



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2018/19 PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC2-2020

1.0 PURPOSE OF REPORT

1.1 To inform the Performance and Audit Committee of the performance of Dundee Health and Social Care Partnership against the health and social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2018/2019.

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

3.1 None.

4.0 MAIN TEXT

4.1 The Improvement Service has recently published 2018/19 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. This is now in its ninth year and provides trend based insights as well as comparisons with performance in other local authorities. Additional indicators were added to the framework for 2018/19 (see section 4.3 for further detail).

4.2 Family Groups of local authorities with similar levels of deprivation and urban density have been created to assist with benchmarking. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles. 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 7 indicators we performed better than the family group average in 2018/19.

4.3 Appendix 1 details the performance of the Dundee Health and Social Care Partnership against the indicators in the 'social care' category of the LGBF. Within each category Dundee performance is compared to the performance of Family Group partnerships. For 2018/19 three additional indicators were added:

- Rate of readmission to hospital within 28 days per 1,000 discharges.
- Number of days people spend in hospital when they are ready to be discharged per 1,000 population (75+).
- Proportion of care services graded good (4) or better in Care Inspectorate Inspections.

In addition to detailing performance against each of the seven indicators in the social care category and benchmarking against other family group partnerships, planned improvement actions have been detailed for five indicators where performance is not in the top half of the family group.

There are a further four indicators which are measured using a biennial Health and Wellbeing survey which is disseminated and analysed nationally. The most recent survey was completed in 2017/18. Analysis on these indicators was included in last years report.

- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- Percentage of adults supported at home who agree that they are supported to live as independently as possible
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
- Percentage of carers who feel supported to continue in their caring role

4.4 In March 2019 the PAC approved targets for performance based on family group rank (Article VI of the minute of the meeting of the Dundee PAC held on 25 March 2019 refers). In 2018/19 one indicator met target (readmissions), two exceeded target (delayed discharge and care services gradings) and four did not meet target. Of the four indicators that did not meet target two were within one ranking of the target set (SDS direct payment spend and residential costs for over 65s).

4.5 The overall aim of a benchmarking process is a continuous improvement. Another benchmark that can be used to measure performance is the long term performance trend. This reveals that over the nine year period to March 2019 performance has been maintained or improved for 5 out of 7 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

5.1 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)	<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	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

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 11 February 2020

Shahida Naeem
Senior Officer
Health & Social Care Partnership

Kathryn Sharp
Senior Manager
Health & Social Care Partnership

ADULT SOCIAL CARE

Snap Shot Profile

The Health and Social Care Partnership provides a broad range of 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, hospital to home transition and other community support.

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. The Partnership can also arrange nursing care, if necessary.

For 2018/19 the adult health and social care category consists of 7 indicators, covering unit cost and performance data. A summary of our 2018/19 data alongside family group and Scottish average has been provided below.

Table 1: Summary of Social Care Performance 2018/19

Indicator	2017/18 Data	2018/19 Target Group	Group Rank (out of 8)	2018/19 Data	Group Average	Scottish Average	Target	Proposed Target 2019/20 – Future Rank (out of 8)
Homecare cost per hour aged 65 and over	£21.24	1	5	£27.12	£29.57	£24.67	£27.36	4
SDS (Direct Payments) spend on adults 18+ as a % of total social work spend	1.09	6	7	2.43	5.77	7.3	3.2	4
% of people aged 65 or over with long term care needs receiving personal care at home	59.32	6	8	56.18	64	61.02	57.2	7
Residential costs per week per resident for people aged 65 or over	£479	5	6	£475.21	£420.42	£381.01	£475.21	6
** Rate of readmission to hospital within 28 days per 1,000 discharges	126.7	8	8	128.70	105.59	102.96	118	7
** Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.3	6	2	85.29	80.13	72.17	89	1

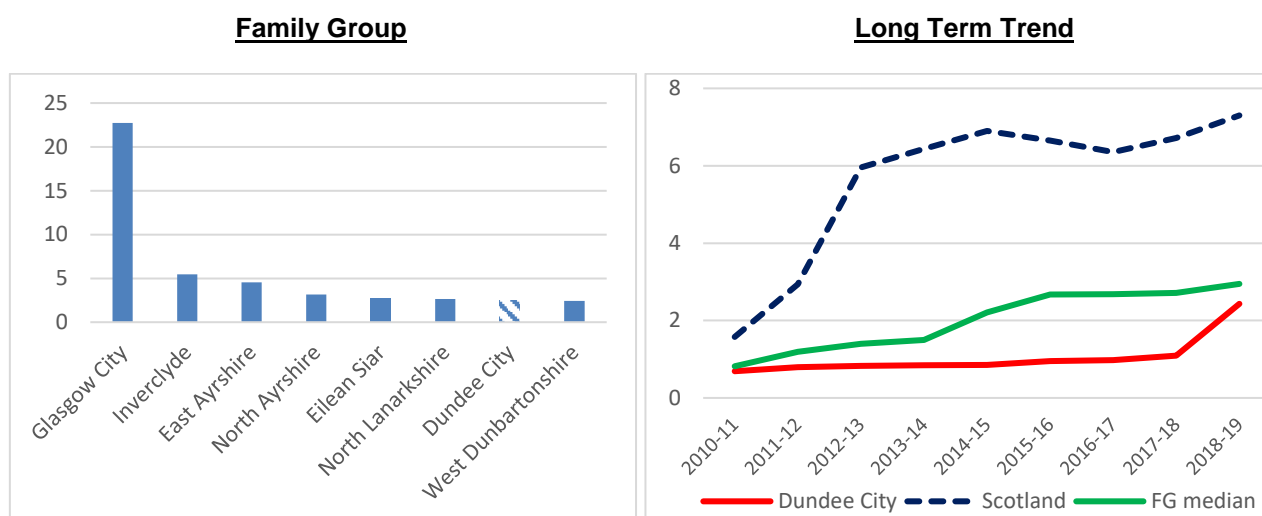
** Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	349.2	5	3	372.18	695.97	792.66	332	2
% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life *	84.9	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of adults supported at home who agree that they are supported to live as independently as possible *	83.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided *	77.9	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of carers who feel supported to continue in their caring role *	38.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Bi-annual data, next update on these indicators will be 2019/20.

** New indicator for 2018/19

AREAS FOR IMPROVEMENT

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



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 Partnerships. 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 who are assessed as requiring social care.

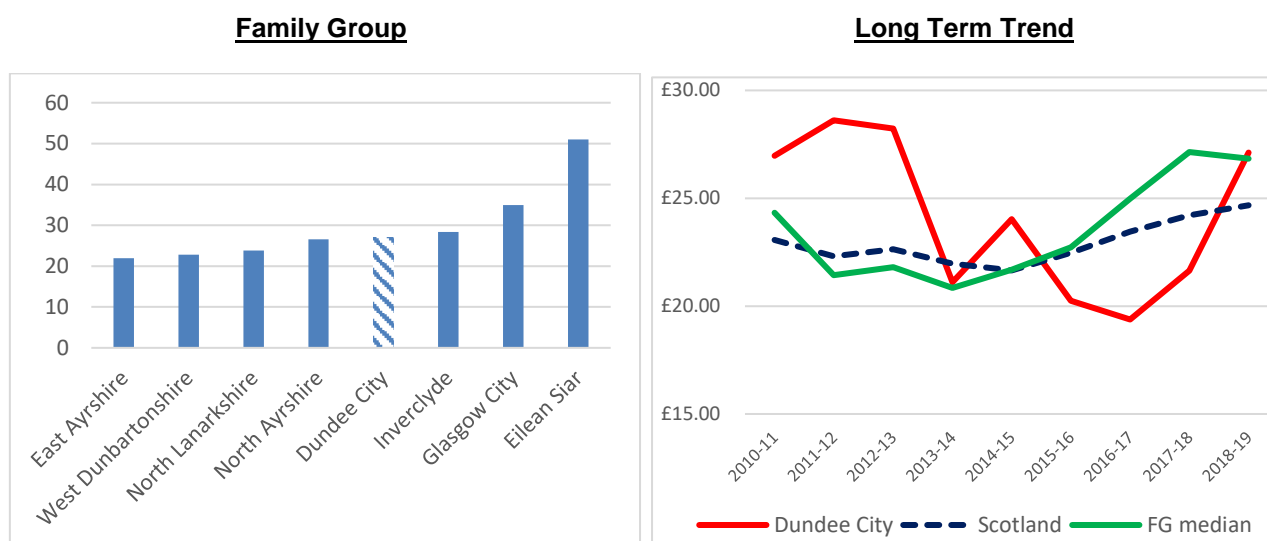
Dundee ranks 7th out of the eight above Family Group partnerships. Within this Family Group, Glasgow perform particularly well due to their role in piloting this approach. When assessing the average spend, four of the family groups have a similar spend on SDS Option One to Dundee. Dundee performance has improved between 2017/18 and 2018/19 with the amount spent on SDS Option One doubling in the period. Dundee ranking within the 32 partnerships has also improved from 32nd to 30th.

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. The Integration Manager with responsibility for Personalisation has reviewed the action plan during 2019/20. Other actions include case file audits.

There is work being undertaken in relation to Mosaic, the IT system used to record social care functions. The Outcome Focused Assessment is being re-developed and the equivalency model has been implemented on Mosaic. Purchasing services and finance went live on Mosaic on 1st July 2019. This new process will embed SDS with prompts and monitoring to ensure staff are exploring SDS options.

Older Persons (over 65) Home Care Costs Per Hour



In the past few years there has been an increase in the older people home care cost per hour; Dundee ranks fifth within the family group.

The cost of Home Care for older people increased by 3% between 2017/18 and 2018/19, while the number of home care hours provided decreased. The number of people receiving home care has dropped. Up to July 2019, two IT systems were being maintained in relation to Social Care / Social Work functions, our current system Mosaic and our previous system K2. Home care was recorded on K2 and resulted in problems with data quality. Improvements were made in 2018/19 to the quality of the data on the predecessor system and therefore 2018/19 data provides a more accurate picture of the number of people receiving home care and home care hours than data available from 2017/18.

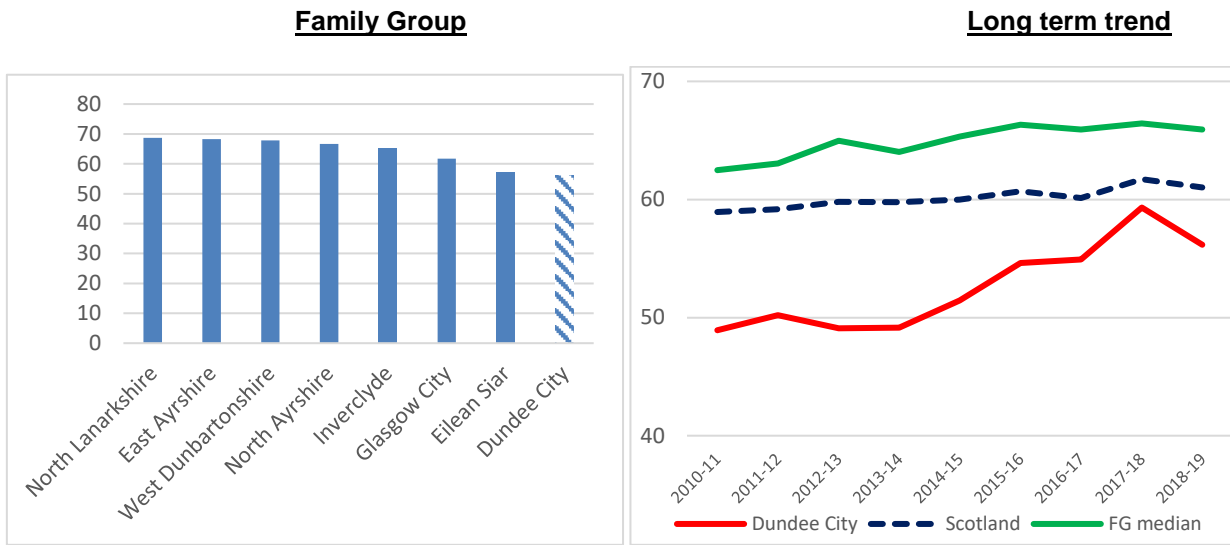
In addition, the cost of home care has increased due to workers being paid the Scottish Living Wage. Increasing complexity of need has resulted in more hours being provided for similar numbers of service users due to growing complexity of packages (for example, increases in the frequency of provision 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). The number of direct home care hours provided is currently restricted in growth through inefficiencies within the in-house service.

Planned Improvements

The in house service is currently undergoing a review to ensure work patterns reflect the needs of service users and will result in improved efficiencies in the service. A process of managing the balance between in-house service delivery and that provided by the private and 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 people aged 65 or over with long term care needs receiving personal care at home



This is a relatively new indicator within the LGBF suite of indicators 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.

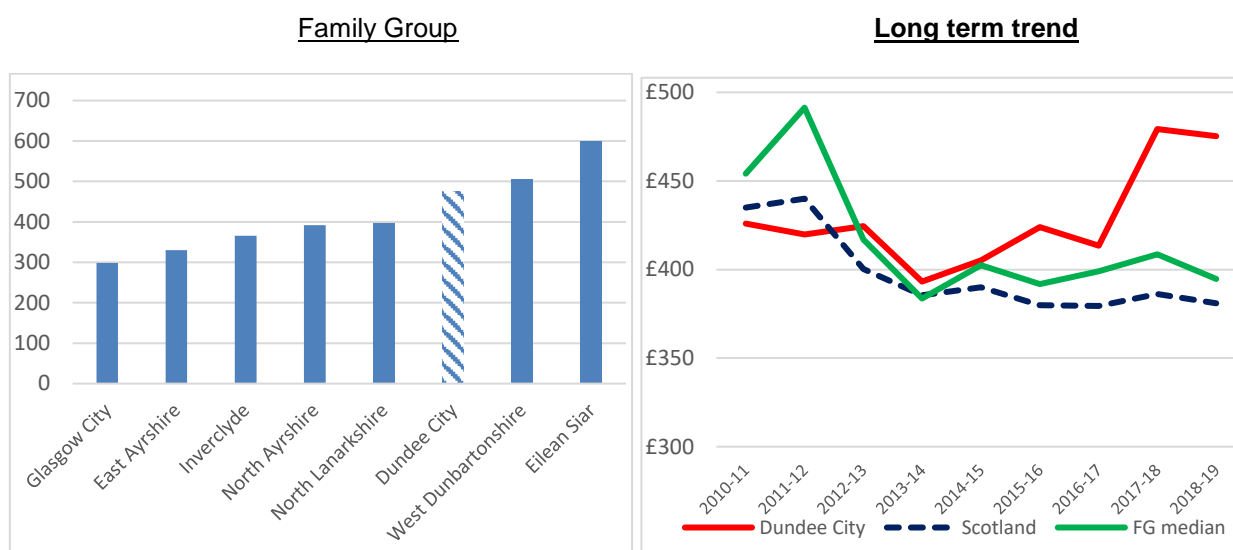
This indicator measures the number of adults who are 65+ receiving care at home as a percentage of total number of adults needing long term care. This includes long stay care home and continuing care clients.

Caution should be applied when benchmarking this indicator as different partnerships have different models of home care 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. In Dundee 13% of those people over 65 receiving home care receive domestic or housing support and no personal care. Some partnerships may provide a lot of very small packages of care; this model of care would produce a higher %. In addition, 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.

Planned Improvements

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 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



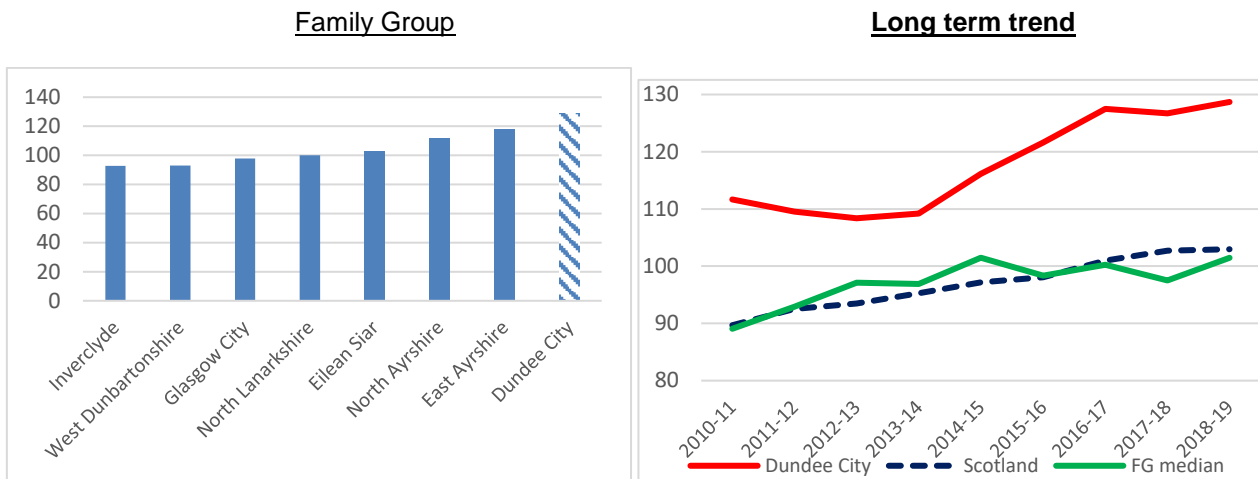
The average weekly cost for a care home place in Dundee, for people aged 65+ was £475 in 2018/19 compared to £479 in 2017/18.

Dundee ranks 6th within the family group and the range within the group is from £298 to £599. Even though Dundee has fallen in the family group ranking during 2018/19, the number of Care Home residents remains the same and the average weekly cost has remained about the same as the previous year. 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 therefore cost more. Dundee still has a higher proportion of in-house care homes compared to Glasgow and Ayrshire Partnerships. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has fewer 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, the use of agency workers to ensure shifts are covered to the required levels. The Care Home admission process is continually being reviewed and a new process was implemented on Mosaic for requests for a Care Home placement.

Rate of readmission to hospital within 28 days per 1,000 discharges



Dundee is the poorest performing partnership in the family group and in Scotland. Dundee has always had a high rate of re-admission to hospital within 28 days. The trend for Scotland and the Family Group median is also increasing. In the family group, 7 out of 8 partnerships had a worsening performance for this indicator during 2018/19 when compared to 2017/18 data. Dundee performance declined by 1.5%, the overall performance for the family group declined by 4%.

Exploring the data shows that the number of re-admissions has shown no change between 2017/18 and 2018/19, however the number of admissions to hospital has fallen therefore increasing the rate of re-admissions for 2018/19.

Additional analytical reports are submitted to PAC on a regular basis.

Planned Improvements

The Tayside Unscheduled Care Board recognised this performance position across Tayside and there has been a focus on better understanding of the readmissions data and identifying any current practice which might impact on this. While it was acknowledged that the low level of admissions was a contributing factor to a high readmission rate compared to the rest of Scotland, a detailed analysis at medical speciality level identified Respiratory Medicine and Gastroenterology as outliers.

The Clinical Lead for Respiratory Medicine undertook a deep dive into any causal factors and identified that the 28-day respiratory readmission data for NHS Tayside is only slightly higher than the Scottish average for 28-day readmissions when based on per head of population data. The examination of readmission data in this field identified that readmissions remain common in respiratory medicine due to severity of disease and is linked to individual patients who can have multiple admissions. When comparing socioeconomic factors and deprivation categories across the three Tayside Health and Social Care Partnerships within Tayside, it is likely that these factors, added to the high level of Chronic Obstructive Pulmonary Disease (COPD) within Dundee, are driving higher rates of readmissions in Dundee City.

There are currently robust community COPD services within Dundee which contribute to the low levels of admission. In addition both inpatient and community services take a multidisciplinary approach to supporting patients who are known to have frequent readmissions. The actions taken to support patients are showing early signs of impacting on the level of readmissions within this cohort of patients. Respiratory pathway improvements are currently part of the Inpatient Flow Transformation Programme (NHS Tayside). Dundee Health and Social Care Partnership invested in additional COPD nursing resources as part of the Delayed Discharge Improvement Funding. During the next year we will further review our current resources and models to ensure we are providing the appropriate level of support to patients experiencing COPD.

The Unscheduled Care Board will continue to explore the available data to identify and respond to areas where improvements can be made. Within the Health and Social Care Partnership our intention is to look closer at the variance across localities to determine if there are further local initiatives which would support individuals and reduce current variance.