CONTRIBUTION TO OUR AIMS

The delivery of the integrated health and social care arrangements between the council and the CCG contributes to the council’s aim to ensure that people can be supported to live as independently as possible in their homes and communities. (Stronger communities)

EXECUTIVE SUMMARY

This report presents the quarterly adult social care performance report for quarter 3 of 2016/17, which provides cabinet sight of a collection of performance measures as required by national government. The performance report should also provide members with assurance about the delivery, quality and safety of adult social services and the council’s statutory duties under the Care Act 2012.

RECOMMENDATIONS

Cabinet notes the content of the report and issues arising and refers to the Health Scrutiny Panel for their consideration.

REASONS FOR DECISION

Performance monitoring supports the council in delivering its strategic aims and provides assurance to the council about the discharge of its statutory responsibilities in respect of adult services.

1. BACKGROUND AND ISSUES

Adult Social Services have been commissioned under the partnership arrangements with the CCG with the intention of ensuring greater opportunities for integration between health and care services. This approach ensures better overall use of care and health resources in the borough as well as ensuring that people are supported to live at home,
as independently as possible where they can enjoy and make a contribution to community life.

Quarterly progress reports are required as part of the section 75 partnership agreement between the council and the CCG and provide elected members and the community with assurance on the delivery of the partnership business plan, the adult social care strategy and the delivery of the council’s aims in supporting the development of stronger communities and the health, and wellbeing of the population. Adult social services also have an important contribution to how safe people feel both within the community and within care settings.

The performance report helps to understand how well adult social care is working as a system of support to enable vulnerable people to live at safely at home wherever practicable. Social services aim to support people to be as independent as possible and to manage their health and well-being. Social services also have an essential role to play in reducing the need for hospital admissions and in ensuring that people can return home from hospital as soon as possible. Working effectively, social services can help to ensure that health resources are not wasted.

This quarter's report shows improvements in the following areas:

- **Self-directed support** – this is an important measure of how well social workers are engaging with individuals in developing their care plans and meeting needs. Self-directed support helps service users to feel in control of their care and support and promotes wellbeing and independence.

- **Uptake of direct payments** – this has improved overall, but is still below expected levels of performance when compared to national data; Locally it has been felt that it is more important that people feel able to direct their support rather than receive a direct payment. There has been a reduction in the proportion of carers receiving direct payments which is believed to be due to the changed delivery model for carers’ support services. Following feedback from carers, improvements will be made to simplify systems to improve the uptake of direct payments.

- **Adults with learning disability living independently or with family, or in paid employment** – although there has been a slight decline in performance since the last report overall this performance is positive as it demonstrates how people with learning disabilities are being better supported to manage their own lives within the community rather than in institutionalised settings. It is expected that the performance target will be met by the year end.

The report also shows that improvements are needed in the following areas:

- **More effort needs to be made to ensure appropriate support to carers, who are an essential part of support to vulnerable people; improvements need to be made in relation to self-directed support, direct payments (though we have feedback which would suggest that carers prefer to have simpler access to services and limited appetite for direct payments) and reviews for carers. Carers’ support services are a fundamental part of keeping people supported within the community**
• There has been a slight increase in long term care placements for over 65s since the last reporting period.
• Residential care home placements aged 18-64 have increased significantly in percentage terms since the last report but these are still relatively low numbers. All cares are rigorously reviewed at the risk and quality panel. Residential care packages are generally more expensive than home based services and are less likely to promote independence. Our overall strategy is to support people to live at home wherever possible and safe to do so.
• Delayed transfers of care attributable to social services have increased slightly which to some extent is to be expected during the winter period due to overall pressure in the system. A hospital based in-reach team is in place to assist in the management of timely hospital discharges and winter pressures. Actions are underway to improve the effectiveness and timeliness of domiciliary care packages.
• Delayed discharges not attributable to adult social care are linked to pressure on bed based rehabilitation services within the hospital setting.
• The proportion of people signposted to community based preventative support has remained relatively stable. An investigation into why this is the case has shown that the overall volume of calls to the single point of access has increased, and diversified to incorporate mental health and safeguarding calls. In the context of increased numbers of calls to the SPA the percentage of cases signposted to preventative services represents an increase in numbers overall. Preventative support services reduce reliance on formally commissioned services and aim to delay the need for care and support.
• Reviews and re-assessments –overall performance is below target However reviews and re-assessments are undertaken on the anniversary of the initial client assessment and therefore the percentage of assessments undertaken in each reporting period will vary. Overall there is good performance in this area. This is an important measure which shows how individuals’ needs are re-considered so their care packages can be re-designed and reshaped as needs change or outcomes are achieved.

2. **RISKS AND OPPORTUNITIES**

The council spend around 17.5% of its budget on the delivery of adult social care functions. By working with the CCG, clients are able to receive more co-ordinated health and social care services making better use of the available resources and providing a better quality of service. The business plan provides a key mechanism by which the council and CCG are able to agree programmes of work and performance objectives, thus enabling the council to ensure that its resources are used to best effect and that value for money is being achieved. Adult services also have an important role to play in the Healthy Lives, Healthy Futures agenda in promoting self-care, independent living and reducing the need for individuals to be admitted to hospital wherever possible and safe to do so. As the council continues to develop its focus on outcomes, the adult services performance indicators will be reviewed to ensure that the focus is on supporting individuals to help themselves, reduce social isolation and use community resources wherever practicable to ensure that those with more complex
needs will continue to be able to access support as public sector resources continue to diminish.

3. OTHER OPTIONS CONSIDERED

None at this stage.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are potential positive/negative reputational implications for the Council and the CCG resulting from misunderstanding and misreading of the data provided. A commentary has been provided as additional context however for a fuller picture elected members and members of the public can refer to the annual report (called the Local Account) which can be found here: http://www.northeastlincolnshireccg.nhs.uk/data/uploads/online-version_interactive.pdf

5. FINANCIAL CONSIDERATIONS

There are no direct financial implications arising from this report. Members are asked to note that it is a statutory duty to meet eligible need under the Care Act irrespective of the level of resources available. It is essential therefore that the council and CCG continue to pursue the integration of health and care systems to optimise the performance of the system overall and that effective preventative services are in place as part of managing demand within the system.

6. CONSULTATION WITH SCRUTINY

This report will be considered by the health and wellbeing scrutiny committee as part of its routine work in scrutinising adult services and the delivery of the adult social care strategy.

7. FINANCIAL IMPLICATIONS

The report is advising and updating on progress and performance within the CCG on the delivery of Adult Social Care services hence there are no additional direct financial implications arising from the report itself.

8. LEGAL IMPLICATIONS

There are no specific legal implications arising directly from this report that are not covered in the body of the report itself.

9. HUMAN RESOURCES IMPLICATIONS

There are no direct HR implications arising from the contents of this report.
10. **WARD IMPLICATIONS**

Affects all wards.

11. **BACKGROUND PAPERS**

Quarterly performance report.

12. **CONTACT OFFICER(S)**

Beverley Compton, Director of Adult Services  0300 3000 695

Councillor Hyldon-King  
Portfolio Holder Health and Wellbeing
## Performance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure</th>
<th>Latest Month</th>
<th>Year-to-Date</th>
<th>Performance</th>
<th>Size of the Cohort</th>
<th>Year-on-Year % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of adults aged over 18 receiving a long term community service who receive self-directed support*</td>
<td>December 2016</td>
<td>90.0%</td>
<td>94.2%</td>
<td>1,354</td>
<td>15.1%</td>
<td></td>
</tr>
<tr>
<td>Proportion of Carers who receive self-directed support*</td>
<td>December 2016</td>
<td>90.0%</td>
<td>90.6%</td>
<td>342</td>
<td>27.4%</td>
<td></td>
</tr>
<tr>
<td>Proportion of adults aged over 18 using social care receiving direct payments*</td>
<td>December 2016</td>
<td>-</td>
<td>21.5%</td>
<td>1,354</td>
<td>46.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Comment(s):**
- The annual uptake rate of Direct Payments for 2014/15 was 24%, and for 2015/16 22.3%. Comparing nationally this represents consistent position in the higher part of the median to lower quartile.
- The reduction of Direct Payments to Carers is seen as largely attributable to a change in model of support to carers, which included change of Carers Support provider. Heeding feedback from carers requesting simplified system and easier access to support in developing the model there has been greater uptake of offered service and less request for Direct Payment for carers.
- It should be noted the the significant increase in performance seen over the last year is, in the main, attributable to a change in guidance around this measure and the fact that this guidance then allows us to include an additional cohort of clients that are receiving specific employment support through a service provided by Care Plus Group.

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<tr>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td>Proportion of adults with learning disabilities who live in their own home or with their family*</td>
<td>December 2016</td>
<td>79.9%</td>
<td>78.1%</td>
<td>416</td>
<td>-4.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Comment(s):**
- Current performance is just below the target, however it is felt that the year end target for this measure will still be met based on historical performance.

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<th>Year-on-Year % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of adults with learning disabilities in paid employment*</td>
<td>December 2016</td>
<td>5.0%</td>
<td>12.7%</td>
<td>416</td>
<td>242.0%</td>
<td></td>
</tr>
</tbody>
</table>

**Comment(s):**
- It should be noted the the significant increase in performance seen over the last year is, in the main, attributable to a change in guidance around this measure and the fact that this guidance then allows us to include an additional cohort of clients that are receiving specific employment support through a service provided by Care Plus Group.

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<th>Performance</th>
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<th>Year-on-Year % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>The total number of people placed in permanent residential and nursing care homes aged 18-64*</td>
<td>December 2016</td>
<td>9.8</td>
<td>0</td>
<td>11</td>
<td>83.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Comment(s):**
- All admissions for permanent care for individuals aged 18-64 are presented and subsequently agreed at the Risk and Quality panel to ensure that all avenues have been explored before agreeing to fund the placement. Reminders have been forwarded to all staff throughout focus and NAViGO to remind them of the importance of discussion at R&Q panel at an early juncture if a permanent placement is looking likely for someone in this age bracket. Every effort is made to maintain people living independently within the community though on some occasions cost can be prohibitive, (ref Ethical & Pragmatic decision making policy.)

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</tr>
</thead>
<tbody>
<tr>
<td>The total number of people placed in permanent residential and nursing care homes aged 65 and over*</td>
<td>December 2016</td>
<td>165.0</td>
<td>10</td>
<td>164</td>
<td>3.1%</td>
<td></td>
</tr>
</tbody>
</table>

**Comment(s):**
- The A&E Delivery Board initiatives on in patient assessment practices and discharge planning now have executive sponsorship and are required to be implemented rapidly. With the single largest contributor to DToCs being access to bed based rehab, winter planning in the A&E Delivery Board remains committed to ensuring rehab capacity is available and on ensuring care package delays are minimised. The CCG remains on target to be a top quartile performer on DToCs but considers many of the existing delays to be avoidable through improved discharge planning and improved use of available onward care capacity.

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<th>Year-on-Year % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>The total number of people whose discharge from hospital has been delayed*</td>
<td>October 2016</td>
<td>58.0</td>
<td>11</td>
<td>65</td>
<td>54.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Comment(s):**
- The A&E Delivery Board initiatives on in patient assessment practices and discharge planning now have executive sponsorship and are required to be implemented rapidly. With the single largest contributor to DToCs being access to bed based rehab, winter planning in the A&E Delivery Board remains committed to ensuring rehab capacity is available and on ensuring care package delays are minimised. The CCG remains on target to be a top quartile performer on DToCs but considers many of the existing delays to be avoidable through improved discharge planning and improved use of available onward care capacity.

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<th>Size of the Cohort</th>
<th>Year-on-Year % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>The total number of people whose discharge from hospital has been delayed which are attributable to ASC*</td>
<td>October 2016</td>
<td>17.2</td>
<td>3</td>
<td>20</td>
<td>66.7%</td>
<td></td>
</tr>
</tbody>
</table>

**Comment(s):**
- These measures are being targeted in the NEL Urgent Care Plan under a zero tolerance model as the majority of delays are regarded as avoidable through improved joint working, process improvement and capacity/resilience measures.
- The discharge team is now well underway with its development and work is on-going to educate NLaG staff about The Care Act 2014 requirements regarding discharges. Rigorous challenge is pursued as necessary where delays have been attributed to ASC incorrectly.
### Delaying & Reducing the Need for Care & Support

<table>
<thead>
<tr>
<th>Measure</th>
<th>Latest Period</th>
<th>Year to Date Target</th>
<th>Latest Month</th>
<th>Year-to-Date</th>
<th>Size of the Cohort</th>
<th>Year-on-Year % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>The total number of days delayed associated with people whose discharge from hospital has been delayed</td>
<td>October 2016</td>
<td>1929.7</td>
<td>272</td>
<td>2014</td>
<td>N/A</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

**Comment(s):** The A&E Delivery Board initiatives on in patient assessment practices and discharge planning now have executive sponsorship and are required to be implemented rapidly. With the single largest contributor to DToCs being access to bed based rehab, winter planning in the A&E Delivery Board remains committed to ensuring rehab capacity is available and on ensuring care package delays are minimised. The CCG remains on target to be a top quartile performer on DToCs but considers many of the existing delays to be avoidable through improved discharge planning and improved use of available onward care capacity.

| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | November 2016 | 89.5% | 95.5% | 94.6% | 22 | 3.5% |

**Outcome of short-term services: sequel to service**

| Proportion of adults aged over 18 receiving a long term service who have received a review | December 2016 | 85.0% | 74.4% | 74.4% | 2,028 | -7.2% |

**Comment(s):**

The Signposting percentage is at a steady but slightly lower than previously reported figure from last year. Upon analysis this is due to an increase in overall Single Point of Access (SPA) contacts which now include functions such as safeguarding concerns and mental health, thus increasing the overall contact number and compressing the signposting percentage. However the actual signposting number is steady against the contacts the SPA can have an impact on. Further work is planned with the new SPA General Manager to review the calculations and ensure the percentage is represented properly following recent developments within the SPA. This figure also includes signposting following an assessment of need.

The Preventative Services Market Development Board has supported a range of sustainable models of service delivery aimed at promoting mental and physical health. The Board provides pump priming funding to enable sustainable service offerings to get off the ground. Two examples of these are:

- Specialist individual and group fitness plans linked to gym attendance for people with learning disabilities
- Individually tailored counselling sessions for young people leaving care or in transition subsidised by charged for counselling services to companies and individuals able to pay.

The Board maintains a pipeline of potential projects which undergo rigorous scrutiny before funding is agreed. Projects are proposed by organisations and priorities are identified through need articulated through commissioning organisations and intelligence gathered through services such as the Single Point of Access.

| Proportion of adults aged over 18 receiving a long term service who have received a review | December 2016 | 85.0% | 74.4% | 74.4% | 2,028 | -7.2% |

**Comment(s):**

Performance on this measure has dropped over the quarter, however this is due to historically how reviewed are planned throughout the year and we therefore expect this figure to increase in quarter 4 as in previous years.

### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Latest Period</th>
<th>Year to Date Target</th>
<th>Latest Month</th>
<th>Year-to-Date</th>
<th>Size of the Cohort</th>
<th>Year-on-Year % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of contacts</td>
<td>December 2016</td>
<td>-</td>
<td>1489</td>
<td>15545</td>
<td>1,489</td>
<td>-18.5%</td>
</tr>
<tr>
<td>Total number of initial assessments completed</td>
<td>December 2016</td>
<td>-</td>
<td>76</td>
<td>560</td>
<td>76</td>
<td>-47.3%</td>
</tr>
<tr>
<td>Total number of reviews completed</td>
<td>December 2016</td>
<td>-</td>
<td>30</td>
<td>2060</td>
<td>30</td>
<td>-38.8%</td>
</tr>
<tr>
<td>Total number of people in receipt of home care services</td>
<td>December 2016</td>
<td>-</td>
<td>2428</td>
<td>2428</td>
<td>2,428</td>
<td>62.7%</td>
</tr>
<tr>
<td>Total number of people in a permanent care home placement</td>
<td>December 2016</td>
<td>-</td>
<td>629</td>
<td>629</td>
<td>629</td>
<td>-5.3%</td>
</tr>
<tr>
<td>Total number of people in a short stay care home placement</td>
<td>December 2016</td>
<td>-</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>-16.7%</td>
</tr>
<tr>
<td>Total number of people in supported living</td>
<td>December 2016</td>
<td>-</td>
<td>393</td>
<td>393</td>
<td>393</td>
<td>158.6%</td>
</tr>
</tbody>
</table>

**Glossary of terms**

**Long term community service** - Encompasses services provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which have been allocated on the basis of eligibility criteria / policies (i.e., an assessment of need has taken place) and are subject to regular review.

**Self-directed Support** - An approach to social care that puts the person at the centre of the support planning process, so that they can make choices about the services they receive.

**Carer** - A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help.

**Direct payment** - Money that is paid to someone (or someone acting on their behalf) on a regular basis by the local council so they can arrange their own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care.

**Delayed discharge** - When you are well enough to leave hospital after an illness or accident, but you have to stay there while the care you need in your own home or in another place is arranged.

**Reablement/rehabilitation services** - A way of helping you remain independent, by giving the person the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness. A reablement/rehabilitation service may be offered for a limited period in your own home that includes personal care, help with activities of daily living, and practical tasks around the home.

**Short-term services** - Describe a range of services that are of short duration (typically being provided for a few weeks) and that have the explicit aim of trying to minimise the person’s use of ongoing social care services.

**Sequel to service** - This is the sequel identified as the result of a client receiving a short term service.

**Community based preventative support** - Care and support services provided in the community that involve early interventions to prevent long term dependency or ill health.

**Review** - A review is an examination of an existing client’s needs and services (the care plan where it exists); it must include a (formal) reassessment, irrespective of whether it was a scheduled or unscheduled review. A scheduled review may be undertaken at regular intervals or by a predetermined date. A review, to be valid for these returns, must have been carried out or commissioned by the CASSR.

**Supported living** - Describes a method of delivery of social care, typically home care type services, to individuals within their own homes. It is characterised by flexibility in provision to best meet the individual’s needs and wishes, rather than a traditional package of care which tends to be more prescriptive in terms of details of the care such as hours and visits.