 81%, which would be an improvement compared to the previous year, but slightly short of the year-end stretch target of 89%.

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, 20 people were delayed per month in acute and non-acute hospital beds where the delay was attributable to Social Care or jointly with the NHS. This is a rate of 3.3 per 100,000 population, which is better than the 2014/15 national average of 3.7 per 100,000. Rising delays is a national phenomenon, and as a result, it has been given greater focus in the 2016/17 Better Care Fund.

Adult Care has seen pressures in both homecare and reablement capacity in the year which has led to an increase in hospital delays attributable to Adult Care. Our new reablement provider went live in November, and they have demonstrated a commitment to increasing capacity over the coming months. Also, the situation with the new home care providers appears to have stabilised. This should mean care packages will be arranged quicker to prevent delays, but also to reduce the length of stay for people in hospital.

### **Specialist Adult Services**

Specialist Adult Services are often jointly commissioned with Clinical Commissioning Groups (CCGs) and therefore performance indicators monitor progress against strategy areas from either the NHS or Adult Care Outcomes Frameworks. 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 into 2016. The Lincolnshire All Age Autism Strategy, which is a joint strategy with Lincolnshire CCGs and other stakeholders, was launched earlier in 2015.

The agreed measures for the strategy are as follows:

- Adults with a learning disability (or autism) who live in their own home or with family
- Adults in contact with secondary mental health teams living independently
- Adults who receive a direct payment
- Adults who have received a review of their needs
- Overall satisfaction with care and support (**survey measure**)

All of the NHS measures previously reported within this Strategy have been removed as the department no longer has joint responsibility for those particular activities.

One of the priorities for the Strategy is to ensure that people with learning disabilities or mental illness have appropriate and stable accommodation. The national focus has always been on the security of tenure. Accommodation has a strong impact on the safety and overall quality of life and reduces the risk of social exclusion. 74% of learning disability clients are settled with family or friends. This has shown a steady improvement in each quarter. The other 26% are placed in a residential or nursing care home, so despite not having security of tenure, they are safe and settled in their environment. Although a Quarter 3 position is not available for mental health clients, there has been a dramatic improvement on 2014/15 performance, with 56% of clients reported as settled and living independently at the end of Quarter 2.

There is renewed focus on direct payments and reviews within the strategy, so two new measures have been included in this strategy. Performance on direct payments for learning disability and mental health clients has historically been strong. 41% of clients receive a direct payment, which is 565 recipients. The measure is currently below target, but just below the 5% tolerance level. A stretch target of 47% has been set for the year.

64% of clients have received a review across the strategy, which is below target at the end of Quarter 3. The pace has dropped off since the start of the year, but the teams are confident that the 95% target will be hit by the end of March.

## **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.

The agreed measures for the strategy are as follows:

- People report they feel safe (**survey measure**)
- Safeguarding enquiries supported by an advocate
- Safeguarding enquiries where the source of risk is a service provider
- Safeguarding enquiries where the risk is reduced or removed

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. This measure is not reported in Quarter 3 as it is calculated from the responses to the Adult Social Care Survey which is currently underway. The results will be available in Quarter 4.

Where people are unable to convey their wishes, particularly if the alleged victim lacks capacity under the Mental Health Act, in 100% of cases, those people have been supported by an advocate.

The Safeguarding service has a duty to address issues with providers if they arise. 6% of enquiries received to date identify a service provider as the source of risk. This is very low, which gives an indication of the quality of the care providers.

One aspect of measuring the success of a safeguarding intervention is in determining whether the risk of abuse has been reduced or removed. 65% of enquiries resulted in the risk being reduced or removed, excluding cases where the allegation was not substantiated, or where the enquiry ceased at the individual's request. However, this is only part of the picture, as all safeguarding enquiries focus on empowering people to manage their own risk, and to respect their wishes.

Overall, contacts to adult safeguarding are continuing to increase. Over the nine months of the year, the Safeguarding team have dealt with 2,865 concerns, which is approximately 320 concerns per month, compared with 250 per month in the previous year. This is a 25% increase in work coming into the service. The number of concerns that progress to full enquiries has increased by almost 30%.

A large proportion of concerns raised with the Customer Service Centre (CSC) (over 40%) are progressed to Safeguarding but they do not meet thresholds and often don't include the relevant detail from the referring organisation. There is therefore more work with the Lincolnshire Safeguarding Adults Board to reduce inappropriate and incomplete referrals.

## **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 agreed measures for the strategy are as follows:

- Carers supported in the last 12 months (per 100,000)

- Carers who receive a direct payment
- Carers reported quality of life **(survey measure)**
- Carers included or consulted in discussions about the person they care for **(survey measure)**
- Carers supported to delay the care and support for the person they care for
- Carers who find it easy to find information about services **(survey measure)**

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.

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 by one of the providers to increase capacity. Despite this, there has been an improvement in the number of assessments completed within the 28 day timescale.

The proportion of carers with eligible needs has reduced to 58%, from 69% of carers being eligible from the previous assessment and RAS tool in 2014/15. This has been observed by many other authorities regionally and is attributed to the tighter national threshold. Fewer eligible carers has had an impact on the provision of direct payments in the year. At the end of Quarter 3, the proportion of carers with a direct payment has dropped to 45%. Another reason for the decline is smarter support planning. Eligible carer's needs and outcomes are determined, and the support worker helps the carer identify how best to meet those needs and outcomes. This is reviewed typically after eight weeks, when a direct payment is then considered. Often the carer's needs are met without a direct payment.

The Carers Service is predominantly a preventative service to carers to help sustain the independence of the person they care for, and reduce their dependence on funded services. 71% of carers supported are caring for people who are not a client of Adult Care. This has gradually reduced from a peak of 76% in July. To explain why this has happened, over 40% of referrals to the Carer Service are from professionals including Adult Care teams, hospitals, providers, Children's Services and Safeguarding. This has increased significantly since the start of the year as a direct result of the Care Act 2014 with more rights for carers. Professionals already working with the vulnerable person are taking a more holistic approach and seeking additional support for the carer.

In 2016/17, 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.

## Reporting Development

Appendix B shows the customer journey following the statutory reporting requirements in the Short and Long Term (SALT) return. It shows the flow of activity throughout 2014/15 and the breakdown of short and long term services for adults and carers. Some financial information has also been included, but this element of reporting needs to be developed further. The costs are annualised and are indicative of the cost of each activity. With integrated finance reporting per individual, Mosaic should provide this information much more accurately. The Finance and Performance Team will work jointly on integrated reporting.

It has been suggested that a flow diagram could be created for each of the four Adult Care strategies to supplement the existing performance reports to show the department and members the volume of activity through the customer's journey. Broadly, this will enable the strategies to be compared using the same format of reporting, but also to keep track of the increasing demand.

Since this is the first year of the SALT, time series analysis is not yet possible. The flow diagram will be updated once the 2015/16 return has been completed, and any changes from 2014/15 can be highlighted.

## 2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the report, the performance information in Appendix A, and the reporting development flow diagram in Appendix B.

## 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	Adult Care Performance Report 2015/16 - Q3
Appendix B	Salt Flow Diagram 2014-15

## 5. Background Papers

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

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