

<b>Open Report on behalf of Glen Garrod, Executive Director Adult Care &amp; Community Wellbeing</b>
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Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>22 February 2017</b>
Subject:	<b>2016/17 Quarter 3 Performance</b>

**Summary:**

The report provides an update on 2016/17 Q3 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 commissioning strategies:

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

Each strategy is monitored using outcome-based measures 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 in Quarter 3, but will feature in the last quarter when both the Adults and Carers surveys have been completed.

The new case management system, Mosaic went live on 12<sup>th</sup> December 2016 and whilst the transition was relatively smooth there has been an impact on both activity and reporting. We are currently developing new reporting systems from Mosaic. As a result, most of the CBP figures relate to the period April 2016 to November 2016. The Quarter 3 targets have therefore been rolled back to November, so that activity can be judged appropriately up to the corresponding period end.

## **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 3, in part as a function of the new Adult Safeguarding process and recording that came into play during Quarter 1. All measures are stable and on target.

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 decreased in the quarter to 12%, which is ahead of target – this is less than ten enquiries about providers per month.

This quarter, there has been a good improvement in the proportion of enquiries resulting in the risk being reduced or removed, increasing from 72% in Quarter 2 to 77% in Quarter 3, which remains ahead of target. 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 3, particularly with respect to review activity which has shown some improvement in the quarter, and is beginning to converge with the target trajectory. With four months to report for the remainder of the year, the service is confident that the 95% review target will be achieved by year-end.

The combined number of direct payments for learning disability and mental health clients continues to grow steadily as this mechanism for service delivery is promoted within the council and the Mental Health NHS Trust respectively. There are also signs that the proportion of both client groups living independently is increasing, which implies that a growing number of new clients are receiving services in the community.

## **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.

A total of 7,550 adult carers have been supported over the previous 12 months. Whilst this is currently short of the 8,500 carers target, this represents a 4% increase in the total number of carers supported since the end of March 2016. This is an encouraging trend, although not at the pace expected. 2016/17 has been a transient year for the Carers Service with Mosaic implementation, a new provider and new service model.

Following the new Care Act 2014 eligibility framework, fewer carers are eligible for funded support, but despite this, carers will get information and advice tailored to their needs, and ongoing support from Carers FIRST. For carers eligible for funded care, much fewer carers need a direct payment to meet their needs. Where direct payments are required, the amounts are more substantial than previously awarded. The proportion of carers who receive a direct payment has reduced slightly this quarter, but remains above target. This is due to the increasing number of traditional residential respite services provided, which is an alternative way of accessing services via a personal budget.

The increase in respite support is also linked to the upward trend in the number of carers jointly assessed with the person they care for, resulting in a more holistic package for the benefit of both the adult and the carer. This however is at odds with the preventative measure, which seeks to support carers before the person they care for needs input from Adult Care. The proportion of carers supported to delay the care and support needs of the person they care for has therefore dropped to 68%. It is expected that the number of carers supported with universal services by Carers FIRST will increase over time, and the measure should recover. In the meantime, the Council are working with the provider to ensure all of the support offered and recorded on their system is fully reflected in the reported figures in Quarter 4.

## **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 3 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 18,000 requests for support being dealt with by the provision of information and advice or signposting to other agencies in the community. An increasing number of people 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. 800 admissions have been made since April, which is 20% higher than expected at this point in the year. Adult Care are experiencing a higher level of demand for services generally, and a similar proportion of people are being admitted to care homes as in previous years. All the while though, over the last two years, the ratio of people in residential care to community has been stable at 1:2, suggesting a consistent approach to placements.

### **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.

In November, the number of non-elective admissions to hospital was at its highest level for the year. Admissions are 10% higher than the same time last year, and over 1,000 admissions higher than the target. Performance is variable across the CCGs, but the South CCG has consistently achieved a reduction of 5% in their admissions target each month.

The number of delayed days in hospital has been fairly consistent throughout this year, but remains 30% higher than the expected target. Currently, the NHS are responsible for 75% of total delayed days, Social Care for 16%, and the remaining 9% of delayed days are down to both the NHS and Social Care. Over the last four months, non-acute delays have fallen back from 50% to 41%. 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 continuing to increase as a proportion of total delayed days, rising from 1% (25 delayed days per month) in March 2016, to 9% (300 delayed days per month) at the end of November 2016.

The admissions to residential care for older adults CBP measure is also included in the BCF monitoring, and the higher than usual admissions in Quarter 3 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) Have Risks and Impact Analysis been carried Out?

No

### b) Risks and Impact Analysis

Not applicable

## 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adults Council Business Plan Performance Report Q3 2016/17
Appendix B	Better Care Fund Performance Report Q3 Nov 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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