

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	26 July 2017
Subject:	2016/17 Quarter 4 Performance

Summary:

The report provides an update on 2016/17 Q4 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.

The new case management system, Mosaic went live on 12th December 2016 and whilst the transition was relatively smooth there has been an impact on both activity and reporting. Adult Care is in the process of re-establishing full reporting capabilities. A new system for reporting on Mosaic data is being developed and will be implemented throughout 2017/18.

This report only includes Adult Care activity as has been reported throughout 2016/17. Q1 reporting for 2017/18 will pull together an update on Adult Care and Community Wellbeing.

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. This also includes people who lack the capacity to express their views, and the service makes sure that all people are supported by an advocate where necessary. In 79% of enquiries, the risk has been reduced or removed, but all people subject to an enquiry are empowered to manage the risk for themselves and pursue the outcome they choose.

The Safeguarding strategy has performed really well throughout the year, in part as a function of the new Adult Safeguarding process and recording that came into play during Quarter 1. All activity measures are consistently performing well and have achieved or exceeded the year end targets. With regard to customer experience, the national Adult Social Care Outcomes Framework (ASCOF) measure for Safeguarding is used to gauge whether services help people feel safe, irrespective of whether a Safeguarding intervention has occurred. This comes from the annual Adult Social Care Survey that was recently completed. As a result, the measure is reported in Q4 only. People receiving social care support have reported a dip in their general feeling of safety compared to the previous year, and as a consequence the year-end target has not been achieved.

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 4, particularly with respect to review activity which has shown some improvement in the quarter. According to data from the new system, Mosaic, fewer reviews appear to have taken place throughout the year, although the assessment teams are confident that over 95% of reviews have been done. Further work is being carried out to understand the discrepancy which has likely been caused by a recording or reporting issue.

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 8,180 adult carers have been supported over the previous 12 months. This represents a 13% increase in the number of carers supported compared to 2015/16, which is an achievement. A 17% increase would have been required to hit the aspirational 8,500 carer target by the end of March.

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 provided, the average direct payment is close to £800, which is £600 more per carer compared to a couple of years ago. This reflects the more targeted approach.

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 65%. It is expected that the number of carers supported with universal services by Carers FIRST will increase over time, and the measure should recover.

Customer feedback obtained from the biennial Survey of Adult Carers in England (SACE) indicates that Carers are struggling more than 2 years ago when the survey was last completed. In the Council business plan, there is focus on accessibility of information; 59% of carers reported that they found it easy to find information about care and support services. Whilst this target has not been achieved, 85% of carers who were able to find the information said that it was helpful. The quality is therefore apparent but with people finding Information difficult to access, the Carers service have been exploring other ways of reaching out to carers such as engagement with pharmacists, GP surgeries and hospitals. A series of events took place as part of 'carers week' including some radio air time for carers FIRST talking about support in Lincolnshire. This work should also raise the profile of carers amongst professionals which in turn should improve the involvement of carers in discussions about the care and support of the people they care for.

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 4 has been good. The front door is being managed effectively too with almost two-thirds of the 33,000 requests for support being dealt with by the provision of information and advice or signposting to other agencies in the community. There has been a reduction compared to the previous year because an increasing number of people have been diverted to other lower level preventative services like Reablement and Wellbeing.

1,067 care home admissions for older people have been made during the year. This is a 4% increase compared to 2015/16 and just tipped over the upper tolerance level for the target. 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 service is confident that all placements are appropriate and there is a general sense that the complexity of cases is increasing.

As mentioned previously about reviews, there appears to be fewer reviews this year which may have been caused by system changes [to Mosaic] and associated recording or reporting issues. Nonetheless, the Adult Care assessment teams have been reorganised to include dedicated reviewing staff.

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 quarter 4, the volume of non-elective admissions to hospital was 11% higher than the same time last year, and 1,700 admissions higher than the target for the quarter. Performance is variable across the CCGs, but the South CCG has achieved their reduction target in 10 of the 12 months of the year.

The number of delayed days in hospital has been fairly consistent throughout this year, but remains approximately 1,000 delayed days astray of the ambitious target. Currently, the NHS are responsible for 71% of total delayed days, Social Care for 23%, and the remaining 7% of delayed days are down the NHS and Social Care jointly. Over the last 6 months, non-acute delays have fallen back from 50% of total delayed days to 35%. The most common delay reasons, making up almost 70% of delays, are down to waiting for care packages in a care home, in the community and waiting for further non-acute care.

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. Whilst the proportion of patients at home after 91 days is fairly consistent year-on-year at 75%, there has been a definite drop off in the offer rate for older people, particularly rehabilitation services.

The BCF will continue until 2020 with a subtly changed funding structure owing to extra monies being invested by the Government. The money will continue to be used to fund a series of schemes designed to alleviate system pressures, stabilise the sector and promote integrated working and good practice.

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 Q4 2016/17
Appendix B	Better Care Fund Performance Report Q4 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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