

Meeting date: 30 March 2021
Report to: Cabinet Member for Adult Social Care and Health



Subject/report title: Adult Care and Support Performance Progress Quarter 3 2020-21

Report from: Jenny Wood, Director of Adult Care and Support

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Wards affected:

- All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood |
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 Lyndon | Meriden | Olton | Shirley East | Shirley South |
 Shirley West | Silhill | Smith's Wood | St Alphege

Public/private report: Public

1. Purpose of Report

- 1.1 To update the Cabinet Member on Adult Care and Support (ACS) performance progress across a range of national and local adult social care performance measures at the end of Quarter 3 2020-21.

2. Decision(s) recommended

- 2.1 To endorse the contents of the report and actions being taken forward.

3. Matters for Consideration

- 3.1 Adult Care and Support (ACS) performance is measured in line with the Department of Health and Social Care (DHSC) national Adult Social Care Outcomes Framework (ASCOF) through a range of key performance indicators divided into four priorities (known as domains). These are:

Domain 1: Enhancing quality of life for people with care and support needs

Domain 2: Delaying and reducing the need for care and support

Domain 3: Ensuring people have a positive experience of care and support

Domain 4: Safeguarding people whose circumstances make them vulnerable.

- 3.2 All local authorities in England are required to submit data to the DHSC and to report

on the key ASCOF performance indicators annually after year end through statutory returns. Solihull ACS measures performance against these ASCOF indicators and some local indicators throughout the year to be able to gather the information for the statutory returns, and to understand how well the needs of people who use our services are being met against the four domains.

3.3 National data for all 152 local authorities (LAs) in England for the ASCOF performance indicators for the year 2019-20 was published in December 2020. This information is published once a year, after the year end data is submitted to DHSC, as described above. Access to this data enables local authorities to benchmark and rank their own performance position for each of the ASCOF performance indicators out of 152 national LAs. The rankings are grouped into four quartiles - Top, Upper Middle, Lower Middle, and Bottom. The top and upper middle quartiles represent the best performance, whereas lower middle and bottom quartiles represent poorer performance. Details of 2019-20 quartile performance for each ASCOF measure are provided below.

3.4 **Impact of Covid-19 pandemic**

We continue to experience the impact of Covid-19 on the level of demand and staff sickness. This has stabilised more recently, but the impact was significant during Q3 and the beginning of Q4. For a period of approximately three months, Solihull Council exercised the Care Act easements in order to effectively meet demand with a depleted workforce. Adult Care and Support staff have also been operating within social distancing regulations, and conducting assessments and reviews virtually where possible.

As outlined below, Covid-19 has impacted on some performance measures, but the effect to date has not been significant. We continue to track the impact of Covid-19 on demand levels and performance.

3.5 **Quarter 3 Performance Headlines:**

(a) **Percentage of people who use services (aged 18+) and who receive self-directed support.**

Description: Self-directed support is part of the support planning process to help people manage their own support as much as they wish so they are in control of what, how and when support is delivered to match their needs.

Quarter 3 Outturn: 94.6% / **Quarter 3 Target:** 95%

Previous Quarter's Performance: 94%

National Comparison: Solihull's 2019/20 performance = Lower Middle Quartile

1583 / 1673 (94.6%) of people who receive long term support services are on self directed support. This measure remains slightly off target. The target had been met at 2019-20 year end. Cases continue to be sent out to social work

teams for auditing to ensure information recorded on Liquid Logic is up to date and accurate. This will help improve the outturn of this measure for year end.

(b) **Percentage of carers who receive self-directed support**

Quarter 3 Outturn: 100% / **Quarter 3 Target:** 100%

Previous Quarter's Performance: 100%

National Comparison: Solihull's 2019/20 performance = Top Quartile

This measure is on track at the end of Q3 2020-21. 118 out of 118 carers (who receive a carer's specific service) received self-directed support. To further support carers, the Carers Champions Group, supported by the Principal Social Worker, continues to meet. This Group identifies any issues and shares updates and actions relevant to carers with social work teams. Key actions to drive improvements in practice across all areas of social care are part of a carers' action plan.

(c) **Percentage of people who use services (aged 18+) and who receive a direct payment either through a personal budget or other means**

Description: The above measure is used to understand the proportion of those people who have been through the self-directed support process and then go on to receive a direct payment.

Quarter 3 Outturn: 27.2% / **Quarter 2 Target:** 30%

Previous Quarter's Performance: 26.3%

National Comparison: Solihull's 2019/20 performance = Upper Middle Quartile

455/1673 (27.2%) people receiving long term support received a direct payment at the end of Quarter 3. Performance is still below target. This is mainly due to a change in the denominator, with an increase in the number of people we are supporting, due to people who would usually be self-funding their care being open to Adult Care and Support. The Strategic Direct Payments Group has also identified actions to support better promotion of direct payments. Revised DP training has been jointly delivered by the DP team and the Principal Social Worker to new starters and will be rolled out to all teams over the next few months. Examples of good practice are also being collated and will be shared to showcase cases where DPs have been used to meet care and support needs innovatively.

(d) **Percentage of carers using social care and who receive a direct payment either through a personal budget or other means**

Quarter 3 Outturn: 100% / **Quarter 3 Target:** 100%

Previous Quarter's Performance: 100%

National Comparison: Solihull's 2019/20 performance = Top Quartile

The performance outlined above is meeting the target set.

(e) **Percentage of people with a learning disability receiving long term support were in paid employment**

Description: This indicator is a measure of improvement in employment outcomes for adults with learning disabilities, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidence benefits for health and wellbeing and financial benefits.

Note: outturn is cumulative for the year.

Quarter 3 Outturn: 3.6% / **Quarter 3 Target:** 5.3%

Previous Quarter's Performance: 3.6%

National Comparison: Solihull's 2019-20 performance = Lower Middle Quartile

There are 507 people with learning disabilities who have had a long term service support, in the period April to September 2020. 18 (3.6%) of these are recorded as in paid employment. This measure is currently below target. Many potential supported roles for people with LD are in sectors heavily impacted by Covid e.g. hospitality, retail, as well as other areas also impacted by more widespread negative economic fallout, and many of this cohort have additional health concerns and have been shielding, so this will continue to be a challenging area for some time. Adult Care and Support are in the process of recruiting an Employment Support Coordinator to work directly with people with learning disabilities and potential employers to improve this situation during 2021/22/

(f) **Percentage of people with a learning disability receiving long term support live in their own home or with their families.**

Description: This indicator is a measure of outcomes for adults with learning disabilities by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and the risk of social exclusion. **Note:** outturn is cumulative for the year.

Quarter 3 Outturn: 78.9% **Quarter 3 Target:** 56.3%

Previous Quarter's Performance: 13.8%

National Comparison: Solihull's 2019/20 performance = Lower Middle Quartile

There were 507 people with learning disabilities who have had long term service in the reporting period. Of those assessed or reviewed in this period, 400 were recorded as being in settled accommodation. Performance in this area has significantly improved since Quarter 2 as the All Age Disability team completed a focussed piece of work over the last month to cross reference information from Performance and update LiquidLogic records as required.

(g) **The number of people (aged 18 – 64) receiving long term support who were admitted to residential or nursing care homes, per 100,000 population**

Description: This is a measure reflecting the number of admissions of younger adults to residential and nursing care homes relative to the population size for this cohort. Research suggests where possible people prefer to stay in their own home rather than move into residential care. Avoiding permanent placements in residential care homes is a good indication of delaying dependency, and local health and social care services work together to reduce avoidable admissions. **Note:** outturn is cumulative for the year.

Quarter 3 Outturn: rate of 8.99 per 100,000 population / **Quarter 3 Target:** a rate of 7.37 per 100,000 population

Previous Quarter's Performance: 5.72 per 100,000

National Comparison: Solihull's 2019/20 performance = Upper Middle Quartile

The number of people admitted between April and December 2020 was eleven (six mental health placements, four for personal care support and one for learning disability support). The target for this measure is to not exceed a total of 12 people admitted in the year (*a rate of 10.00 per 100,000 population*) and the measure is currently off target following the facilitation one further placement in December. A rigorous process is in place for agreeing permanent admissions although in a small number of cases it is appropriate for a person to move into residential / nursing care in order to achieve a greater quality of life. This is in accordance with the Adult Care and Support's Offer – 'Our Offer to You.' Temporary placements are utilised where appropriate to enable people to be moved into alternatives avoiding permanent admissions. Covid-19 continues to impact adversely on people with mental health conditions. Commissioning colleagues are working closely with the Mental Health Team to understand this further and ensure that appropriate preventative services are in place.

(h) **The number of people (aged 65 and over) receiving long term support who were admitted to residential or nursing care homes per 100,000 population**

Description: This is a measure reflecting the number of admissions of older people to residential and nursing care homes relative to the population size for this cohort. Research suggests where possible people prefer to stay in their own home rather than move into residential care. Avoiding permanent placements in residential care homes is a good indication of delaying dependency, and local health and social care services work together to reduce avoidable admissions. **Note:** outturn is cumulative for the year.

Quarter 3 Outturn: 385.7 rate per 100,000 / **Quarter 3 Target:** 352.5 rate per 100,000

Previous Quarter's Performance: 296.3 rate per 100,000

National Comparison: Solihull's 2019/20 performance = Lower Middle Quartile

The measure is currently off target, due to Covid-19 hospital discharge services and services for people who would normally be self-funders being included in this outturn as they have had their support funded, in line with the national Hospital Discharge Guidance. The number of people admitted during April to December was 177 (385.7 per 100,000) which was outside the profiled target. The profiled target for year-end is 216 admissions (*a rate of 470 per 100,000 population*). As with the admissions of younger people, robust processes are in place for the scrutiny of all permanent admissions and all cases have been considered necessary due to the level of need of the individual and cost effectiveness. However performance in this area has been significantly impacted by Covid 19. There has also been a notable increase in complex and critical contacts that are being received throughout the second wave of Covid 19, thus impacting on the level and type of service provision required. With the introduction of the Community Intervention service and Covid Response Team, and a greater focus on admission avoidance and intensive community support, it is anticipated that the rate of care home admissions will plateau. We are awaiting revised Hospital Discharge Guidance for post-March 2021.

(i) **Delayed Transfers of Care (DToC) from hospital attributable to social care.**

Reporting of DToC was suspended nationally in mid-March 2020 due to Covid 19 so there is no further update to the one provided in the Q4 2019-20 Cabinet Member Report.

(j) **Percentage of people discharged from hospital into reablement were still at home 91 days later**

Description: This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services.

This is Better Care Fund plan measure for Solihull where the target was agreed with NHS England and measures how successful reablement was for people. The indicator is measured once a year during the months of January – March. The next official return on this indicator will be for March 2021. However it is monitored locally for monitoring purposes

Quarter 3 Outturn: 79.8% / **Quarter 3 Target:** 83.5%

Previous Quarter's Performance: 84.9%

National Comparison: Solihull's 2019/20 performance = Upper Middle Quartile

124 older people were discharged from hospital between January and September 2020 and were provided with a reablement service 91 days after the start of their reablement plan; 99 (79.8%) were recorded as being at home by end of December 2020, below the target of 83.5%. It is noted people that have been discharged over recent months post Covid do have some additional needs and performance variance from previous years is being monitored. This may be a reason why a larger than usual number of people required a care home provision and increased numbers of people died. Improvements are anticipated in the next quarter as a targeted piece of work is being undertaken to make contact with all who have received reablement where their whereabouts is unknown.

4. What options have been considered and what is the evidence telling us about them?

4.1 Not applicable

5. Reasons for recommending preferred option

5.1 Not applicable

6. Implications and Considerations

6.1 State how the proposals in this report contribute to the priorities in the Council Plan:

Priority:	Contribution:
Economy: 1. Revitalising our towns and local centres. 2. UK Central (UKC) and maximising the opportunities of HS2. 3. Increase the supply of housing, especially affordable and social housing.	Not applicable

<p>Environment:</p> <p>4. Enhance Solihull's natural environment.</p> <p>5. Improve Solihull's air quality.</p> <p>6. Reduce Solihull's net carbon emissions.</p>	Not applicable
<p>People and Communities:</p> <p>7. Take action to improve life chances in our most disadvantaged communities.</p> <p>8. Enable communities to thrive.</p> <p>9. Sustainable, quality, affordable provision for adults & children with complex needs.</p>	All actions and ASCOF indicators support the development of services for adults

6.2 Consultation and Scrutiny:

6.2.1 None

6.3 Financial implications:

6.3.1 None arising from this information report

6.4 Legal implications:

6.4.1 None arising from this information report

6.5 Risk implications:

6.5.1 None arising from this information report

6.6 Equality implications:

6.6.1 None arising from this information report

7. List of appendices referred to

7.1 None

8. Background papers used to compile this report

8.1 None

9. List of other relevant documents

9.1 None