

OPEN

Adults and Health Committee

25th Sept 2023

Adults Social Care Q1 scorecard 2023/24

Report of: Helen Charlesworth-May, Executive Director – Adults, Health and Integration

Report Reference No: AH/26/2023-24

Ward(s) Affected: All Wards

Purpose of Report

- 1 To provide Adults and Health Committee with an overview of performance against the core indicator set within the Adults Social Care service. This report covers a range of the corporate objectives under the overarching corporate priority of a fair authority.

Executive Summary

- 2 This report provides an overview of quarter one performance for adult social care services for the relevant indicators for the reporting year of 2023-24. It also provides where applicable the outturn position for the reporting year end.
- 3 The committee will note the report reflects a rolling four quarter activity.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Scrutinise the performance of adult social care services for quarter one and the finalised performance for the full reporting year.

Background

- 4 This quarterly report provides the committee with an overview of performance across Adult Social Care services. This report relates to quarter 1 of 2023-24 (1 April 2023 – 30 June 2023).
- 5 The outcomes framework scorecard contains 35 indicators across adult social care services and provides a strategic overview of the core activity with the service areas that demonstrate how we support the children and young people in Cheshire East. It also gives a very high-level indicative picture of the gross financial costs of services.
- 6 The following indicators have been highlighted for consideration – please note the numbers relate to the corresponding indicator in the attached appendix outcomes framework scorecard.
 - **1.3 - Total number of individuals currently in short-term residential/ nursing care.** Quarter one has continued to see a reduction in those being supported in short term placements. This is in line with the medium-term financial strategy line to reduce the usage of short-term placements where appropriate. It has been possible because of the work undertaken to grow capacity in the domiciliary care market within Cheshire East, as set out in the Market Sustainability Plan, approved by Committee in March 2023. This approach enables individuals to return home in a more timely fashion and be supported in the community.
 - **1.4 - Weekly number of Domiciliary Care Hours.** In the last 12 months there has been significant progress made to increase domiciliary care market capacity in the authority. As noted above this is a critical action to reduce over-reliance on residential and nursing care beds. As a result, we are now able to commission almost 4,000 more hours a week which on an average of 20 hours care per person per week would equate to an additional 200 people per week being supported to stay in their own homes.
 - **2.1 - Number of New Case Contacts.** These continue on a downward trend with the lowest quarterly number in the last four quarters. This can be linked to the front door approach to signposting individuals where applicable to preventative services in-order to prevent, reduce or delay the need for care and local authority support. This may also be an indicator that individuals are accessing support via the LiveWell site and other preventative services in the first instance. We are currently evaluating the use of the LiveWell site to understand whether any changes are required and if so, what those changes may be.

- 2.8 – Number of Contacts resulting in a New Referral.** As noted above the number of new contacts in total is reducing, but the proportion of people who contact us and are then referred for an assessment has increased slightly and has been at around 71% for the last 6 months. This suggests that those now contacting the front door for support have a higher level of need than has been the case in the past. Taken together these two indicators suggest that this strand of the Directorate’s strategy for managing demand is working. There is further work to do to understand what the overall impact of reduced contacts but increased referrals is having on overall workload for social care teams and we do not yet have enough information to know whether people have accessed or used prevention services prior to contacting us.
- 2.4 and 2.9 – Number of Support Plan Reviews Completed and Percentage of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 month.** We are not carrying out reviews in as timely a way as we would wish, primarily due to increased referrals and safeguarding. This is a conscious decision based on our assessment of the relative risk. Where possible risks are being mitigated through other forms of contact in place from services, together with prioritising those who have no carer or support network in place, in the first instance.
- 3.4 - Percentage of community support reablement completed with no ongoing package of care.** Care4Ce continues to be a highly valued resource and an area where we receive a substantial number of compliments each quarter, in 22/23 a total of 355 compliments were received. Prompt intervention is crucial to the success of reablement achieving lasting results and whilst the increased capacity in the domiciliary care market is providing some support the demand for reablement continues to exceed our capacity to support all cases. We are reviewing our use of reablement to ensure that we are deploying the service in the most effective way possible. We will also consider whether there is a business case for expanding the service, which would be self-financing.
- 4.6 – Total number of Clients only receiving a Telecare service.** The increased usage of the wide range of assistive technology available is one of the key strategic aims of the Adults service transformation programme and medium-term financial strategy. There is work ongoing with the frontline teams to highlight the different items available and how they can be used

instead of or alongside other services to maximise independence and help them expand the use of assistive technology. We have also commenced formal contract interventions with the provider to ensure that the additional activity and capacity required to meet our strategic ambitions is delivered.

- **5.4-5.5 – Number of new Safeguarding Concerns received in a period (events not individuals) and Number of new S42 Safeguarding Enquiries starting in a period.** The number of safeguarding concerns received in a quarter continued on an upward trend. This is probably indicative of the overall pressures in the wider care system, such as workforce and recruitment difficulties, which is resulting in more concerns. However, fortunately, we are not seeing an increase in those meeting the threshold of a S42 enquiry. This potentially means providers and others are recognising issues at an early stage and the appropriate support and interventions can be put in place sooner to safeguard and prevent escalation. In quarter one where S42's were completed an increasing percentage who expressed their desired outcomes, had those outcomes fully achieved.

Consultation and Engagement

7 Not applicable

Reasons for Recommendations

8 One of the key areas of focus for the Adults and Health Committee is to review performance and scrutinise the effectiveness of services for our most vulnerable adults. This is in alignment with the strategic aims of a Fair Council.

Other Options Considered

9 Not applicable.

Implications and Comments

Monitoring Officer/Legal

10 There are no direct legal implications.

Section 151 Officer/Finance

- 11 Although there are no direct financial implications or changes to the MTFs as a result of this briefing paper, performance measures may be used as an indicator of budget pressures at a service level.

Policy

- 12 There are no direct policy implications.

Equality, Diversity and Inclusion

- 13 Members may want to use the information from the performance indicators to ensure that services are targeted at more vulnerable adults.

Human Resources

- 14 There are no direct human resources implications.

Risk Management

There are risks associated with some performance measures, e.g. increases in demand and timeliness of services.

Rural Communities

- 15 There are no direct implications to rural.

Public Health

- 16 There are no direct public health implications.

Climate Change

- 17 This report does not impact on climate change.

Access to Information	
Contact Officer:	Bev Harding, Business Intelligence Manager Bev.Harding@cheshireeast.gov.uk
Appendices:	Adults Social Care Score Card June 2023
Background Papers:	None