

Adult Social Care Performance Update

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1. Summary

- 1.1. The purpose of this report is to provide an update on Somerset's performance in Adult Social Care in comparison to national and comparator benchmarks. As with the previous reports in June and November 2017, this report focuses on the measures included in the Adult Social Care Outcomes Framework (ASCOF) and Delayed Transfers of Care.
- 1.2. This report also provides an update on the Promoting Independence Strategy for Adult Social Care. A draft of this document is included at Appendix D.

2. Issues for consideration / Recommendations

- 2.1 Appendix A provides a series of charts showing detailed comparative information for Somerset against a selection of measures along with a commentary which highlights the direction of travel.
- 2.2 Section 5 of this report provides a brief summary of the current position on Delayed Transfers of Care (DToC) and Appendix B provides a series of detailed charts showing how Somerset's performance on DToC compares both nationally and across the South West region.
- 2.3 Appendix C provides some performance information specifically in relation to Safeguarding.

3. Background - ASCOF

- 3.1. ASCOF is now in its fourth year and measures both national and local (Council level) performance against the ambition to help the most vulnerable people in our society lead better and more independent lives.
- 3.2. ASCOF is split into four domains as follows:
 - Ensuring quality of life for people with care and support needs,
 - Delaying and reducing the need for care and support,
 - Ensuring that people have a positive experience of care and support,
 - Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

There are a series of outcome measures within each of these domains that pull information from a variety of sources including; local data returns (Safeguarding Adults Collection [SAC], Short and Long Term Care [SALT] and the annual Adult Social Care Survey.

3.3. The Adult Social Care Survey is an annual survey sent to a random sample of service users. It is designed to help the sector understand more about how services are affecting lives. User experience information is critical for understanding the impact of services and for enabling choice and informing service development.

4. Analysis of results – ASCOF 2016/17

4.1. The key findings of the 2016/17 ASCOF report produced by the Department of Health concerned 4 measures as follows:

- **1A: Social Care related quality of life** – nationally younger adults (18-64) reported a higher quality of life score (19.5) than those aged 65 and over (18.9). This was also true in Somerset with younger adults having a higher score (19.1) than older people (19.0). The overall quality of life score at England level was 19.1 out of a maximum of 24. In Somerset the overall quality of life score was 19.0 – slightly below the national average.
- **1E: Proportion of adults with learning disabilities in paid employment** – at England level this measure has fallen across each of the last 3 years; down from 6.0% in 2014/15 to 5.7% in 2016/17. Somerset's performance in 2016/17 was 5.9% which represented a slight increase on the previous year.
- **1I: Proportion of people who use services, and their carers, who reported that they had as much social contact as they would like** – at England level a higher proportion of service users aged 18 to 64 reported having as much social contact as they would like (49.0%) compared to those aged 65 and over (43.2%).

This was also true in Somerset where 46.9% of service users aged 18-64 and 42.5% of those aged 65 and over reported having as much social contact as they would like.

Unlike service users, a higher proportion of carers aged 65 and over (38.3%) reported having as much social contact as they would like compared to carers aged 18 to 64 (32.3%).

Somerset bucked the national trend as far as carers were concerned with 47.5% of those aged 18-64 and 44.0% of those aged over 65% reporting that they had as much social contact as they would like.

- **2C: Delayed transfers of care from hospital, and those which are attributable to social care or jointly to social care and the NHS per 100,000 population** - at England level both delayed transfers of care from hospital and those which are attributable to social care per 100,000 population have risen each year from 2013-14 to 2016-17.

These measures are concerned with actual patient numbers which are no longer collected by NHS England. Detailed information on performance on Delayed Transfers of Care is provided in Section 5 of this report and in Appendix B.

- 4.2.** The ASCOF report highlights areas for improvement. A key measure of personalisation is the proportion of eligible users who receive a personal budget. In this measure Somerset's performance is poor and well below the national average. Performance during 2016/17 increased slightly from 2015/16.

2017/18 to date shows an improvement on this measure but Table A in Appendix A shows that Somerset remains an outlier on this measure.

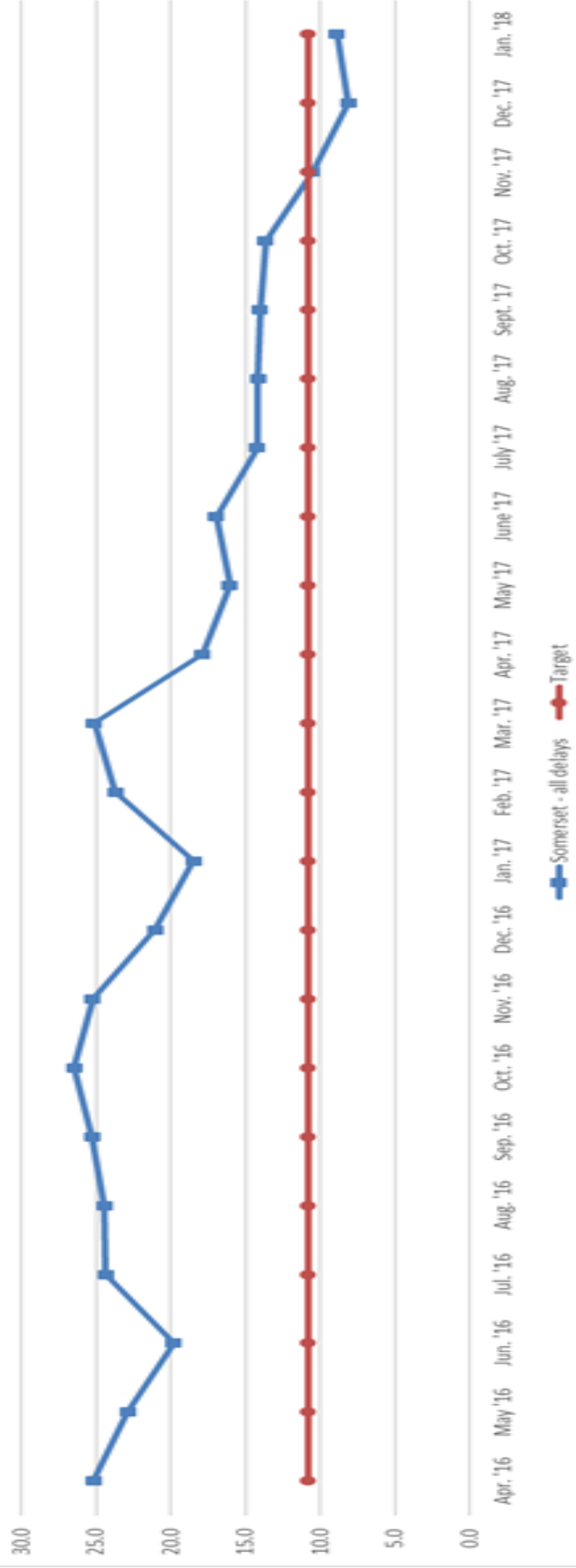
- 4.3.** In terms of placements in residential and nursing homes, in 2016/17 Somerset placed more younger adults (aged 18-64) than both the national and comparator group average. The projected outturn for 2017/18 as at February 2018 suggests performance will be approximately in line with performance in 2016/17.

Somerset's performance in 2016/17 was better than the national average for older people (aged 65+) where our placement numbers were amongst the lowest in the family group. However, the projected outturn for 2017/18 (based on placements made between April and February) shows a marked increase in placement numbers.

5. Delayed Transfers of Care (DToC)

- 5.1.** A delayed transfer of care occurs when a patient is medically fit for discharge from acute or non-acute care and is still occupying a bed. *Definition taken from LGA 'Delayed Transfers of Care Statistics for England 2016/17' report.*
- 5.2.** The chart below shows Somerset's performance against the DToC target for delays attributable to Adult Social Care. The target is stated as a number of delayed days per calendar day per 100,000 population. For Somerset the target is 3.8 and this was meant to be achieved by November 2017. Somerset's performance at the end of January was 4.39. The chart shows that we achieved the target for the first time in December January.

DToc - TOTAL Delayed Days per day per 100,000 population compared to target



5.3 Appendix B provides some further analysis of DToC performance, including an analysis of Somerset's ranking nationally.

6. Promoting Independence Strategy

6.1. All of the work we have been doing over the last two years has been to support people to be as independent as possible. For 2018-19 the strategy has been further developed to concentrate its efforts to improve outcomes for individuals.

6.2 The strategy concentrates on the following 6 objectives, each of which are underpinned by key performance metrics:

1. Early help and prevention
2. Customer Focus through the front door of the Council and from acute hospitals
3. Effective short-term interventions for people from the community
4. Designing the care system for people with long-term care and support needs
5. Developing a workforce that promotes independence and community-led solutions
6. Governance and management arrangements to sustain improvements.

6.3 In practice, this strategy is about:

- Maximising independence to support people to remain in their homes and communities, without formal social care support wherever possible
- A changed relationship with the public where we manage expectations and are realistic about what we can do and what we expect from individuals, families and communities
- Working differently with partners to support people to get the right level and type of support at the right time
- Asking staff to think and practice in new and different ways
- Ensuring we have the right enablers in place to achieve our ambitions.

6.4 The performance measures referenced within the strategy are now embedded in the service plans for Adult Social Care. The redesign of the monthly Adult Social Care scorecard reflects these changes and ensures that the data is more easily accessible and owned by all staff. Each operational team has their own underpinning 'locality' level plan, linked to the overarching Strategy which sets out the specific aims and targets for their specific areas of work.

6.5 This year is about embedding the changes internally and not only seeing quantitative changes but also seeing the cultural shift through qualitative continuous practice improvement.

6.6 The diagram below provides a visual summary of the three core principles and six key areas of work within the strategy:



6.7 The diagram below provides a snapshot of what the Promoting Independence Strategy means in practice.

