ITEM No …6……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 25 MARCH 2019**

REPORT ON: **LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2017/18 PERFORMANCE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC13-2019**

1.0 PURPOSE OF REPORT

To inform the Performance and Audit Committee of the performance of Dundee Health and Social Care Partnership towards the social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2017/2018 and to approve the proposed targets for future ranking.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the performance detailed in this report and in Appendix 1.

2.2 Approves the proposed targets for future rank set out in Table 1, Appendix 1 and described in section 4.6.

2.3 Notes that LGBF performance information will be published on the Dundee City Council website.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 The Improvement Service has recently published 2017/18 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. This is now in its seventh year and provides trend based insights as well as comparisons with performance in other local authorities.

4.2 Each authority is allocated a Family Group of similar authorities based on factors such as deprivation and urban density in order that each authority can compare its performance to similar authorities and seek performance improvement where appropriate. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles.

4.3 Appendix 1 details the performance of the Dundee Health and Social Care Partnership towards the indicators in the 'social care' category of the LGBF. Within each category Dundee performance is compared to the performance of Family Group members. In addition to detailing performance against each of the six indicators in the social care category and benchmarking against other family group Partnerships, for four indicators in which performance is not best in family group planned improvement actions have been included.

4.4 The Adult Social Care functions within the benchmarking framework are delegated to the Integration Joint Board and data from the framework forms part of the evidence to show the extent to which the integration of Health and Care can improve services. In 3 of the 6 indicators we are performing better than the family group average. For these 3 indicators we have also met or

exceeded the 2017/18 target set by the IJB in March 2018 (Article IX of the minutes of the Dundee PAC on 27 March 2018 refers).

4.5 The overall aim of a benchmarking process is continuous improvement. Another benchmark that can be used to measure performance is the long term performance trend. This reveals that over the eight year period to March 2018, performance has been maintained or improved for 4 out of 6 of the Adult Social Care indicators.

4.6 An assessment has been made of current performance, planned future investment, resources and service delivery models, and the range of targets already agreed by the Integration Joint Board in the service delivery areas covered by the LGBF indicators (such as the Measuring Performance under Integration targets and Health and Social Care Partnership scorecard within the Council's Corporate Plan). The final column in table 1, appendix 1 sets out proposed targets for all indicators taking into account these factors.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against LGBF targets. - Continue to report data annually to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as Self-Directed Support spend. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval Recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Officer, Head of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 25 March 2019

Shahida Naeem
Senior Officer
Health & Social Care Partnership

Kathryn Sharp
Senior Manager
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APPENDIX 1

ADULT SOCIAL CARE

Snap Shot Profile

The Health and Social Care Partnership provides services for a wide variety of needs and people in different situations, in some cases commissioned from the third and independent sector. Services can include helping people to live independently in their own home, helping with day care, if necessary, or providing enablement to help with daily living.

Most people will want to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. Health and Social Care can also arrange nursing home care, if necessary.

The adult social care category consists of 6 indicators, covering unit cost, satisfaction and performance data. A summary of our 2017-2018 data, as well as the Family Group average has been provided below.

Table 1: Summary of Social Care Performance 2017/18

Indicator	2016/17 Data	2017/18 Target Group	Group Rank (out of 8)	2017/18 Data	Group Average	Scottish Average	Target	Proposed Target – Future Rank (out of 8)
Older persons homecare cost per hour	£18.70	1	**1**	£21.24	£28.81	£23.76	£24.55	**1**
SDS spend on adults as a %	0.98	4	**8**	1.09	6.03	6.74	2.57	**6**
** % of people aged 65 or over with long term care needs receiving personal care at home	n/a	n/a	**8****	59.32	66.8	61.7	65.8	**6**
% adults receiving care who rate it excellent or good	84	3	**3**	82.3	80.4	80.2	83.5	**2**
% adults supported at home who agree service impacted on their quality of life	88	2	**1**	84.9	77.3	80	88	**1**
Net residential cost per week for older people 65+	£407	4	**6**	£479	£409	£386	£495.24	**5**

Green –met or exceeded target group ranking

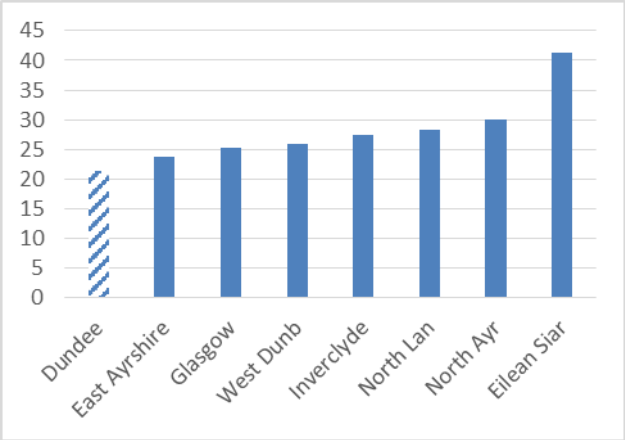
Red – did not meet target group ranking

** New indicator therefore previous data and target have not been included.

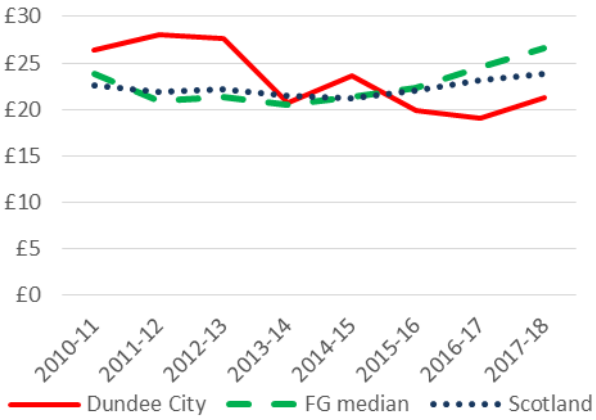
Our Performance Highlights

Older Person's Home Care Costs Per Hour

Family Group



Long Term Trend



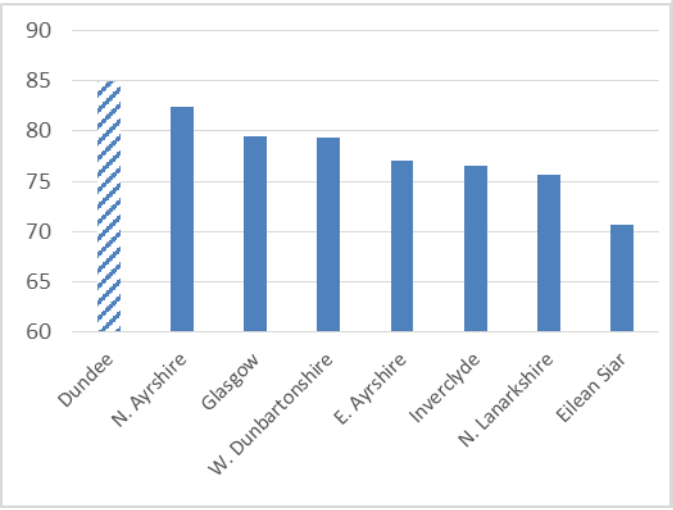
Between 2016-17 and 2017-18 there has been an increase in the older people home care cost per hour; despite this Dundee still ranks first within the family group and 9th in Scotland. Previous years have seen an increase in the number of home care hours but little change in home care spend. However 2016-17 and 2017-18 have seen increases in home care spend. Services included in this indicator include internal and external homecare services, the meals service and community alarm/social care response service.

The cost of Home Care for older people increased by 15% between 2016-17 and 2017-18, while the number of home care hours provided only increased by 1%. This is partly due to increases in the Scottish Living Wage as part of the Scottish Government's continued commitment that all adult social care workers receive the living wage. In addition, increasing complexity of need has resulted in more hours being provided for similar numbers of clients due to growing complexity of packages (for example, increases in the frequency of provision and in number of people required to provide care as people who would previously have been supported in residential care or hospital are now being supported at home). A process of managing the balance between in-house service delivery and that provided by the independent sector is ongoing and optimum models of service delivery are constantly evolving.

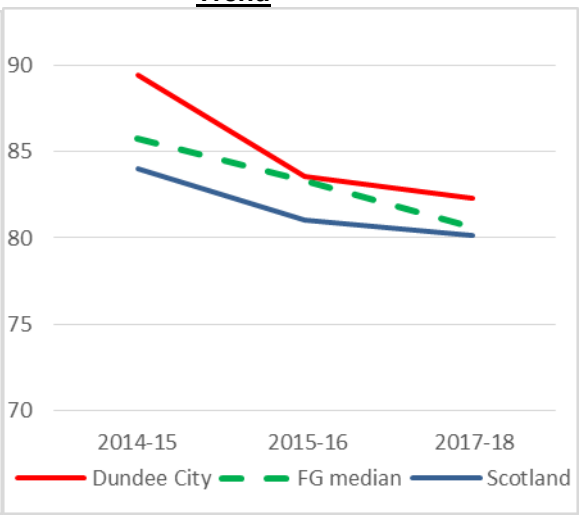
In addition more resource has been invested in home based social care as part of the policy of shifting the balance of care from accommodation based care to care at home. Predictive modelling for home care services has also taken place, which considers historical growth in home care and predicting future demands based on the assumption that there will be no increase in Care Home beds or Community Hospital beds. This shows a considerable increase in demand for these services in future years, both in hours delivered and numbers of staff involved in that delivery.

% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

Family Group

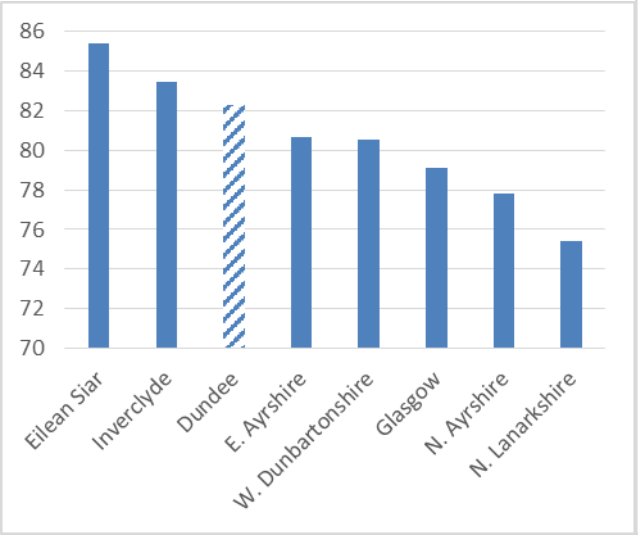


Trend

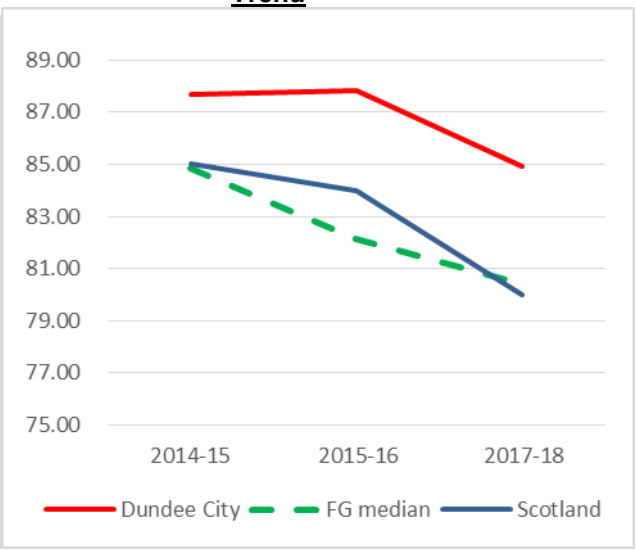


% of adults who received any care or support who rated it as good or excellent

Family Group



Trend



These are indicators which are already monitored through the National Health and Wellbeing Indicators reporting framework. These indicators are measured using a biennial Health and Wellbing survey which is disseminated and analysed nationally. The most recent survey was completed in 2017/18.

Dundee performed better than the family group median and Scottish average for each of these indicators. Performance for both of these indicators are showing a decline for Scotland, the family group median and for Dundee.

Planned Improvements

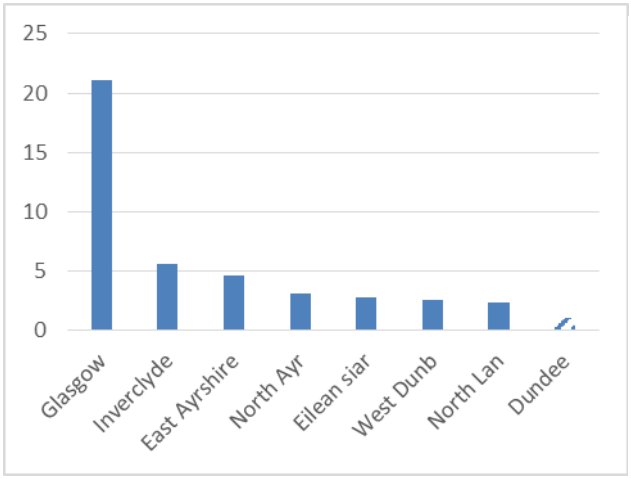
The satsfaction of people who use our services and their carers is extremely important to us and we frequently monitor information to inform us of this. The outcome of external scrutiny activity will continue to be regularly reported through Clinical, Care and Professional Governance arrangements to the PAC. The Partnership's complaints data and other indicators of service quality, such as Duty of Candour, are also monitored through Clinical, Care and Professional Governance arrangements.

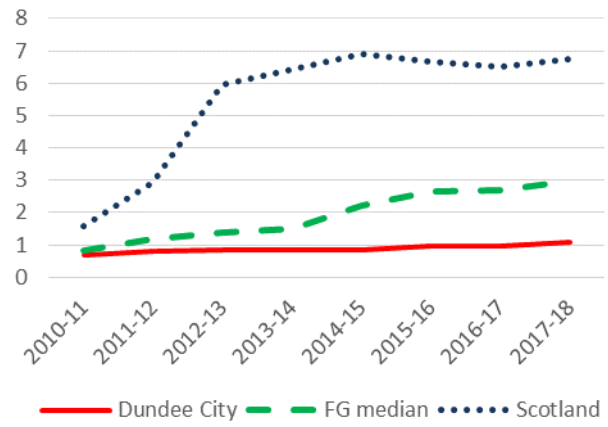
A range of work is also taking place through Strategic Planning Groups to improve the quality of services delivered by the Partnership and to capture service users feedback about service provision.

Areas for Improvement

Self-Directed Support Spend On Adults 18+ as a % of Total Spend

Family Group **Long Term Trend**





Self Directed Support allows people to choose how their support needs will be met. This indicator calculates the cost of Direct Payment (Option One) spend on adults as a proportion of the total 'social work' spend on adults (aged 18+).

This indicator is important because it allows the Partnership to monitor Direct Payments as a proportion of total adult social care expenditure, both over time and in comparison with other Councils. Dundee has historically had a low uptake of Direct Payments. Under the Social Care (Self-Directed Support) (Scotland) Act 2013, Direct Payments is one of four options that from 1 April 2014 local authorities have had a duty to offer eligible people assessed as requiring social care.

Dundee ranks 8th out of the above Family Group. Within this Family Group, Glasgow is an outlier in their performance due to their role in piloting this approach. When assessing the average spend of the remaining family members the variation is narrower.

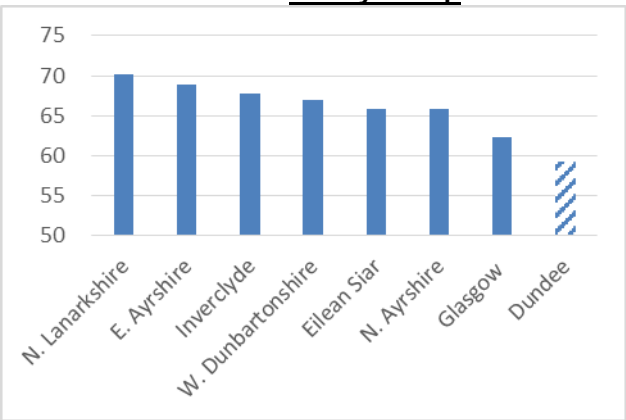
Planned Improvements

Training has been provided across all staff teams to inform them of policy and processes relating to Direct Payments, including supports available to assist service users to manage a direct payment. Questionnaires have been issued and focus groups have been held across all staff groups to ascertain what factors support Direct Payment uptake and what factors are acting as barriers and could be improved. A Personalisation Delivery Group, working with the support and direction of the Personalisation Board, is progressing key actions identified by staff and an action plan has been developed. One of the actions that has been taken forward is implementing a team with dedicated staffing resource to support staff with progressing Direct Payments, and introducing more flexible ways of commissioning services. Other actions include case file audits.

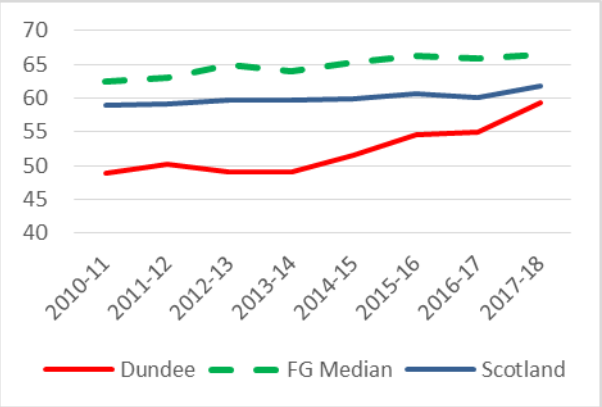
There is work being undertaken in relation to Mosaic, the IT system used within social care functions. The Outcome Focused Assessment and the Equivalency Model are being re-developed and training will be rolled out on the new processes. The new process will embed SDS with prompts and monitoring to ensure staff are exploring SDS options.

% of people aged 65 or over with long term care needs receiving personal care at home

Family Group



Long term trend



This is a new indicator and measures the extent to which the Partnership is maintaining people with long term care needs in the community. Home care is one of the most important services available to support people with community care needs to remain at home.

This indicator measures the number of adults who are 65+ receiving care at home as a percentage of total number of adults needing long term care. This includes long stay care home and continuing care clients.

Caution should be applied when benchmarking this indicator as different partnerships have different models of homecare which can skew the % of people receiving personal care. Some partnerships do not provide domestic assistance, which means that the % of people receiving personal care at home will be higher however the rate per head may in fact be lower. Also, some partnerships may provide a lot of very small packages of care; this model of care would produce a higher %. Also this measure uses the number of people over 65 who are in long stay care homes, in Dundee 4% of those aged 65+ are in a Care Home, which is higher than other partnerships.

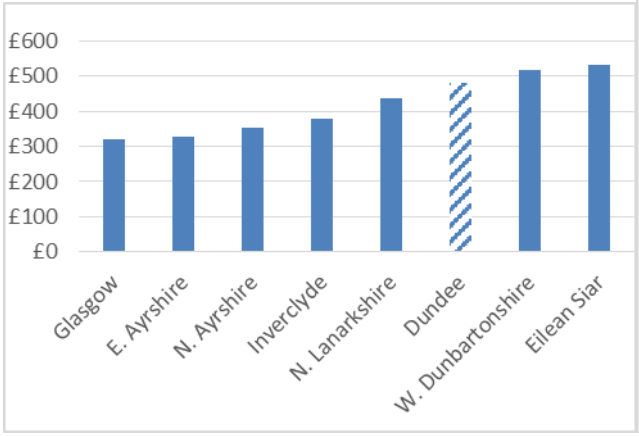
The long term trends for this indicator does show that performance is improving and the gap between Dundee and the family group median and Scotland is narrowing.

Planned Improvements

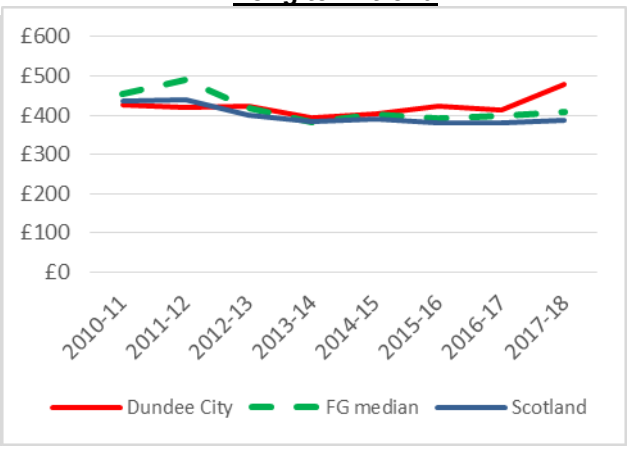
More has been invested in home based social care as part of the policy of shifting the balance of care from accommodation based care to care at home. Predictive modelling for home care services has also taken place, which considers historical growth in home care and predicting future demands based on the assumption that there will be no increase in Care Home beds or Community Hospital beds. This shows a considerable increase in demand for personal care in future years, both in hours delivered and numbers of staff involved in that delivery.

Residential costs per week per resident for people aged 65 or over

Family Group



Long term trend



The average weekly cost for a care home place in Dundee, for people aged 65+ was £479 in 2017/18.

Dundee ranks 6th within the family group and range is from £319 to £531. There are a range of factors which impact on this particular benchmark and need to be taken into consideration in assessing relative performance across the country. The cost of residential care for each local authority area includes a combination of Health and Social Care Partnership operated care homes and private and voluntary sector run care homes. The relative spend in each area will be influenced by the balance of usage the Partnership has of each type of home. The fees paid to private and voluntary sector run care homes are set nationally through the National Care Home Contract and are therefore standardised across the country. Generally, the cost of running in-house care homes is more expensive than private and voluntary sector provision. Dundee's in-house care homes are smaller in size, providing a more homely setting for residents however do not benefit from economies of scale and are therefore higher cost. Dundee still has a higher proportion of in-house care homes compared to Glasgow and Ayrshire local authorities. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has less self funders than other areas therefore receives less charging income, increasing the net expenditure position of the sector locally.

Planned Improvements

The cost of providing Partnership operated care homes continues to be reviewed to ensure best value is achieved. This includes reviewing staffing structures and managing absence levels to reduce the level of additional hours or in some instances, agency workers to ensure shifts are covered to the required levels.