

Adult Social Care Performance Update

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Cabinet Member: David Huxtable, Cabinet Member for Adult Social Care
Division and Local Member: All

1. Summary

1.1 The purpose of this report is to provide a further update on Somerset's performance in Adult Social Care in comparison to national and comparator benchmarks, and in relation to the service's strategic priorities set out within our Strategy for Promoting Independence; the Strategy was published and shared at Scrutiny on 11 April 2018.

1.2 Our Strategy is based on a commitment to adopt an asset, or strengths, based approach to the way we work and engage with our community, customers and workforce. Traditional approaches to undertaking assessments of needs have focused on what people *cannot* do for themselves (the deficit model) rather than concentrating on their abilities, wider network and the potential they may have. This has led to over-reliance on statutory services, often inappropriate or disproportionate levels of support, lengthy waiting lists and pressures on teams, resulting in poor outcomes and experiences for some individuals.

1.3

The service is monitoring closely the impact our revised approach is beginning to have, and, as can be seen from some of the data contained within this report (Section 5), early impacts have shown improved customer satisfaction, responsiveness, timeliness and budget monitoring.

2. Issues for consideration / Recommendations

2.1 Members of the Scrutiny Committee to note and comment on updates in relation to Adults and Health key performance measures captured within cover report and accompanying supporting appendices:

- Appendix A – Adult Social Care Outcomes Framework
- Appendix B – Delayed Transfers of Care
- Appendix C – Safeguarding Performance Update

3. Background - ASCOF

3.1. The Adult Social Care Outcomes Framework (ASCOF) measures both national and local (Council level) performance against the ambition to help the most vulnerable people in our society lead better and more comfortable 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 – lightly 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 (2C1), and those which are attributable to social care (2C2), 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 increase further from 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. Service Priority Updates

5.1 Customer Focus through the front door of the Council (Somerset Direct)

Objective: There is an effective Council front door that helps people find solutions to their problems and can demonstrate its impact in terms of diversions from formal care and the delivery of good outcomes

5.2 Performance update:

- Evidence demonstrates improved customer experience and management of demand via Somerset Direct, with 79% of customers surveyed during February 2018 rating their experiences as having been 'very good', and a further 20% 'good'.
- The proportion of customer contacts resolved at Somerset Direct has risen, with the March 2018 average at 54% (highest day 72%) – *compared with 52% in August (highest day 59%)*.
- The vast majority of contacts passed from Somerset Direct to operational Locality teams are resolved at the initial 'triage' stage, with a mean average of 22% of contacts passed for allocation to a worker. Further work is being undertaken to explore and clarify where additional training and/or support is needed to resolve more requests for advice or support at Somerset Direct.
- Community Drop Ins and Talking Cafes are now open in 8 locations across the County and these can be accessed through Somerset Direct, via triage, and through our network of Community and Village Agents. Community Agents are now part of our Peer Forums in every locality, and are able to offer community

support and non-funded solutions at the point of options being discussed.

- e) This activity has assisted locality teams in making significant progress on reducing waiting lists and ensuring clients are not waiting an undue time for an appropriate social care response.
- f) Addressing the numbers of overdue reviews has been a specific focus for the service in recent months, with numbers reducing significantly in every area since January 2018 consequent to targeted work by locality teams and support offered by business support colleagues in removing old, erroneous or duplicate records. A quality assurance process has been rolled out to ensure that the quality of the reviews taking place are sufficient, in terms of adopting person-centred, strengths-based approaches.
- g) Budgets within locality teams have also been robustly managed in recent months, with Peer Forums having the delegated authority for all decisions at agreed fee level; the increased reviews and options made available via community agents have also contributed to the positive impact on budgets.

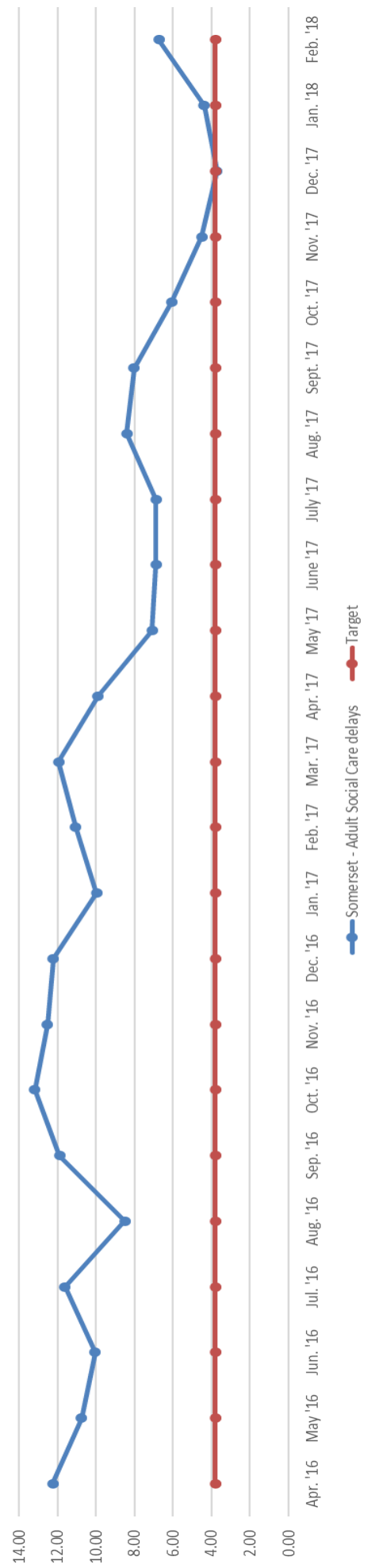
5.5 **Customer Focus from Acute Hospitals**

Objective: There is a clear set of arrangements in place between the Council and NHS partners that enables the speedy discharge of patients from hospital and achieves the best possible outcomes for those individuals

Performance update: A delayed transfer of care (DToC) occurs when a patient is medically fit for discharge from acute or non-acute care and is still occupying a bed¹. 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 February was 6.75. The chart shows that we achieved the target for the first time in December but are now above it.

¹ Definition taken from LGA 'Delayed Transfers of Care Statistics for England 2016/17' report

DToC - ADULT SOCIAL CARE Delayed Days per day per 100,000 population compared to target



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

MTFP Savings

MTFP Savings	2018/19 Allocation	Savings Achieved	Outstanding	Actions being undertaken to achieve outstanding savings
Improve Org Productivity and Process Efficiency	3,100,000	0	3,100,000	Review Board established; first meeting early May 2018; Will report on progress at subsequent Scrutiny meeting to include MTFP progress
Sensory Loss	20,000	20,000	0	
TAP - Staffing	106,000	106,000	0	