



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018
REPORT ON: LOCAL GOVERNMENT BENCHMARKING FRAMEWORK
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC17-2018

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 2016/2017.

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 4.7 and instructs the Chief Finance Officer to advise Dundee City Council of these revised targets accordingly.
- 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 2016/17 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. This is now in its sixth year and provides valuable trend based insights as well as robust comparisons with 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 Council has set itself primary target of finishing in the top half of performances of its Family Group for 51.5% of the Local Government Benchmarking Framework indicators. In 2016/2017, the Council obtained an overall performance rate of 47% which is comparable with previous

performances but remains below target. Overall breakdown by service is (number of indicators with finish in top half of performances of its Family Group / total number of indicators in category):-

Children and Families	6/27
Social Care	3/6
Housing	1/5
Environment	6/9
City Development	11/12
Culture and Leisure	5/8
Corporate Services	3/8
TOTAL	<u>35/75</u>
	<u>47%</u>

- 4.5 The Adult Social Care functions within the National 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. Out of 6 indicators, only one was behind the Council's Family Group average.
- 4.6 In addition to the primary target set by the Council (outlined at 4.4), where performance is already ranked 4th or higher, a target of the next rank above current performance is set by the Council and noted in the performance tables of each service. Table 1 in appendix 1 sets out future ranks on the basis of this formula.
- 4.7 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. For 3 indicators these targets align with the Council's formula, however for indicators relating to Self-Directed Support, care at home and residential costs proposed targets differ.

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	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - 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	9 – High Risk
Planned Risk Level	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: 27 February 2018

Lynsey Webster
Senior Officer
Health & Social Care Partnership

Kathryn Sharp
Senior Manager
Health & Social Care Partnership

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.

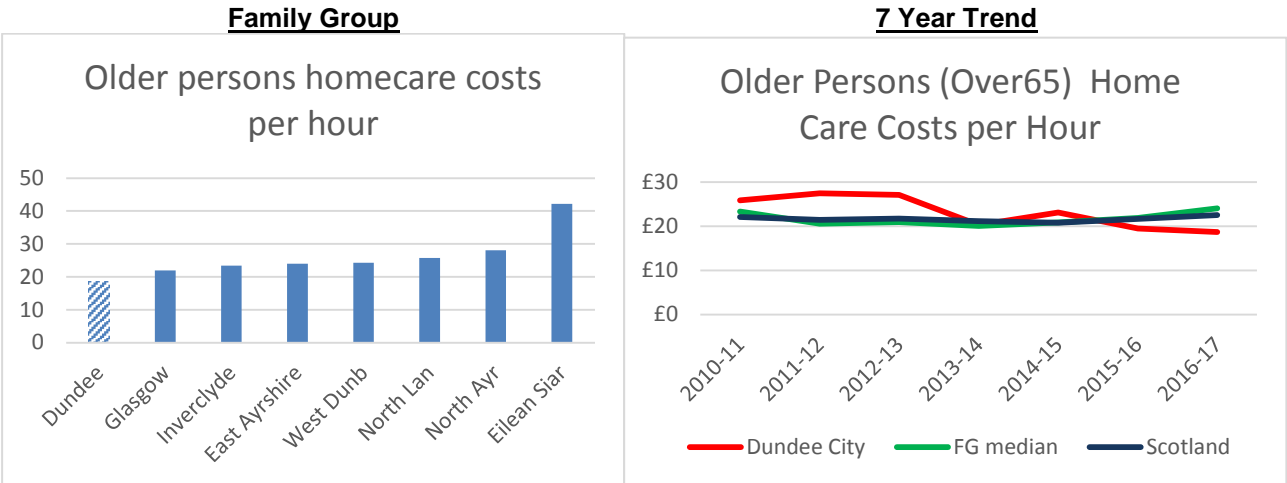
Most people will want to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. Health and Social Care can also arrange nursing home care, if necessary.

The adult social care category consists of 6 indicators, covering unit cost, satisfaction and performance data. A summary of our 2016-2017 data, as well as the Family Group average has been provided below.

Table 1: Summary of Social Care Performance 2016/17

Indicator	Group Rank (out of 8)	2016/17 Data	Group Average	Scottish Average	Target	Dundee City Council - Future Rank (out of 8)	Proposed IJB – Future Rank (out of 8)
Older persons homecare cost per hour	1	£18.70	£27.09	£22.54	£18.50	(1)	1
SDS spend on adults as a %	8	0.98	5.14	6.48	2.29	(4)	6
% of older people with intensive care needs receiving care at home	3	38.42	34.23	35.27	38.42	(2)	3
% adults receiving care who rate it excellent or good	4	84	83	81	83	(3)	3
% adults supported at home who agree service impacted on their quality of life	3	88	86	84	89	(2)	2
Net residential cost per week for older people 65+	5	£407	£442	£375	£407	(4)	5

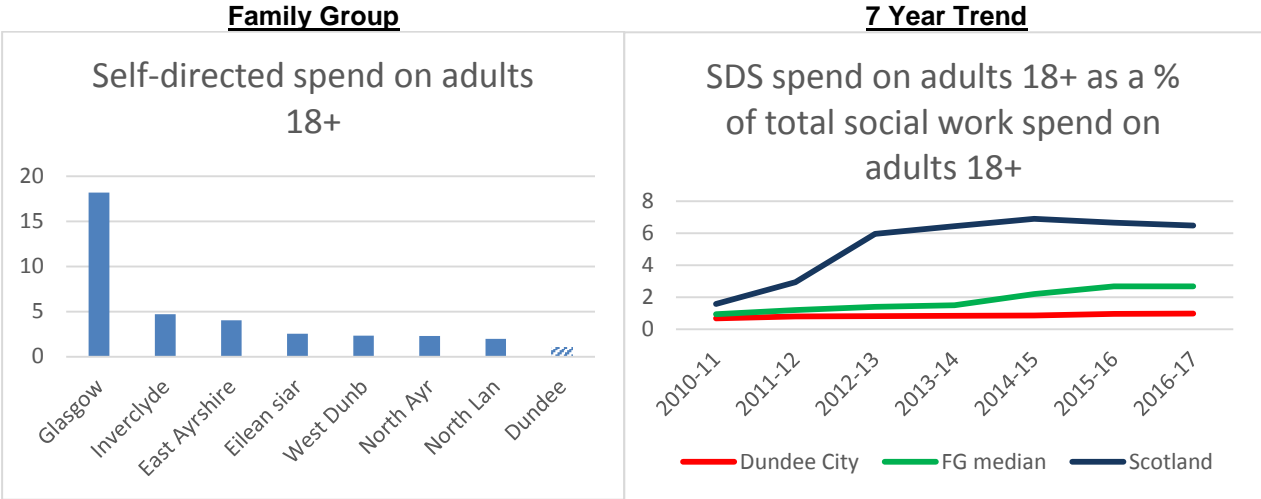
Our Performance Highlight - Older Person's Homecare Costs Per Hour



We continue to identify efficiencies and review models of service delivery in line with the review of Homecare. Dundee has significantly improved the level of homecare hours, which have grown by 47% since 2012 compared to a growth of 6% across Scotland. Over the same period there was a real terms growth of 6% in expenditure on homecare across Scotland, which combined with the higher growth in homecare hours in Dundee has led to Dundee having the best homecare productivity ratio in its Family Group. Additionally, the number of people with intensive needs receiving homecare has also increased, with Dundee providing a larger proportion of complex packages than both the Scottish and family group averages.

Since the retendering of homecare services in 2016-17, the National Minimum Wage has been paid to staff. Despite this increased cost in salaries, the number of homecare hours provided has increased at a higher rate than the total homecare spend, demonstrating that we are providing increasing efficient service delivery in our communities.

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



Self Directed Support allows people needing support 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 Council 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 less.

Planned Improvements

The year on year spend continues with an increase of approximately 12% (£114,500) between 2014-2015 and 2015-2016. There was an increase of eight people receiving a Direct Payment and five older people stopped this option during 2015-2016.

There was an Internal Audit of SDS processes within Dundee Health and Social Care Partnership which demonstrates that processes currently in place support the use of SDS and provides information for the public.

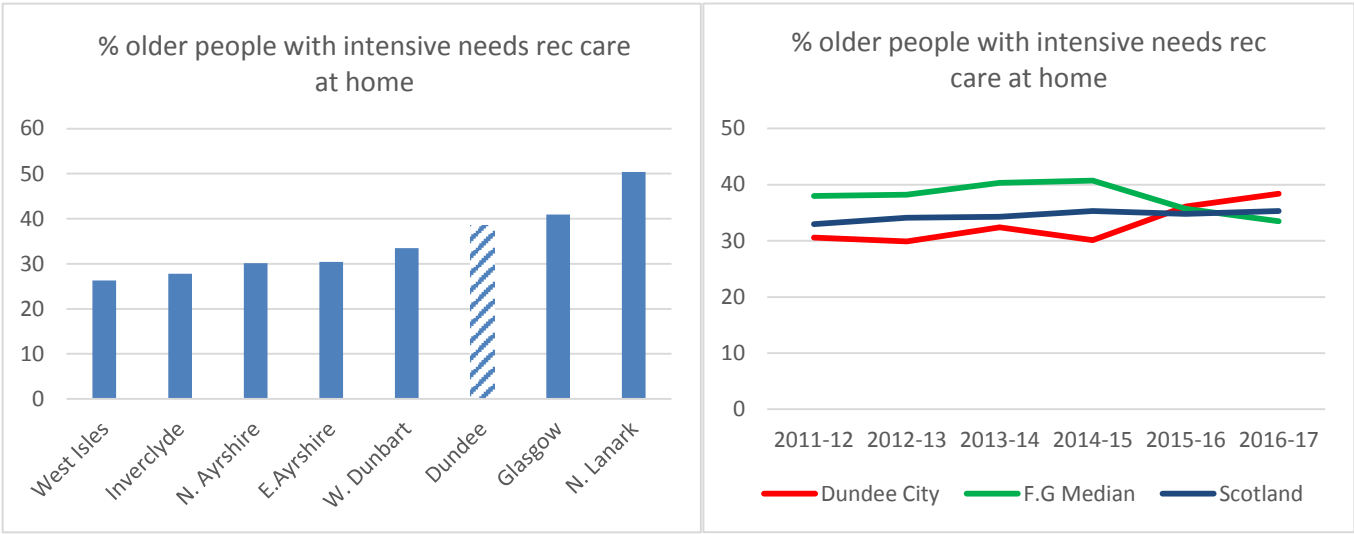
Option 1 and Option 2 training was delivered to all employees alongside multi-disciplinary Outcome Focussed Approaches Workshops. Rolling programmes for all three learning opportunities have been developed.

The new Mosaic IT system has been systematically introduced since November 2016 starting with referral to assessment, planning to outcomes and review pathways. There are still a few remaining sections of the system which have yet to be rolled out and until these are available not all of the benefits of the system will be achieved. This system embeds the SDS process with both prompts and monitoring systems to ensure staff are following the process so when the system is fully operational we will be better able to use data to allow us to further explore performance in this area.

Area for Improvement - % of older people (aged 65+) with intensive needs receiving care at home

Family Group

7 year trend



Dundee continues to shift the balance of care by supporting more people with intensive needs at home. This measure only includes homecare and personal care in its calculations and it is the number of people who receive 10+ hours of homecare as a % of all homecare. Homecare can include domestic assistance and personal care. It should be noted that the definition of this measure differs to the national health and wellbeing indicator with the same name.

Caution should be applied when benchmarking this indicator as different partnerships have different models of homecare which can skew the % of people receiving intensive homecare. Some partnerships do not provide domestic assistance, which means that the % of people receiving intensive homecare will be higher however the rate per head may in fact be lower. Also, some partnerships may provide a lot of intensive homecare but may also provide a lot of very small packages of care as well. This model of care would produce a lower %.

The % of people who receive intensive homecare in Dundee has increased and is now higher than the family group median and Scottish average. Dundee is performing 3rd in its family group, below Glasgow and North Lanarkshire.

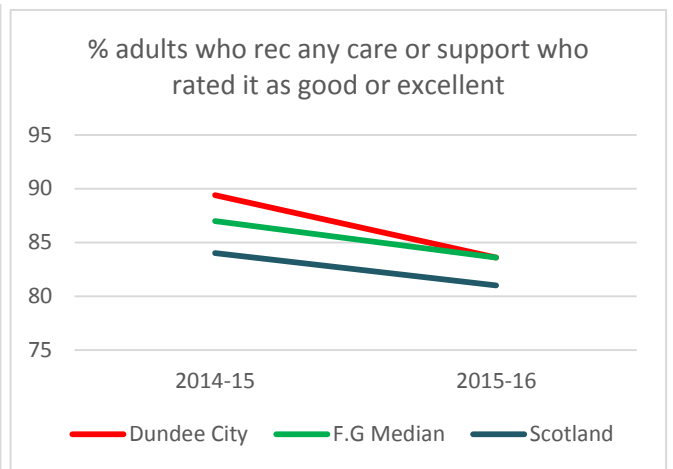
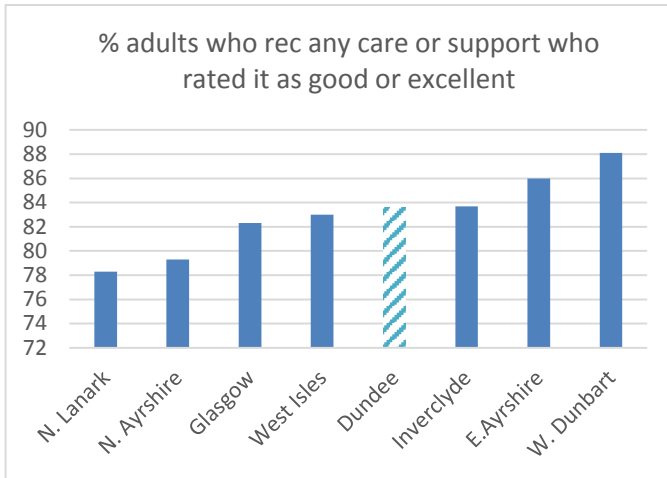
Planned Improvements

With the increased range of community supports available and planned for the future, the Partnership is not necessarily looking to further increase the provision of intensive homecare, however it will continue to be provided as required. Enablement is a form of homecare which aims to rehabilitate people, often after a spell in hospital. The effect of enablement has been to reduce packages of homecare, often to levels lower than were being provided previously. In 2016/17, 85 % of people required either the same hours of homecare, less hours or no hours, following enablement. The success of enablement means that there are now fewer people receiving 10+ hours of homecare, which despite being a positive is pulling down the performance of this indicator.

Area for Improvement - % of adults who received any care or support who rated it as good or excellent

Family Group

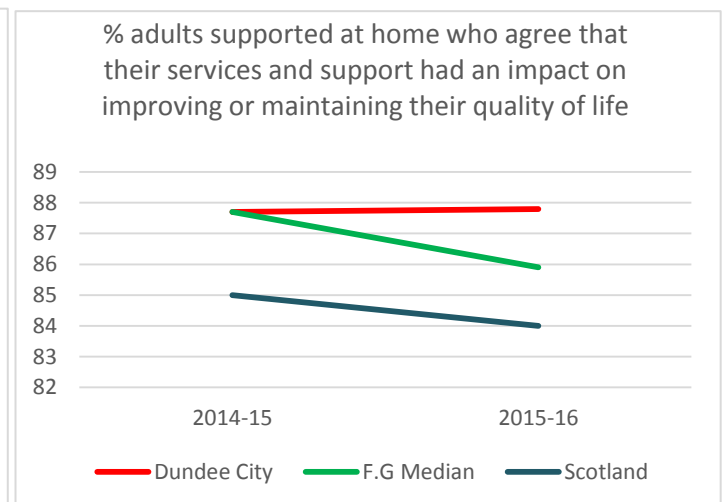
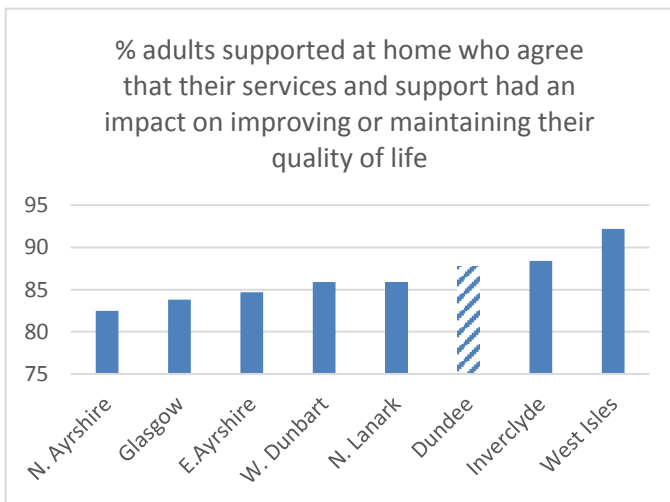
Trend



Area for Improvement - % 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



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 Wellbeing survey which is disseminated and analysed nationally. The most recent survey was completed in 2015/16.

Dundee performed better than or equal to the family group median and Scottish average for each of these indicators. In relation to % of adults supported at home who agree that their services and support had an impact on their quality of life it is interesting to note that the trend shows an improving position in Dundee against a declining family group and Scottish position.

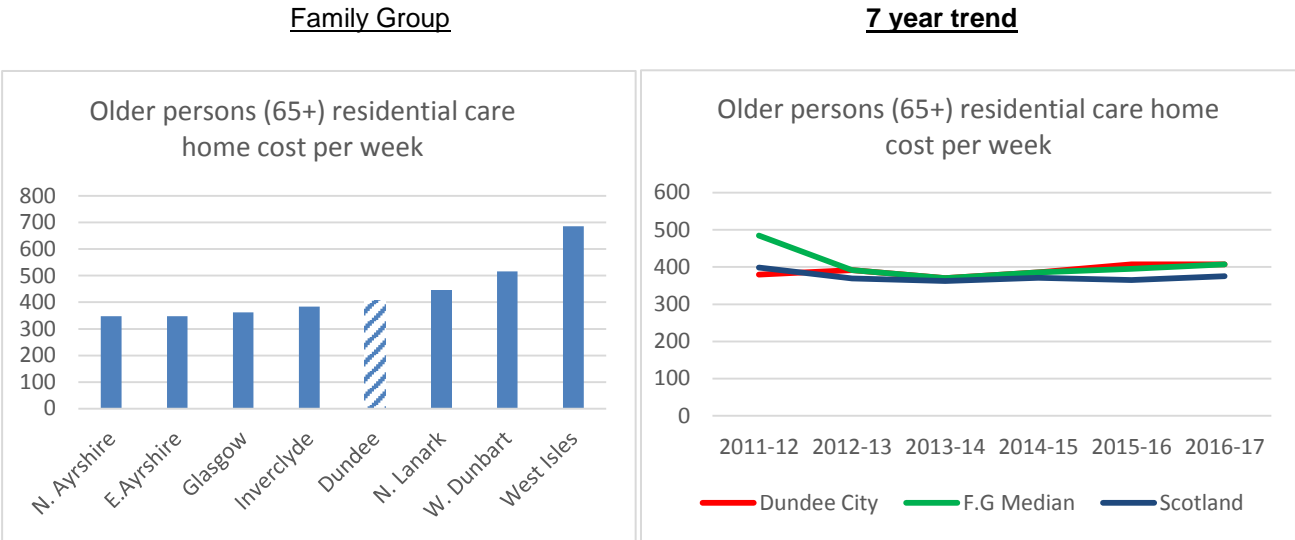
Planned Improvements

The satisfaction 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 to the PAC. The Partnership's complaints process have also recently been updated and work is underway to implement the Duty of Candour.

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. For

example, the Carers Strategic Plan has a clear focus on outcomes for carers and work is underway to build a balanced scorecard and accompanying data collection methods which include measures of carer satisfaction with services and impact on quality of life.

Area for Improvement - Older persons (65+) residential care home cost per week



The average weekly cost for a care home place in Dundee, for people aged 65+ was £407.5 in 2016/17.

Dundee’s has an approximate median position and the family group range is from £347.9 to £685.7. 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 council 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 council 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 council care homes is more expensive than private and voluntary sector provision. Dundee City Council’s 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. 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 council 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.

