

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. This report follows on from previous reports provided to Scrutiny Committee and highlights key performance activity and indicators relating to Adult Social Care. The report is supported by an accompanying appendix which provides further detail in relation to some of the key indicators being monitored closely by the service and helps to evidence the improvements and areas for further development identified within this covering report.

2. Issues for Consideration/Recommendations

- 2.1. For members of the Scrutiny Committee to comment on the updates in relation to Adult Social Care performance trends captured within the report and the actions being taken to continue to improve the service.

3. Key Achievements

- 3.1. **Managing Demand** - Our continued focus on managing demand, improving outcomes and investing in strengths-based conversations with those seeking assistance via Somerset Direct (our call centre) has enabled the Adults team to meet our target of 60% resolution at first point of contact.

Since April 2019 we have also reported on the 'combined resolution rate' – this refers to the proportion of calls that are resolved either by Somerset Direct or by our locality triage teams. The target for this combined measure is 75% and average monthly performance since April 2019 has been 72.8% (*Appendices 1.1 and 1.2 refer*).

The number of overdue assessments for Locality Teams stood at 63 at the end of January 2020. This represents a reduction of approximately 74% compared to the same point last year. For assessments completed since April 2019 the average time someone waited for an assessment was 18 days – this is measured from the date of the initial contact to the date the assessment was completed.

The number of overdue reviews has reduced by approximately 33% and stood at 1,306 at the end of January 2020. Our planned trajectory will see all overdue reviews cleared by September 2020 whilst maintaining the quality of the reviews. Over 90% of people with an overdue review have received a review within the last 2 years.

3.2. **Care provider quality** - The quality of local regulated care provision in Somerset has seen steady and continuous improvement over recent years, evidenced by the high proportion of providers judged by the Care Quality Commission (CQC) to be 'Good' or 'Outstanding'. In November 2016, 83% of providers were 'Good' or better. This figure has risen to 87% at December 2019 (*Appendix 1.4 refers*). This compares positively to a national average of approximately 84%.

3.3. **Permanent Placements into Residential and Nursing Care** – An important part of our Promoting Independence approach is to reduce reliance on permanent placements into Residential and Nursing care. Whilst for some people a nursing care service is the best service for them to receive care and support, for others it is not. Some of the reasons for this are as follows:

- Placing people into permanent care often reduces their independence;
- It can limit peoples' choices and control. Residents have less control over who comes into their home and they may lack privacy;
- The council has a duty to provide the least restrictive support and, in some cases, residential care can restrict a person's liberty;
- We want to enable Somerset residents to live their best life;
- It often does not provide best value for the Council or residents.

Appendix 1.5 highlights the year-on-year reduction of placements of people aged 65 and over. The Better Care Fund target for 2018/19 was 520 placements per 100,000 population and Somerset reported 512.2 placements.

For 2019/20 the target has been stretched to 468 placements per 100,000 population. This represents a 10% reduction compared to the target for the previous year. Although the number of new placements in residential and nursing care is reducing, we are seeing the impact of people living longer. The snapshot number of people funded in residential and nursing placements at the end of each month has remained fairly consistent across 2019/20 which clearly has a financial impact.

Between April and January 2020, we made 491 actual placements. Assuming we continue at the current rate, the projected figure per 100,000 population by year end will be 454.1. The national average for 2018/19 was 580.0 per 100,000 population and the regional average for the same period was 513.0.

3.4. **Self-Directed Support** – this measure examines the number of eligible service users that have been offered either a personal budget or a direct payment. Changes to the way that assessments are recorded that were introduced in August 2018 have seen a significant improvement in local performance. Our performance exceeded 90% for the first time in March 2019 and at the end of January our performance was approaching 95% (*Appendix 1.6 refers*).

3.5. **Safeguarding** – the proportion of concluded safeguarding enquiries where the risk was reported to have 'reduced' or been 'removed' following our involvement was 90.7% for all enquiries concluded between April 2019 and January 2020. The adult

safeguarding service routinely audit cases where the risk 'remains'; however, this is commonly due to respecting the individual's capacitated wish to continue to have contact with the alleged perpetrator of the abuse.

- 3.6. **Delayed Transfers of Care (DToc)/Home First** – the target for Delayed Transfers of Care at a CCG level is that no more than 2.5% of available beds are lost to delays. Appendix 1.8 shows Somerset's performance against this measure since April 2019. Current performance (January 2020) is slightly above target at 2.71%. A large number of the delays in Somerset (47%) are within community hospitals, which reflect the recent challenges in securing timely and sufficient homecare.

Between April 2019 and January 2020 2,596 people were discharged from hospital onto one of the Home First pathways. 65% of these people were discharged on to Pathway 1 (i.e. home with support). Our target is 75%.

Appendix B includes a case study highlighting the impact of Home First.

4. **Quality Monitoring Audits and Activity** – Since the launch of the new online practice quality audits in September 2019, staff from right across adult social care have submitted a total of 465 audits (September 2019 to January 2020) exploring the achievement of quality standards across a wide range of core activity, including assessments, reviews, safeguarding responses and supervisions.

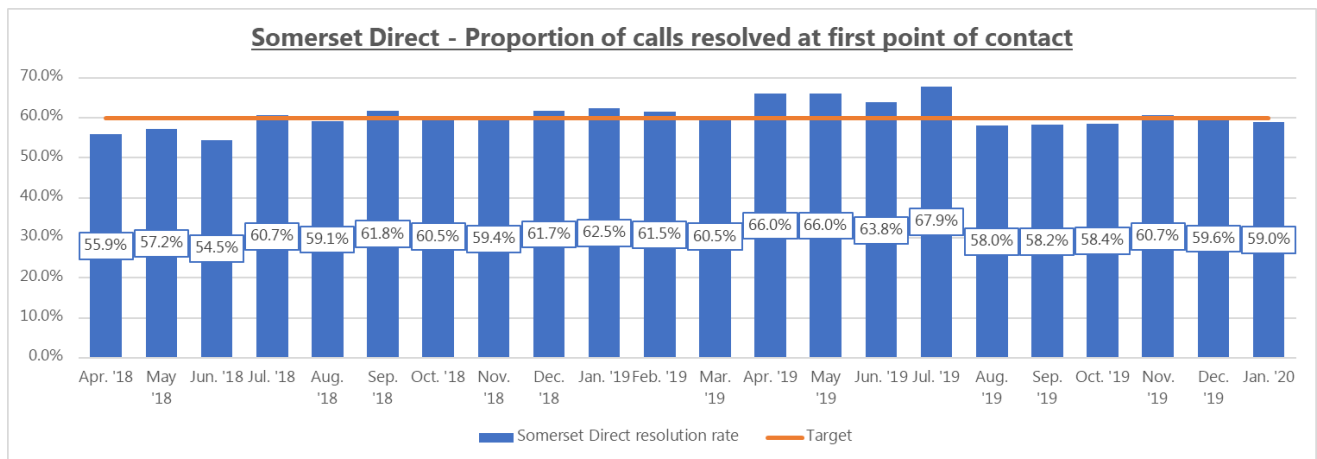
The process has dual benefit: it offers the service an additional means of routinely monitoring, dip-sampling and tracking the quality of our work, but it is the 'soft intelligence' and benefits that are proving most useful – enabling greater reflective practice, enhancing conversations between supervisors and those they supervise, and supporting team workshop activities. The monthly thematic reports are widely circulated and also presented to monthly PIMS (Performance Improvement Meetings) for scrutiny.

5. **Performance priorities for the year ahead** - Strategic Managers across Adult Social Care have now submitted their core ambitions for the coming year as part of the annual corporate service planning process. The two service plans (one focused on the commissioning function, and the other on frontline operational priorities) outline how the work of the service contributes to the overarching 'Improving Lives' vision. Managers are ensuring the activities within these plans filter down into individual appraisal objectives and team work plans. The content of the plans will also inform service-level risk registers and performance scorecards.

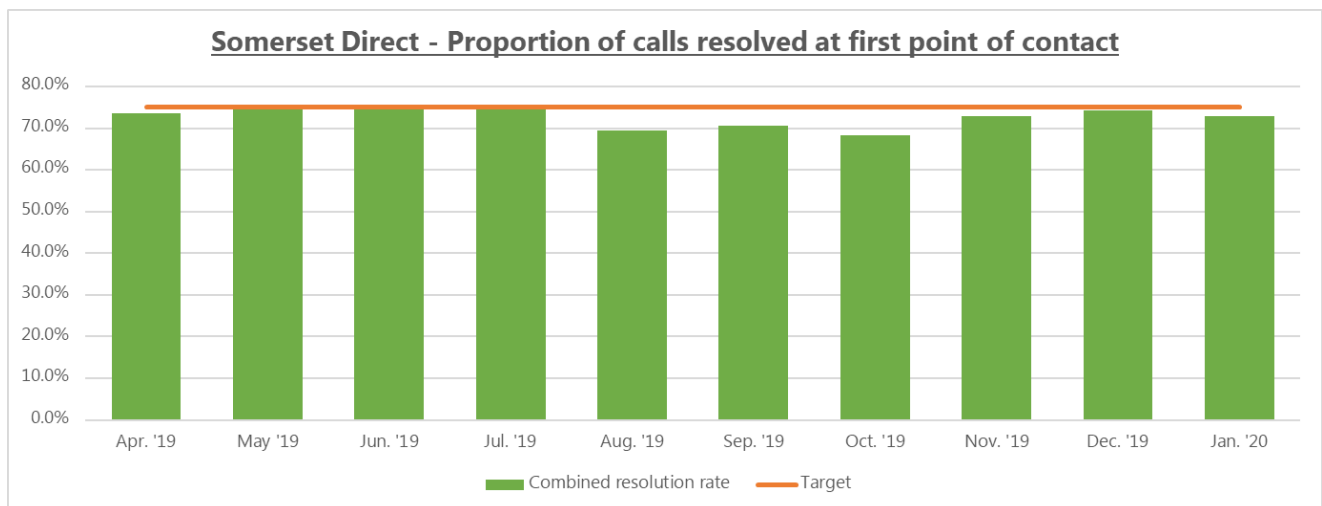
In addition, the service will be participating in a South West ADASS (Association of Directors of Adult Social Services) Peer Review, scheduled for 16 April 2020. Work is underway to develop and finalise self-assessments to contribute to the pre-activity exploring practice, culture, partnerships, commissioning activity and ambitions. Somerset is being paired up with Devon County Council and Gloucestershire as part of this process, which will be supported by colleagues from RiPfa (Research in Practice for Adults).

Appendix A – ASC Performance Trends

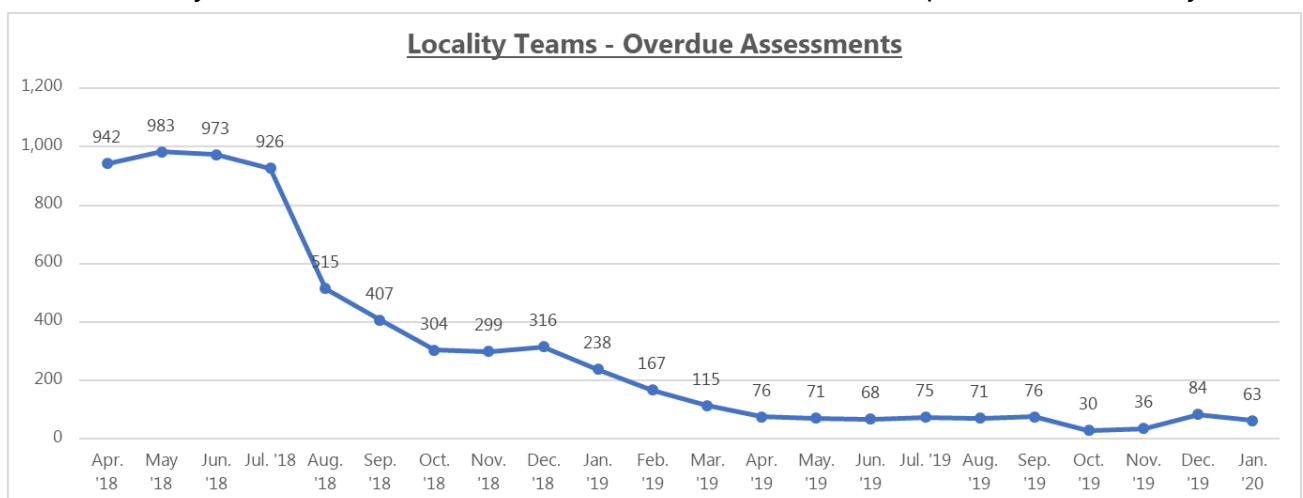
1.1 Somerset Direct – proportion of calls signposted from April 2018 to January 2020.



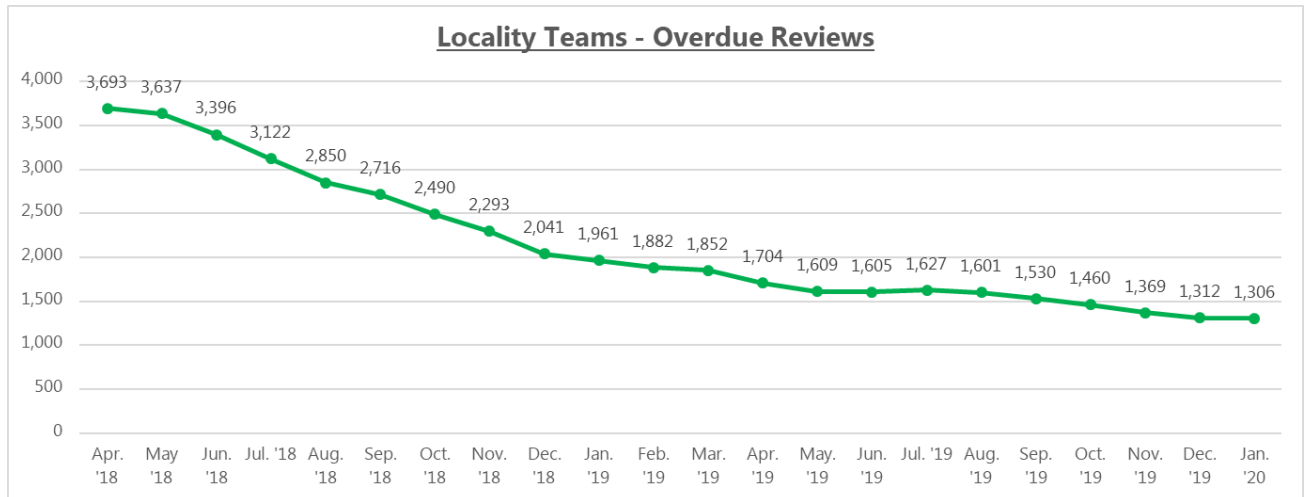
1.2 Combined resolution rate – proportion of calls signposted by either Somerset Direct or locality triage teams from April to December 2019.



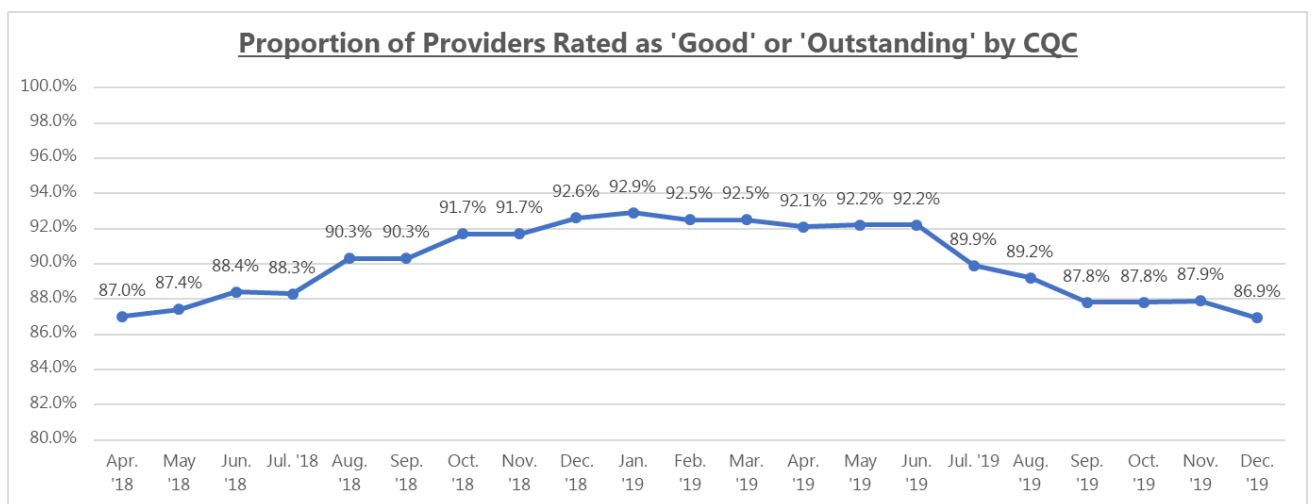
1.3 Locality Teams – reduction in overdue assessments from April 2018 to January 2020.



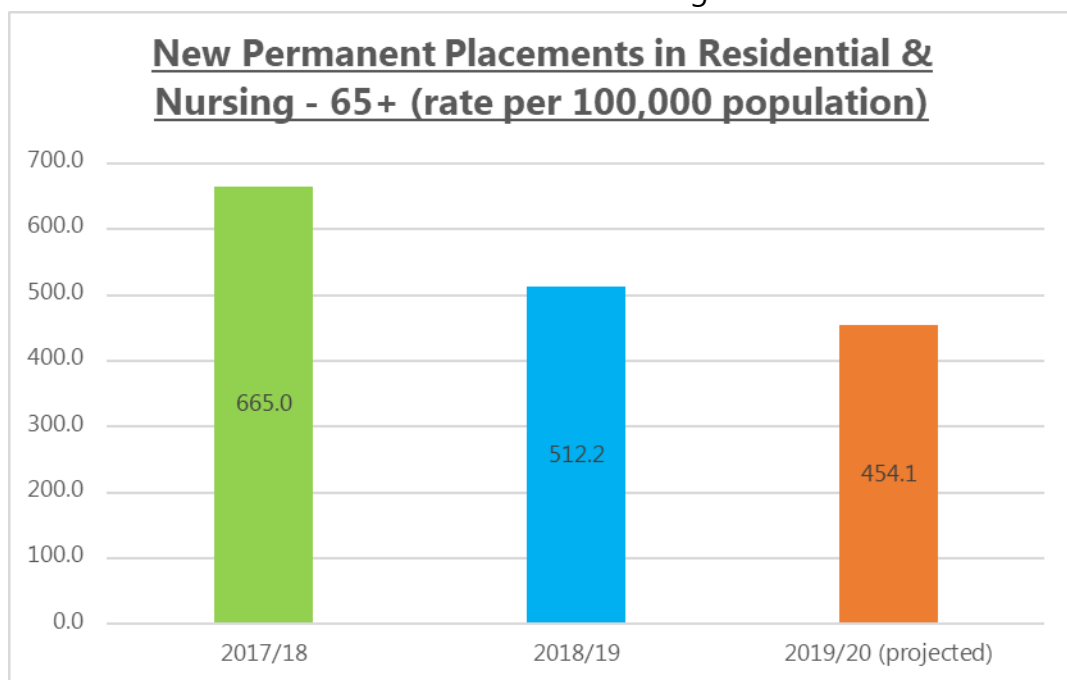
1.4 Locality Teams – reduction in overdue reviews from April 2018 to January 2020.



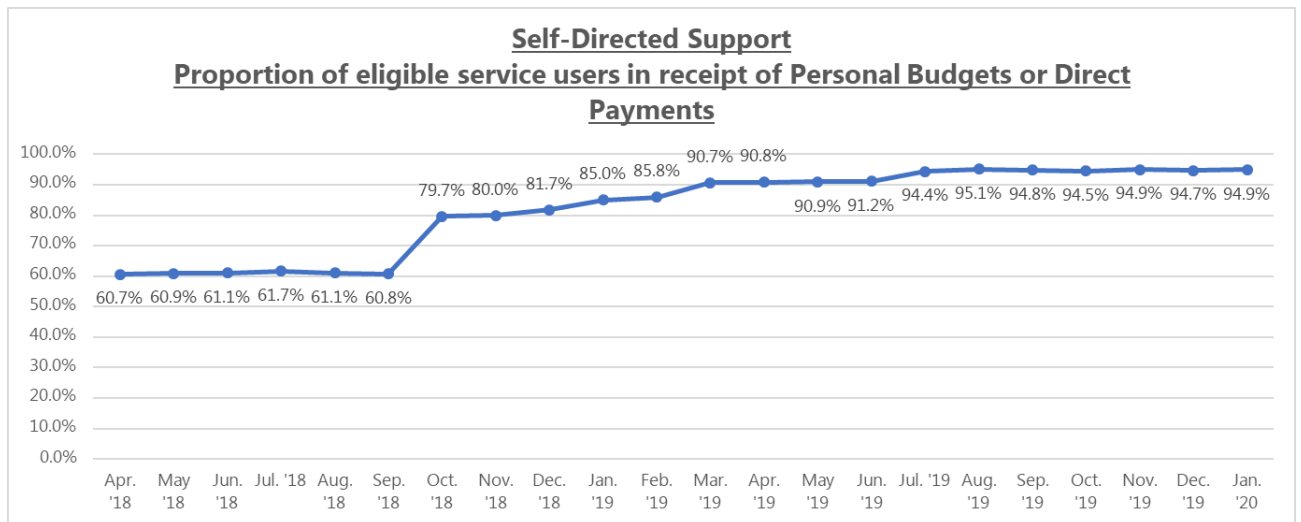
1.5 Providers with CQC rating of 'Good' or 'Outstanding' from April 2018 to December 2019.



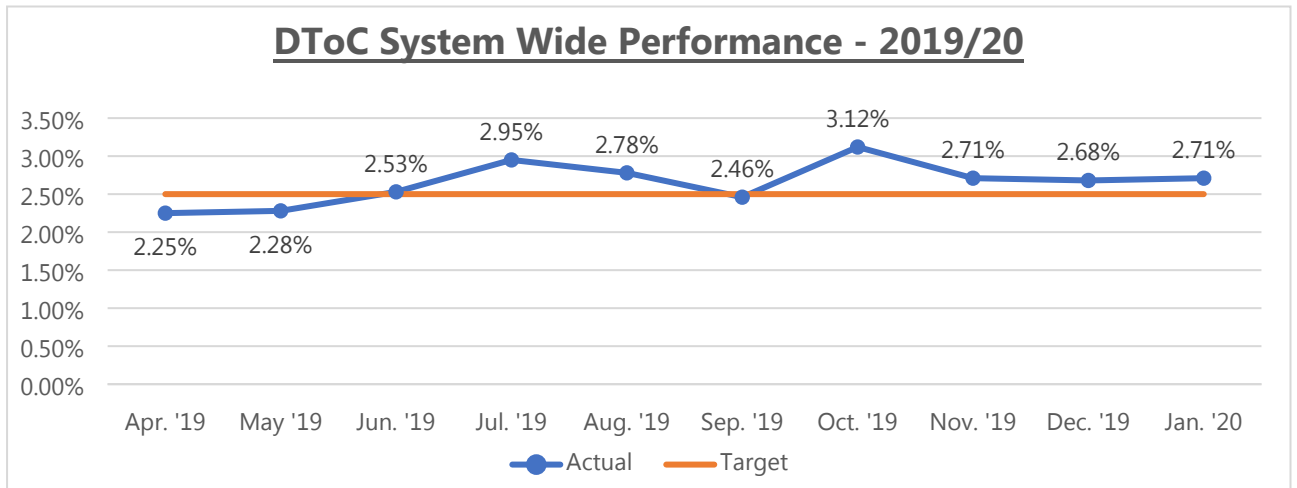
1.6 Permanent admissions to Residential and Nursing care:



1.7 Self-Directed Support from April 2018 to January 2020:



1.8 Delayed Transfers of Care (DToC) System-wide measure from April 2019 to January 2020



Appendix B – Home First Case Study

Patient Story:

- Lady was admitted to hospital following a fall,
- She was known to have dementia,
- She normally managed at home and was not known to services. She rarely visited GP,
- In hospital she became disorientated to time and person so couldn't remember when to wash, dress, eat, sleep etc.,
- Wandering on ward and generally really confused

Prior to Home First:

- MDT wouldn't have had the confidence to send this lady home,
- How would she cope at home?
- How would she manage in between carer visits?
- "What if x happens..." would have been the focus of the MDT conversation,
- No way of 'testing' how she would manage at home,
- We may have placed her in a residential home?

With Home First:

- Now we have a service where we can 'test' how people manage at home,
- There is a clear escalation process if things don't work out,
- Because there is an escalation plan available the MDT have more confidence in taking positive risks,
- Home First enabled this lady to return home with 24 hour supervision for the first 48 hours (now called the delirium pathway),
- She quickly re-settled in her familiar home environment and usual routines,
- The 48 hour supervision was withdrawn,
- Door sensors were installed to inform next of kin if she wandered out of the home (this provided peace of mind for them),
- It was actually a very light touch from the Home First team, but the service created the vehicle for allowing those positive risks to be taken!