

Open Report on behalf of Glen Garrod, Executive Director Adult Care & Community Wellbeing

Report to:	Adults Scrutiny Committee
Date:	30 November 2016
Subject:	Adult Care - Quarter 2 Performance 2016/17

Summary:

The report provides an update on 2016/17 Quarter Two 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:

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

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 both the Adults and Carers surveys has been completed.

In Quarter 2, Performance was 'good' as only one measure was not achieved from each of the strategies, with the exception of Safeguarding, where all measures were achieved, which is 'really good'.

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 performed really well in Quarter 2, in part as a function of the new Adult Safeguarding process and recording that came into play during Quarter 1. Whilst advocacy support has tailed off slightly, it remains on target at 96%, although the Adult Safeguarding Team still aspire to 100% so these few exceptions are being investigated.

The Safeguarding service has a duty to address issues with social care providers. The percentage of enquires where a service provider was alleged to be the source of risk has increased in the quarter to 15.6%, which is just within the target tolerance of the 16% target. This has happened because of the priority levelling that has been introduced to the process, so these cases can more easily be identified and reported.

This quarter, there has been a good improvement in the proportion of enquiries resulting in the risk being reduced or removed, increasing from 42% in Quarter 1 to 72% in Quarter 2, and which now exceeds the 2015/16 reported figure of 65%. 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, respect those wishes and empower people to manage their own risk.

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 2, particularly with respect to improvements in the proportion of learning disability and mental health clients who receive a direct payment. This is because direct payments for Mental Health clients, which are managed by the Lincolnshire Partnership Foundation (NHS) Trust, are now included in the figures following a significant amount of validation work to record the activity on LCC systems in readiness for MOSAIC going live.

37% of adults with a learning disability have been reviewed in the year to date. This is currently behind target, although the trajectory is very similar to review performance at the same time last year, owing to the scheduling of reviews through

the year. Performance usually picks up in the second half of the year though, and each learning disability team has a reviewing plan to meet the target by year end. For Quarter 3, the service will look to re-profile the target to be in line with the scheduling of reviews.

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.

Carers FIRST have started to work with health, providers and further education establishments to raise awareness of carers and the support service. Their staff are now working in the main hospitals and other places where carers often visit. By working collaboratively with other organisations more carers can be identified and receive support from the Lincolnshire Carers Service at the earliest opportunity.

All carers, irrespective of whether they, or the person they care for are eligible for Council funded support, can receive information, advice and support from Carers FIRST for as long as they wish. The Lincolnshire Carers Service is providing early help to carers and is delaying the support needs of the adult they provide unpaid care for. Since the start of the year, there has been a steady increase in the percentage of carers supported where the person cared for is not known to Adult Care.

Despite a marginal 2% reduction in the total number of carers supported over the last 12 months, requests from new carers are increasing, but not as much as was initially anticipated. The Carers Service will need to identify and support a further 1,400 carers in the next six months to achieve the ambitious 1,440 carers per 100,000 target, which would be 8,500 carers.

This quarter has seen an increase in the numbers of carers assessments where the carer is eligible for support. Approximately half of eligible carers have taken a direct payment to purchase their own support, and although the total number of direct payments has fallen compared to the previous year, the amount of money carers receive has more than doubled. The measure has stabilised at around 90% which is well in excess of the year-end target of 70%. The remaining 10% of carers will be receiving other forms of direct support tailored to the needs of the individual, where a direct payment still may be considered but isn't always required.

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.

Overall, Performance in Quarter 2 has been good. Review performance is on track and there has been a good increase in direct payment uptake. The front door is being managed effectively too with two-thirds of the 14,000 requests for support being dealt with by the provision of information and advice or signposting to other agencies in the community. An increasing number are being diverted to other services like Reablement and Wellbeing, further reducing the pressure on Adult Care Social Work teams.

The pressure for this strategy at present is with the number of admissions for older people to care homes. 600 admissions have been made since April, which is 100 higher than expected at this point in the year. This appears to have been caused by discharge pressures in hospitals and the availability of alternative home-based support in the community.

The Better Care Fund

The Better Care Fund (BCF) is monitored using national 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.

Up to the end of August (latest available), non-elective admissions to hospital were 0.6% lower than the original target number of admissions set by the Clinical Commissioning Groups (CCGs). NHS England revised the original targets to create new stretch targets, so collectively the acute sector have to achieve an additional 2.7% reduction. Although there is a shortfall in the number of admissions saved, it is promising to see the trend moving in the right direction. Performance is variable across the CCGs, but the South Lincolnshire CCG have consistently achieved a reduction of 5% in their admissions target each month.

Nationally there has been an upward trend in the number of patients unnecessarily delayed in hospital and the same with the associated days. Patient flow appeared to be recovering slightly in Quarter 2, with 6% fewer delayed days in August than in July, but Quarter 2 projections suggest that delays will be 16% higher than target. Currently, the NHS are responsible for 68% of total delayed days, Social Care for 23%, and the remaining 9% of delayed days are down to both the NHS and Social Care. Non-acute delays continue to increase and now account for half of all delays, where historically a third was more usual. The most common delay reasons, making up two-thirds of delays are down to waiting for care packages in a care home, in the community and waiting for further non-acute care. Delays with housing, although small by comparison, is emerging as a potential issue as delayed days have increased six fold since Quarter 4 of 2015/16.

The admissions to residential care for older adults Council Business Plan measure is also included in the BCF monitoring, and the higher than usual admissions in Quarter 2 have been explained previously under the Adult Frailty & Long Term Conditions strategy.

Another aspect of the BCF monitoring is the effectiveness and offer rate of Reablement and intermediate care services for older people discharged from hospital into 'step-down' support. Both of these measures are produced annually and will be reported in Quarter 4.

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 supported to manage their long term conditions at home.

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 Q2 2016/17
Appendix B	Better Care Fund Performance Report Q2 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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