

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

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>7 September 2016</b>
Subject:	<b>2016/17 Quarter 1 Performance</b>

**Summary:**

The report provides an update on 2016/17 Q1 performance of the Adult Care Council Business Plan measures within the four Commissioning Strategies. The report also gives an update on the progress of the Better Care Fund with reference to Health and Social Care metrics.

**Actions Required:**

The Adults Scrutiny Committee is requested to consider and comment on the report and the Adult Care Infographic report in Appendix A, and the Better Care Fund performance report in Appendix B.

## **1. Background**

Adult Care activities are arranged under the following four commissioning strategies:

- Adult Frailty and Long Term Conditions
- Adult Specialist Services
- Safeguarding
- Carers

Each strategy is monitored using outcome-based measures included in the Council Business Plan (CBP) to evaluate the effectiveness of services provided to adults and their carers.

Three annual and three biennial survey-based measures used to monitor performance will not be reported to the Adults Scrutiny Committee for the first three quarters of the year, but will feature in the last quarter when the surveys has been conducted.

In lieu of delays in the publication of national benchmarking information, which is used to inform target setting each year, it was agreed that the 2016/17 targets would stand, but may need to be reviewed at a later date once the national information is available. It was also agreed that the delayed transfers of care

attributable to Social Care measure, from the Adult Frailty and Long Term Conditions strategy, has been removed from the Council Business Plan, as it was felt by members that this measure is not indicative of the extent of the pressure experienced in the health sector at present. Instead, the Better Care Fund monitoring report will be appended to this report to give better visibility of the health system and Adult Care's contribution to reducing the pressure.

## **Adult Care Performance by Strategy**

### **Safeguarding**

Safeguarding is about people and organisations working together to protect an adult's right to live in safety, free from abuse and neglect, whilst at the same time promoting wellbeing. 'Making Safeguarding Personal' is integral to the service, so before any action is taken, professionals pay due regard to the views, wishes, feelings and beliefs of the people at risk.

The Safeguarding strategy has been performing well in Quarter 1 with 100% of people who have been assessed as lacking mental capacity being supported by an advocate, either by a friend or family or an independent advocate if the person does not have the social support network. This is important step in making safeguarding personal and ensuring that everyone can have their views and wishes listened to.

The Safeguarding service has a duty to address issues with providers if they arise. In less than 2% of cases, a service provider was alleged to be the source of risk. This has reduced from 5% in 2015/16. This gives an overall indication of the improvement in the quality of the health and care sector in Lincolnshire, privately arranged or commissioned by the authority.

One aspect of measuring the success of a safeguarding intervention is in determining whether the risk of abuse has been reduced or removed. Just under half of enquiries resulted in the risk being reduced or removed, which has come down from 65% in 2015/16. Risk reduction cannot be used in isolation to evaluate the effectiveness of the interventions, as the service primarily endeavours to ascertain the person's wishes, and support centres around empowering people to manage their own risk, and to respect their wishes.

So far this year, there have been 900 safeguarding concerns received by the authority, which is broadly consistent with the volumes per month in the previous year. A new Safeguarding procedure has been introduced to help with triage and direct the work more efficiently to the most appropriate investigators; to the Safeguarding Team to co-ordinate, to providers, or to the Commercial and Quality Teams where there are more general and/or lower level practice concerns.

## **Specialist Adult Services**

This strategy incorporates the commissioning and provision of social care support for three different groups of people with complex needs who require specialist services; learning disabilities, Autism Spectrum disorders, and adults with a mental health need. The Learning Disability service is commissioned jointly by the council and the clinical commissioning groups with a pooled budget that is held by LCC. It is managed via a Section 75 agreement with Health, as is the Mental Health service. The Lincolnshire All Age Autism Strategy (launched in 2015) is also a joint strategy but includes other stakeholders.

Overall, this strategy has performed well in Quarter 1, particularly with respect to improvements in the proportion of learning disability and mental health clients who are living independently with family and friends. Both measures have seen improvements since 2015/16.

The direct payments measure has been amended for 2016/17 to focus on direct payments provided to clients with a learning disability or a mental health need. Previously the measure only counted direct payments for learning disability clients. Direct Payments for people under the Specialist Adults Strategy are almost at saturation point, particularly in the Learning Disability service where almost two thirds of clients are supported in the community with a managed personal budget service. The high cost and complexity of these peoples' needs make it difficult to convert their packages to a direct payment. However, a high proportion of young adults transferring from Children's Services into Adult Care move into the community, many of which receive a direct payment.

In a similar trend to 2015/16 Quarter 1, 18% of current clients have received a review of their needs in the period. Although below target this is to do with how annual reviews have been scheduled throughout the year, with the bulk of reviews in the latter half of the year. Performance is expected to recover as we progress through the year, but there is a risk that the implementation of Mosaic may impact on this recovery. One of the many benefits that will result from Mosaic, is that reviews can be re-scheduled more evenly throughout 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, and protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

In Quarter 1, the Council welcomed Carers FIRST as a new Carer Services provider, to work alongside the Serco Carers Service to improve the offer for carers for as long as they need it. They will shortly be launching a marketing campaign to increase the awareness of carers and the service around the county, and will be our strategic partner for engaging with carers and developing support services. The new contract has provided the opportunity to ensure services have an increased focus on early help and prevention whilst helping us to meet our duties under the Care Act 2014 and Children and Families Act 2014.

Over 8,000 carers have been supported over the last 12 months, and currently about half of carers are having their needs met with information and advice. In part, this is down to being able to identify more carers who have been included and considered in the Adult Care assessment of the person they care for.

Although the realigned Care Act eligibility criteria for support has led to fewer carers being eligible for support, all carers are able to access a range of 'universal' services organised by Carers FIRST including information and advice, emotional support, advocacy and signposting to other community support.

Whilst the number of carers with a direct payment has reduced since last year, the proportion of eligible carers who receive one has increased significantly to over 90%. This is a reversal of the downward trend experienced last year, where this measure was at 47%. This improvement is a result of a range of factors including a change in the Carers Service model, the Care Act national threshold being introduced, and the validation of carer records on the system completed during the transition phase to the new provider. Fewer carers are eligible for funded support, but services are now more efficiently geared towards prevention, which means more carers can benefit from the 'universal' support. Carers who are eligible for funded care, often receive a significantly higher direct payment than they have done in the past.

A measure has been developed to evaluate the preventative element of the strategy relating to service provided to carers to help sustain the independence of the person they care for, and reduce their dependence on funded services. In Quarter 1, 72% of carers supported are caring for people who are not a client of Adult Care. This is a slight improvement on 2015/16 performance, as more carers are receiving lower level support.

### **Adult Frailty and Long Term Conditions**

The purpose of this Commissioning strategy is to outline the local authority's intentions in Adult Care Commissioning for Adult Frailty and Long Term Conditions across Lincolnshire. The key commissioning intentions focus on supporting people to live in their own homes for as long as they wish by developing high quality, personalised services that are flexible, responsive and give people choice and control over how their care and support is provided.

Performance in Quarter 1 has been mixed for this strategy. Almost 7,000 requests for support have been received, and consistently two-thirds of people are being dealt with by the provision of information and advice or signposting to other agencies in the community with little or no interaction from Social Work teams. New requests can also be diverted to Reablement or Wellbeing, both of which are taking more referrals compared to the previous year. Furthermore, repeat requests have fallen which implies that people's needs are being dealt with efficiently the first time around. The ultimate aim is to manage demand and reduce and/or delay the need for longer term care and support.

Direct Payments have been shown to give people choice and control, improve outcomes and have a positive effect on well-being. The position with direct payment provision is fairly static at present. New direct payments set up since March 2016 have been offset by closing direct payments that are no longer being provided and have therefore been closed. This is a result of the validation work that has been carried out for system migration purposes. There is growth in direct payments for older people, where 50 new direct payments have been provided in the last three months.

There was an unusually high number of care home admissions in May which has put early pressure on our ability to meet the year-end target of 982 admissions. At the end of Quarter 1, there were 260 admissions, which is 6% higher than expected and just outside of the +/- 5% target tolerance.

Early review performance is on track for achieving the year-end target of 89%. However, as mentioned for the equivalent measure in the Specialist Adult Services strategy, the impact of the Mosaic implementation on social work activities does present a risk to review performance.

### **The Better Care Fund**

Performance within the Better Care Fund Programme (BCF) is monitored using four national metrics, and two local metrics, agreed by the Clinical Commissioning Groups and the local authority. The sector have collectively committed to reduce the number of non-elective admissions to hospital, reduce unnecessary delays in hospital, improve the experience of patients and to support people in their local communities for longer.

In Quarter 1 there have been some promising signs of improvement, although more time is needed to determine if the various funded schemes are proving fruitful. Non-elective admissions to hospital were 2% lower than the corresponding quarter from the previous year. The target was for a 2.7% reduction, so the target was not achieved. However the reduction achieved equates to about 400 admissions and a resulting financial saving equivalent to almost £600k.

Despite not hitting the Quarter 1 target, this was the first reduction in non-elective admissions for 12 months and is a good indication of progress.

Nationally there has been an upward trend in the number of patient days unnecessarily delayed in hospital. There were a total of 2,985 delayed days in June for patients with unnecessary delays in acute and non-acute beds, the lowest monthly total so far. In total, there were 9,218 delayed days in the quarter, which is 1% higher than the target for the quarter, and 33% higher than the same quarter in 2015/16. Non-acute delays continue to creep up as a proportion of all delayed days and make up 43% of delayed days, up from 32% in the previous quarter. NHS delays have stabilised at 67% of all delayed days, as have Social Care delays currently at 24%. The most common delay reasons, accounting for two-thirds of delays are awaiting a package in the community, awaiting a care home placement, and awaiting further NHS non-acute care. It should also be noted that assessment delays as a reason have reduced to 13%, which is almost half the position in

Quarter 4 of 2015/16. Half of delayed days are in the United Lincolnshire's Hospital Trust, which is a reduction from 63% in the previous quarter. There is a marked increase in delayed days in the Lincolnshire Partnership Foundation Trust, which has experienced almost three times the number of delayed days compared to the previous quarter

The admissions to residential care for older adults measure is also included in the BCF monitoring, and the higher than usual admissions in Quarter 1 have been explained previously under the Adult Frailty strategy.

Patient experience is also an important feature of the BCF's success. Results of the GP patient survey, available later in the year will indicate whether or not patients feel more or less supported to manage their long term conditions at home. Performance in 2015/16 was 63% 'feeling supported' against a target of 64%. The 2016/17 target has been set at 66%.

## **2. Conclusion**

The Adults Scrutiny Committee is requested to consider and comment on the report and the performance report 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	Adults Council Business Plan Performance Report Q1 2016.17
Appendix B	Better Care Fund Performance Report Q1 2016.17

## **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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