

**Open Report on behalf of Glen Garrod,
Executive Director – Adult Care and Community Wellbeing**

Report to:	Adult Care and Community Wellbeing Scrutiny Committee
Date:	30 November 2022
Subject:	Service Level Performance against the Corporate Performance Framework 2022-23 Quarter 2

Summary:

This report summarises the Service Level Performance against the Success Framework 2022-23 for quarter 2. All performance that can be reported in quarter 2 is included in this report.

Lincolnshire County Council (LCC) are undergoing a large system wide Business Intelligence Transformational Change Programme. Part of the Transformation Programme is to fully utilise Microsoft Power BI as a Business Intelligence platform across the organisation.

The Corporate Performance Team (CPT) are a significant driver of this delivery covering all operational and statutory reporting requirements for LCC. CPT have developed a new Power BI dashboard which with effect from quarter 2 the Service Level Performance will be displayed, replacing the Lincolnshire Research Observatory (LRO).

Full service level reporting to all scrutiny committees can be found here [Service Level Performance Indicators](#).

Actions Required:

To consider and comment on the Adult Care and Community Wellbeing Service Level Performance for 2022- 23 Quarter 2.

1. Background

Introduction

This report details the Service Level Performance measures for the Adult Care and Community Wellbeing Scrutiny Committee that can reported in Quarter 2, with an overview of the recently published 2021/22 national statistics for social care outcomes, known as the Adult Social Care Outcomes Framework.

Adult Social Care Outcomes Framework, 2021/22 NHS Digital publication

Every year all Local Authorities submit a series of statutory activity collections to NHS Digital from which the top-level Adult Social Care Outcomes Framework (ASCOF) measures are derived. The measures cover the four main outcome domains with each measure prefixed with a number relating to the relevant outcome.

1. Improved Quality of Life
2. Delaying or reducing the need for care and support
3. Positive Experience
4. Keeping people safe from avoidable harm

This well-established suite of measures will constitute the core national dataset that CQC will look to in their assessments of Councils with Social Services Responsibility (CASSRs) when inspections commence in 2023. Table 1 below summarised the ASCOF measures in terms of Lincolnshire's position in relation to our East Midlands counterparts, our CIPFA comparator group with councils who share similar social, economic, and geographical characteristics (i.e., shire, rural counties). On an annual basis, the publication of the national statistics gives us an opportunity to reflect on our own performance and gauge how well we are doing as an authority compared to others who may have similar challenges. Members should note that many of these ASCOF measures are adopted in the Adult Care and Community Wellbeing (ACCW) service level monitoring.

Table 1: ASCOF benchmarking 2021/22 (Source: NHS Digital)

ASCOF Ref & Measure Descriptor	Polarity	LCC	EM	CIPFA	England	LCC compared to Average			National position	
						EM	CIPFA	England	Rank	Quartile
1A Social care-related quality of life	↑↔	19	19	19	19	↔	↔	↔	15	1
1B % control over their daily life	↑↔	82	78	79	77	✓	✓	✓	16	1
1C1A % of adults receiving self-directed support	↑↔	100	98	92	94	✓	✓	✓	68	2
1C1B % of carers receiving self-directed support	↑↔	100	100	90	89	↔	✓	✓	1	1
1C2A % of adults receiving direct payments	↑↔	42	38	30	27	✓	✓	✓	6	1
1C2B % of carers receiving direct payments	↑↔	100	92	84	78	✓	✓	✓	1	2
1D Carers-reported quality of life	↑↔	7	7	7	7	↔	↔	↔	37	2
1E % learning disability in paid employment	↑↔	4	3	4	5	✓	↔	✗	78	3
1F % mental health in paid employment		Not reported for 2021/22 due to definition change								
1G % learning disability in settled accomm.	↑↔	79	79	80	79	↔	✗	↔	92	3
1H % mental health in settled accomm.		Not reported for 2021/22 due to definition change								
1I1 % adults with as much social contact as they would like	↑↔	47	42	42	41	✓	✓	✓	7	1
1I2 % carers with as much social contact as they would like	↑↔	31	27	26	28	✓	✓	✓	40	2
1J Adjusted Social care-related quality of life										
2A1 Permanent admissions to residential Care (18 to 64)	↓↔	20	18	16	14	✗	✗	✗	127	4
2A2 Permanent admissions to residential Care (65+)	↓↔	526	562	541	538	✓	✓	✓	75	2
2B1 % of older people at home 91 days after hospital discharge	↑↔	86	82	81	82	✓	✓	✓	63	2
2B2 65+ reablement offer rate following hospital discharge	↑↔	1	2	2	3	✗	✗	✗	145	4
2D % Reablement to no or lower level support	↑↔	91	85	86	78	✓	✓	✓	23	1
3A Satisfaction of adults with services	↑↔	67	65	66	64	✓	✓	✓	38	1
3B Satisfaction of carers with services	↑↔	39	37	37	36	✓	✓	✓	48	2
3C Carers who felt included and consulted in care of others	↑↔	65	63	65	65	✓	✗	✓	65	2
3D1 Easy access to information for adults	↑↔	64	64	64	65	↔	↔	✗	85	3
3D2 Easy access to information for carers	↑↔	57	56	59	58	✓	✗	✗	76	2
4A % adults who use services who feel safe	↑↔	68	67	70	69	✓	✗	✗	92	3
4B % adults who say services made them feel safe and secure	↑↔	84	87	88	86	✗	✗	✗	95	3

Taken as a full suite of measures, Lincolnshire are performing in the top half of councils for 16 out of the 23 measures being reported. Lincolnshire is performing well compared to the East Midlands, our CIPFA family and England overall, particularly with measures relating to Improved Quality of Life. Seven of the nine ASCOF measures in this domain in

the top two quartiles nationally. Of note, Lincolnshire are a top 10 local authority in relation to personalisation for three of the four measures concerning personal budgets.

In terms of the other domains, it is a mixed picture with some good success in delaying or reducing the need for care and support. Rates of admission to care homes for older adults (ASCOF 2A2) is particularly strong for such a rural community, with some excellent outcomes for people who use our social care reablement service (ASCOF 2D). However, we do know that we could reach more people with our reablement service (ASCOF 2B2), particularly following a hospital discharge, bolstered by other discharge pathways in health; something our share of the £500m winter pressures money from the government can be used for.

There are also challenges from the demand from working age adults in terms of ensuring residential care admissions are monitored and reduced where possible (ASCOF 2A1). Admissions to residential care for working age adults include a fairly even split of adults with learning (30 admissions), mental health (31 admissions) or physical needs (37 admissions) but further work and ongoing monitoring is required to understand these placements and to explore and pursue other housing and support options in the future.

Adults and carers who received services last year reported improved levels of satisfaction in the two annual surveys (ASCOF 3A and 3B). These survey results put Lincolnshire in a favourable position and should be seen as a good achievement given the challenges faced. It is being proposed that we bolster our local service monitoring to Scrutiny with these two user experience survey measures to get a more balanced view of performance.

Lincolnshire Service Level Performance Monitoring

The achievement of targets for Q2 reporting are summarised below. Please note the new performance alert symbols below that will be used in the Power BI reports.

- 3 measures exceeded their target ☆
- 10 measures achieved their target ✓
- 4 measures did not meet their target ✗
- 2 annual survey measures are not reported until Q4

The full suite of ACCW measures for service monitoring are summarised below in Table 2 overleaf. For reference, this table format will feature in the new Power BI reporting. The subsequent sections of the report explore measures by exception for each of the service areas.

Table 2: ACCW Service Level Monitoring Summary - 2022/23 Quarter 2

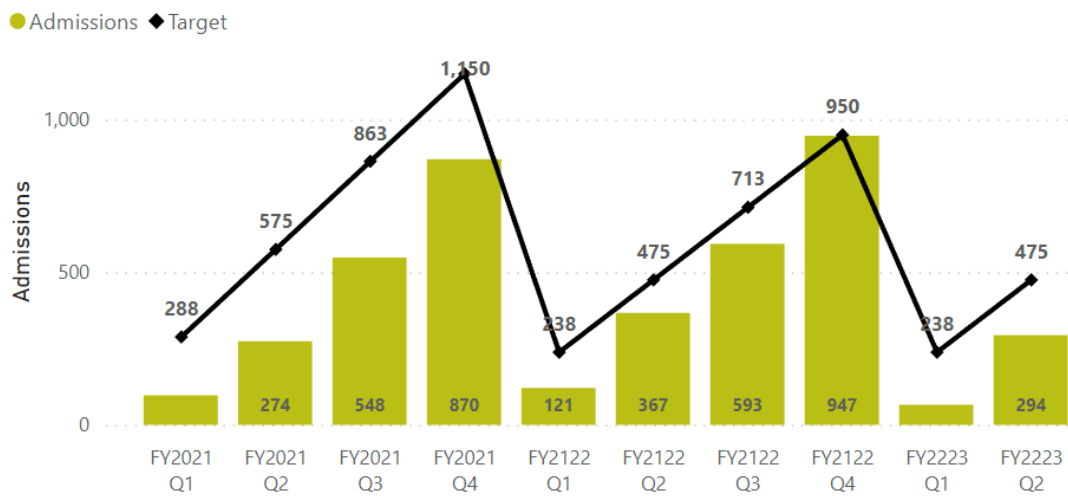
Performance Measures, by Service Area	Rating	Actual	Target
Adult Frailty & Long-term Conditions			
Adults who receive a direct payment [63]	✓	42.7	42
Completed episodes of Reablement [124]	✓	95.1	95
People in receipt of long term support who have been reviewed [65]	✗	32.4	45
People who report that services help them have control over their daily life [123]		Reported annually	
Permanent admissions to residential and nursing care homes aged 65+ [60]	★	294	475
Requests for support for new clients, where the outcome was no support or support of a lower level [122]	★	97.8	93
Public Health & Community Wellbeing			
Carers supported in the last 12 months [59]	✗	1564	1730
Carers who have received a review of their needs [121]	★	92	85
Carers who said they had as much social contact as they would like [120]		Reported annually	
Emergency and urgent deliveries and collections completed on time [113]	✓	99	98
People supported to maintain their accommodation via Housing Related Support Service [112]	✓	100	90
People supported to successfully quit smoking [111]	✗	625	800
% of alcohol users that left specialist treatment successfully [31]	✗	26.3	35
% of people aged 40 to 74 offered and received an NHS health check [33]	✓	56.7	55
% of people supported to improve their outcomes following Wellbeing intervention [110]	✓	99	95
Specialist Adult Services			
Concluded safeguarding enquiries where the desired outcomes were achieved [116]	✓	97.1	95
People who remain at home 91 days after discharge [158]	✓	88.6	85
% of people asked what outcomes they wanted to achieve in an Adult Safeguarding enquiry [163]	✓	79.6	85
Safeguarding cases supported by an advocate [28]	✓	100	100

Adult Frailty and Long-term Conditions

Measures that exceeded their target

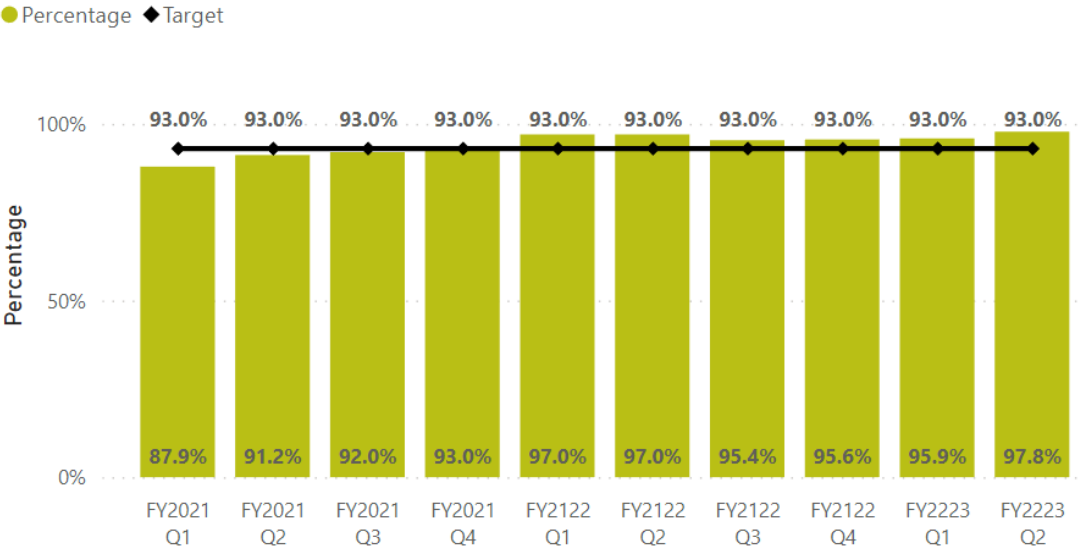
PI 60 – Permanent admissions to residential and nursing care homes aged 65+ ★

Admissions to residential and nursing care for older adults is encouraging through the first 6 months of the year, with over 70 fewer admissions in Q2 compared to the same time last year. This represents a 25% reduction in the level of admission to care homes. If the trend continues, the year-end position will be significantly better than the target. Well done to the Hospital and Community Teams for supporting people to remain in the community!



PI 122 – Requests for support for new clients, where the outcome was no support or support of a lower level ☆

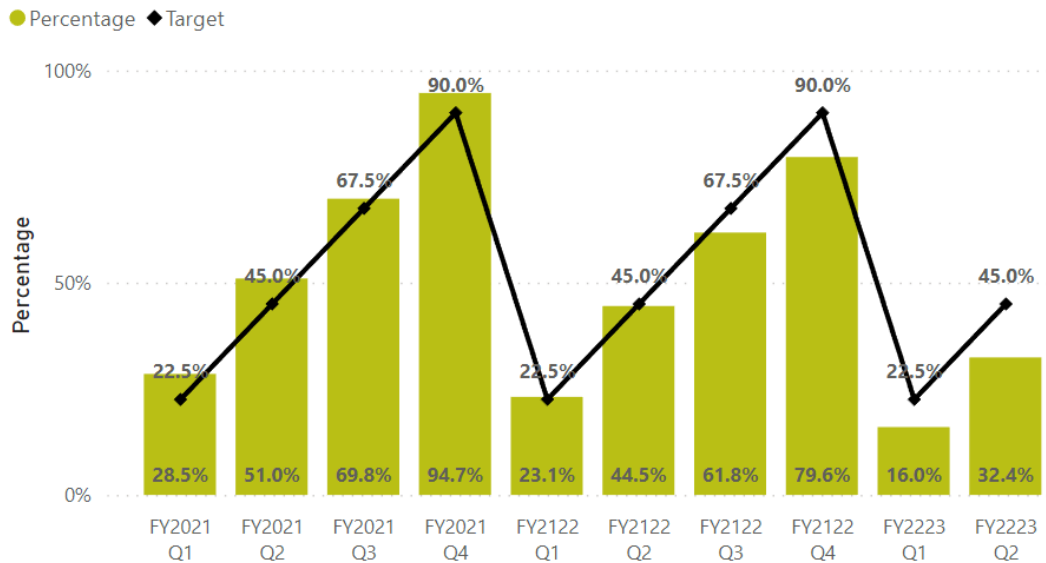
Despite a 45% increase in requests from new clients in Q2 compared to Q1, the Customer Service Centre and Adult Care Teams continue to work effectively at managing the front door. Initial conversations are limiting the volume of cases progressing to area teams, with a four-fold increase in referrals to reablement in Q2 contributing to the improving position in the sector and this measure overall. Again, a big ‘Well done’ to teams for supporting people to remain in the community!



Measures that did not meet their target

PI 65 – People in receipt of long term support who have been reviewed ✘

In November 2021, the Adult Frailty Long Term Conditions made a strategic decision to prioritise hospital pressures which included review teams conducting Social Work assessments following hospital discharge. This plays out in the volume of unplanned review work completed, over and above planned annual reviews, which accounts for a third of all review activity in Adult Frailty. The sheer volume of review activity required in Adult Frailty teams outstrips learning disability and mental health teams combined by almost a factor of three. This decision was reviewed in Summer 2022 whereby the review team went back to focus on completing scheduled reviews. Currently, there are a team of 40 staff who are volunteering to complete additional reviews in addition to the existing three County wide review teams to improve the current rate. We would also like to mention that during the last 6 weeks we have seen a significant increase in the number of reviews completed. In Specialist Adult Services, the Mental Health and Learning Disability teams are on target to achieve approaching 100% of reviews by year end.



Specialist Adult Services

All measures achieved the target in Q2, so there are no exceptions to report and comment on.

Public Health and Community Wellbeing

Measures that exceeded their target

PI 121 – Carers who have received a review of their needs ☆

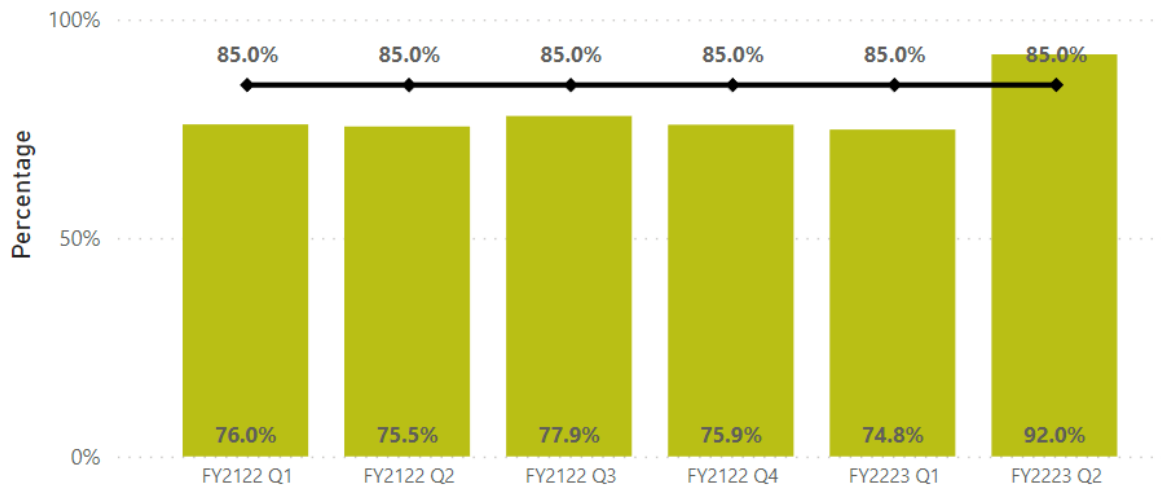
To bring the Carers Service reviews reporting in line with the rest of Adult Care, a revised process will be used from 2022/23 Quarter 2. This was agreed by Scrutiny in Q1 following the presentation of an options appraisal for consideration.

Using the same logic as for the Adult Care reviews measure [PI 65], we are excluding Direct Payments that are new in year, or that ended during the year as these carers would not be due an annual review of their needs as defined by the Care Act.

This gives us a cohort of 584 carers who required a review. Of these, 535 (91.6%) received a review of their needs. This exceeds the target of 85%.

A further contributing factor is the inclusion of client reviews where the carer was present and agreed that their needs had been addressed as part of the review in the same way as we do for client assessments. These changes have led to an improved outcome that is in line with the rest of our Corporate Plan Measure reviews reporting.

● Percentage ◆ Target



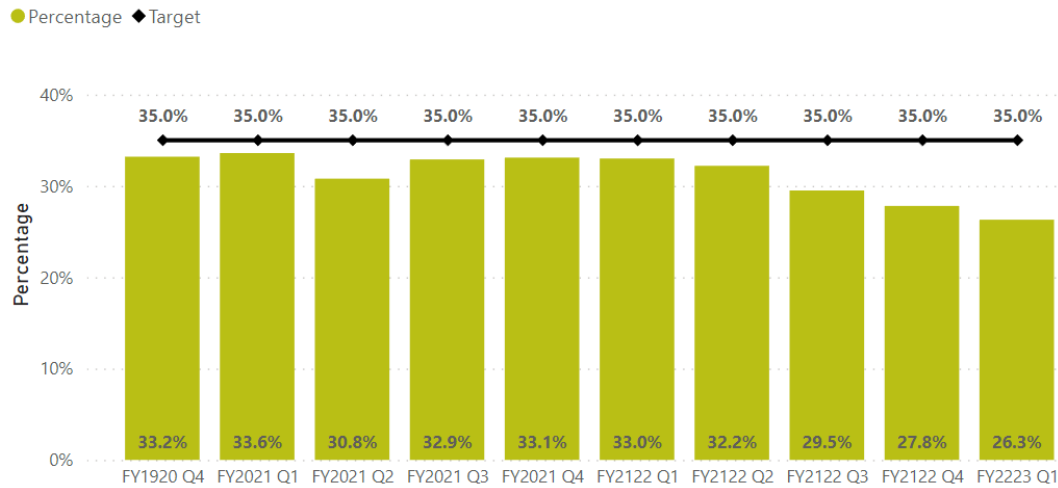
Measures that did not meet their target

PI 31 – Percentage of alcohol users that left specialist treatment successfully ✖

Performance has dropped since the last report from 27.8% to 26.3%. Work has been undertaken with the provider on this performance issue and will be ongoing until the performance improves. This work has confirmed the causes of the drop and remedial action has been taken. However, due to the National Drug Treatment Monitoring System generating the figures over a rolling 12-month period, it will be some time before the issues no longer affects the performance data in the reports.

Identified issues affecting performance are both local and national concerns and include:

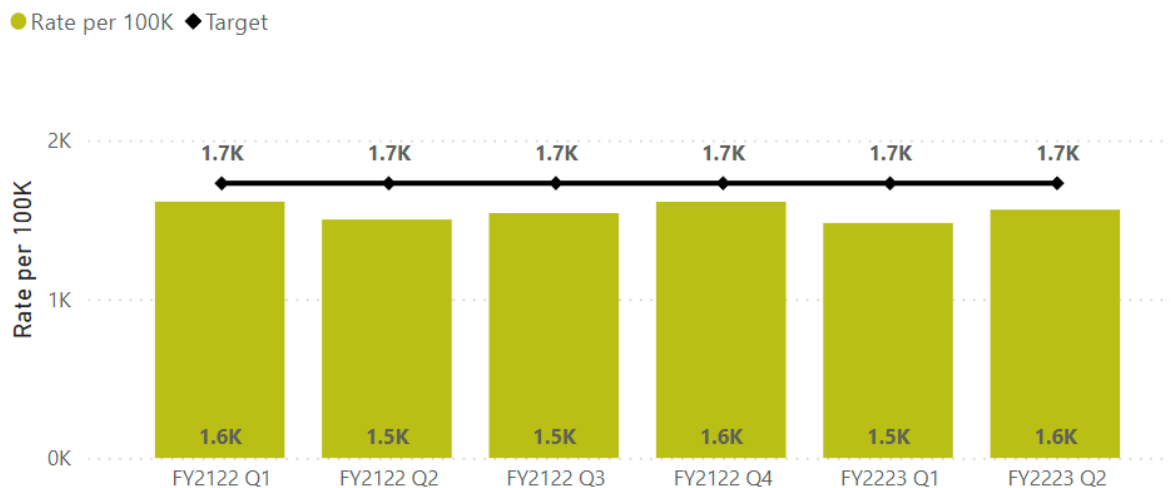
- Recruitment over last winter and spring (late 2021/early 2022). Action was taken and all vacancies are now filled. However, it will take time to train and get the new staff fully operational. This will improve the quality of outcomes moving forward.
- Changes in the complexity of the clients presenting to the specialist treatment service because individuals with lower needs/less complex alcohol problems are now supported through One You Lincolnshire. This is a positive step for treatment choice and accessibility but does mean those presenting to specialist treatment services (which this indicator covers) have more complex problems and take longer to complete treatment, with impacts on the completion rate.
- The complexity of alcohol clients has increased across the board. This is a national issue and believed to be linked to a change in drinking patterns during and after the pandemic. National successful completions also dropped during this reporting period confirming it is not just a local issue.



PI 59 – Carers supported in the last 12 months ❌

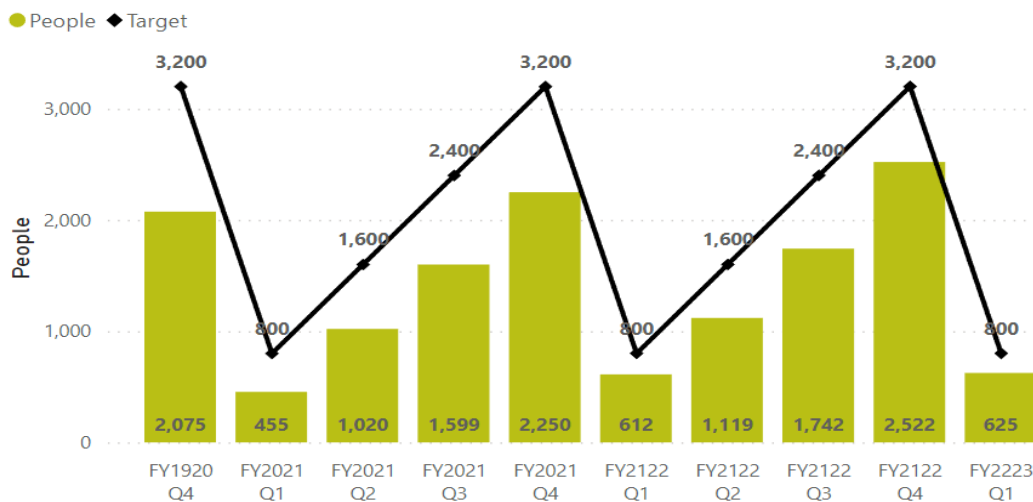
11,884 carers were supported in the last 12 months. Of these 9,650 were over 18 and 2,234 were Young Carers. This translates to 1,564 carers supported per 100k population in Lincolnshire. This is a slight increase over the Q1 reported figure of 1,561, although it is still short of the target of 1,730 per 100k population.

The introduction of tighter definitions of joint assessments has recently led to a reduction in the reported number of carers supported. It is likely that further redefining of what level of interaction with the Carers Service constitutes support in the recently retendered service will lead to a further reduction in the reported number of carers supported. The Carers Service are confident that new systems coming into place for recording and reporting will provide a true picture of meaningful interactions between the service and the carers it supports.



PI 111- People supported to successfully quit smoking ✖

Whilst the target for this quarter has not been achieved, performance from the core team at One You Lincolnshire (OYL) remains high with 82% of the quits coming through the core team. Whilst the number is growing, only 18% of quits came through the subcontracted service delivered by GP's and Pharmacists. This slow return to service delivery after Covid by the GP's is disappointing, however OYL have a dedicated team working on sub-con engagement, supporting the return to delivery and aiding referrals into these practitioners. In addition, OYL are looking at alternative options to ensure the future quarter targets are attainable. They report that they have spent much time this quarter developing relationships and processes with LPFT (mental health) and maternity service, as part of the NHS Long Term Plan in-house tobacco treatment implementation, to ensure a continuous and seamless discharge for patients between the in-house and community services. They continue to use a flexible approach to appointments with a predominantly telephone-based service, which has enabled them to support the higher number of appointments. However, they have started a return to some face-to-face clinics using GP surgeries and a community centre, this too will help to increase their CO (Carbon Monoxide) validation rate; a quality measure of the service.



2. Conclusion

The Adult Care and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report.

3. Consultation

a) Risks and Impact Analysis

N/A

4. Background Papers

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

This report was written by Dave Boath, who can be contacted via email:

david.boath@lincolnshire.gov.uk