Adult Social Care Performance Overview

Overview and Scrutiny Committee Adult Social Care & Health January 2025





ASCOF measures

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

Care Home Admissions:

- Sefton's admissions to nursing and residential care homes for people aged 18-64 is high compared to other local authorities. Our current rate of 25 people per 100,000 of the population puts us in the bottom quartile in the North West, England and against our Statistical Neighbours.
- Admissions of people aged 65 and over have come down slightly since the beginning of the financial year. Our current rate of 688 people admitted per 100,000 population is average compared to our Statistical Neighbours but is slightly above the rates of the North West and England.

Self-directed support & direct payments:

- Around 23% of our social care clients are supported via a direct payment, this is slightly less compared to the North West (25%) and England (26%) but the same as our Statistical Neighbours (23%).
- We have seen significant increases in the proportion of our carers receiving direct payments. The 90% of carers receiving a DP is similar to the North West and England but puts us in the top quartile of Statistical Neighbours.

People with Learning Disabilities:

- The proportion of learning-disabled people in paid employment remained fairly stable over the past few years between 2-3%. This is lower than the North West (4%), England (5%) and our Statistical Neighbours (5%).
- The proportion of people with learning-disability who live in their own home or with their family has remained stable over the past 12 months. The 87% of people living in settled accommodation puts us in a better position compared to England (80%) and close to the North West (89%) and Statistical Neighbours (89%).

Short-term support:

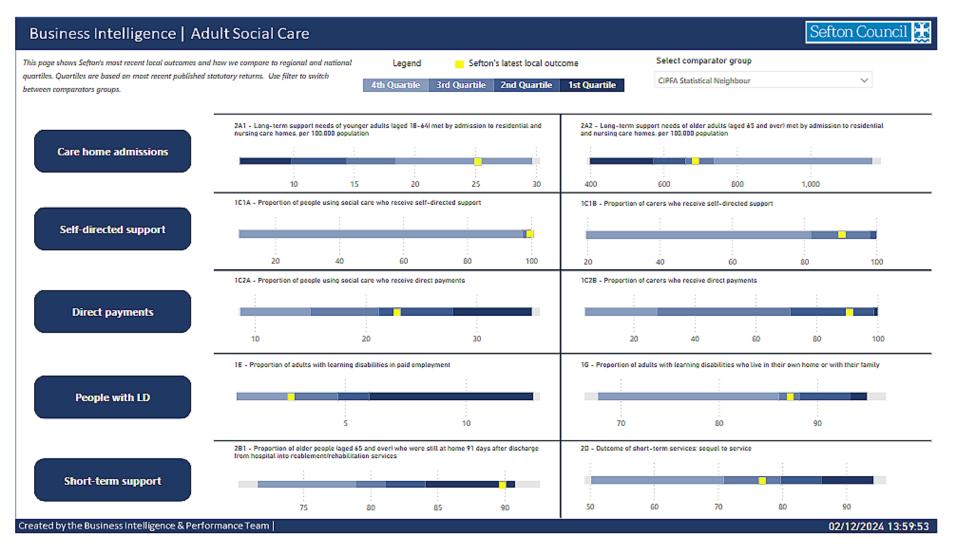
• Just under 90% of older people (65+) going through reablement/rehabilitation services following hospital discharge remain at home 91 days later. This compares well regionally and nationally, putting is in the top quartile in England, the North West and against Statistical Neighbours.

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• Around 77% of people supported with a short-term service subsequently go on to require no ongoing support or see a reduction in their support package. This is close to the the proportions seen in England (78%) and slightly lower compared to the North West (80%) and Statistical Neighbours (79%).



ASCOF measures





Filters

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Finance – Weekly Overview

Total weekly expenditure has increased since the beginning of the financial year by £109k. This is mostly linked to an increase in long term client numbers – up by 100 people.

We have seen an increase in the number of people supported in community-based services by around 3%, and an increase in the number of people supported in longterm residential and nursing placements which is 1.5% higher compared to April.

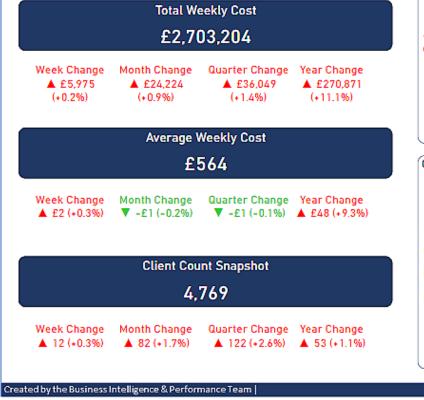
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Weekly Summary

This page displays the the current total weekly cost, average weekly cost and client count snapshot.

The change indicators show the same seven day periods last week, last month, last quarter and last year. The change is displayed in total numbers and percentage change.







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Long-term Residential & Nursing Care

Between February–April we saw an increase in the numbers of residential and nursing placements being made. Admissions have however been reducing during the latter part of the year with 4 out of the last 7 months having lower a than average number of new placements

Overall, however the numbers of people in residential and nursing care (for under 65's) remains high compared to other Local Authorities and slightly above the rates of the North West and England for people over aged 65.

For those over 65 yrs the number of admissions has been impacted by an increased in referrals from people previously self funding and who now require assistance from the Local Authority.

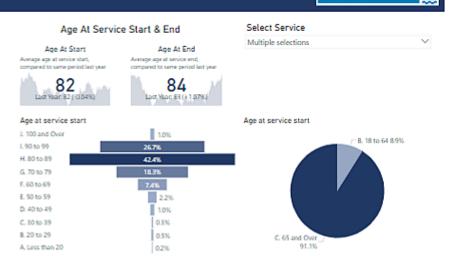
Overall numbers have also been impacted by longer length of stays and less placements ending.

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Lower Level Service Details

This page displays additional details for services by 'lower level' service summaries. This breaks down service summaries at a more granular level, ie. distinguishing between service delivery types. You can use the filter in the top right corner of the page to select for specific services.





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Reablement & Alternative to Reablement Services

As part of our "Better at Home" transformation programme reablement capacity is crucial as it provides short-term home-based support to people after a period in hospital or illness at home (reducing or delaying the need for longer term support).

Demand for reablement services has increased significantly over the past 2 years. The total number of people going through reablement in the last 12 months is 43% higher than in 2023.

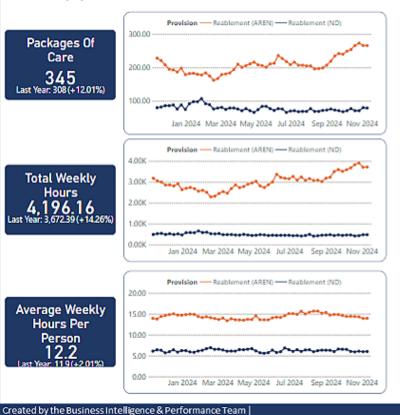
Nationally Sefton are in the top quartile for the proportion of people 65 and over who are still at home 91 days after discharge from Hospital into Reablement/ Rehabilitation services.

New Directions provision accounts for 27% of Reablement service delivery, with 73% delivered by the Sefton Domiciliary Care sector.

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Reablement

Reablement is delivered via New Directions and the Alternative to Re-enablement (AREN) service. This page shows the number of clients in receipt of both services, total weekly hours delivered and total hours delivered per person.



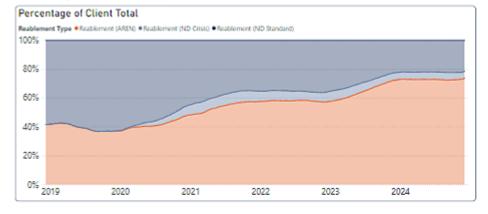
Service Delivery

The table below shows the current client numbers & percentage, current weekly hours numbers & percentage and the number of hours delivered per person. This is broken down by AREN and reablement delivered by New Directions. New Directions reablement can be drilled down further to see breakdowns by standard and crisis reablement.

Reablement Type	Client #	Client %	Weekly Hours	Weekly Hours %	Hours Per Person	
Reablement (AREN)	266	77.1%	3,719.00	88.6%	13.98	
Reablement (ND)	79	22.9%	477.16	11.4%	6.04	
Reablement (ND Standard)	70	20.3%	428.67	10.2%	6.12	
Reablement (ND Crisis)	9	2.6%	48.49	1.2%	5.39	
Total	345	100.0%	4,196.16	100.0%	12.16	

Reablement Delivery Proportions

Below is displayed the proportion of reablement delivered via AREN and New Directions, The filter to the right can be used to display either client numbers or hours delivered.



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Client Count

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Year People Timeliness First Point of Contact Month Number of people contacting ASC in last 12 Contacts resolved within 2 working days in last 12 Contacts received in last 12 months compared to same Week period last year months compared to same period last year months compared to target Contacts received in last full month Contacts received in last full week compared to Adult Social Care receives an compared to 12 month average 12 week average average of 2,150 contacts per month. 76.4% 25.758 3.029 2.356 These can include requests for care 5 Target: 90.0% (-13.6%) Previous Year: 23,694 (+8.71%) Previous Year: 12,133 (+7.38%) packages, safeguarding concerns or Avg: 2,147 (+9,76%) Avg: 552 (-3.07%) queries about existing support packages.

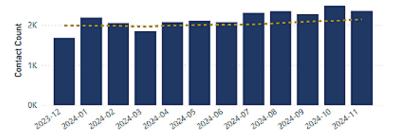
The number of people contacting Sefton Adult Social Care requesting support has risen by 10% in the last year.

Of our contacts relating to requests for support, 22% are resolved through providing information, advice or signposting. The aspiration is to achieve 25% with the transformation work.

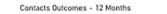
Work to review and improve how people first access support from the service has been progressing, and this programme of transformation is being developed with staff and individuals with lived experience. Additional staff have been recruited to resolve more requests for support at the first point of contact, rather than needing to refer on to another team.

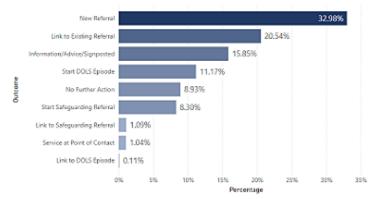
Contacts Received by Month

Contacts Received Contacts Received Rolling 12m Avg

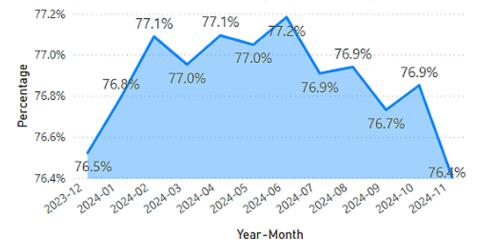


Year-Month





Percentage Resolved Within 2 Working Days by Rolling 12 Months





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Activity

Sefton like all Local Authorities is experiencing waiting lists across its core services and the oversight and reduction of these remain a key focus. All referrals have been screened and prioritised.

Arrangements are in place to manage any risks and ensure that contact is maintained with people on the waiting list. Weekly oversight meetings, case weighting, reporting to the Executive Director, and risk management procedures are in place.

Additional resources and use of agency staff are being utilised to reduce people's wait time.

A full capacity and resource evaluation has just been completed across all teams, and this will be used to inform our future workforce requirements as we move into 25/26.

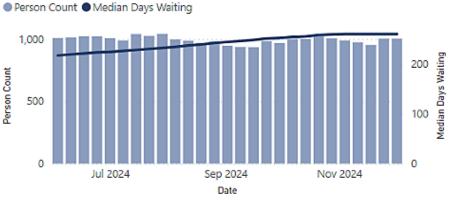
A "waiting well approach" has been developed which draws on best practice across the region to support people whilst they wait, using technology and access to the community and voluntary sector.

Social Work

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Deprivation of Liberty Safeguard (Dols) Referrals

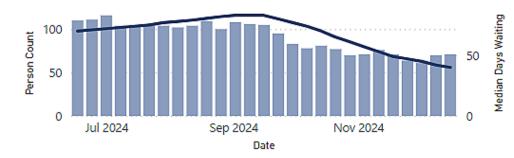


Person Count
Median Days Waiting



Visual Impairment

Person Count Median Days Waiting



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Occupation Therapy*

*Occupational Therapy Waiting Lists

The list for those awaiting assessment from the OT service is currently split into those individuals' awaiting assessment from a qualified Occupational Therapist (complex assessments and DFGs) and those requests which can be assessed by a Community Care Practitioner (low level equipment etc)

Whilst we have seen an increase in the numbers of people awaiting further intervention from an OT (up 15% in the last month), additional permanent recruitment has now taken place which will have an impact early in the New Year. This will be supplemented by additional agency OT support.

Those awaiting a CCP assessment have also increased by 15% over the past month, although numbers remain significantly below those of 6 months ago. The success of the mobile clinic and targeted screening of the CCP waiting list has had a substantial impact. Additional mobile clinic vans have now been procured and the service will expand significantly in 2025. We therefore expect to see reduce further.

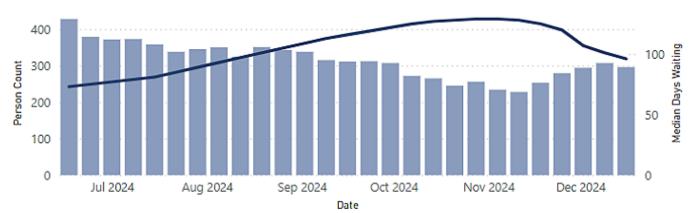
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OT Assessments Waiting

Person Count Median Days Waiting



OT CCP Assessments Waiting



Person Count Median Days Waiting

Annual Reviews/Reassessments

During the past 12 months, teams have completed 22% more annual reviews compared to the same period last year.

As well as annual reviews, a programme of targeted reviews is in place to ensure the right level of care is being provided, this also supports the achievement of efficiency requirements for 24/25.

As of the end of November 2024, 57% of our long-term clients had received their annual review within the previous 12month period, which is higher compared to the previous 3-4 months. The target is 65%.

A waiting well approach is being implemented for those people awaiting a review, with cases risk assessed and prioritised. Care providers and partner organisations are proactively asked to contact the service if there is any change in circumstance and need for re-prioritisation. Families can also make contact directly to request a review.

Across the care home market , the Dols Team regular identify and action the need for a review should they identify any change in circumstance.

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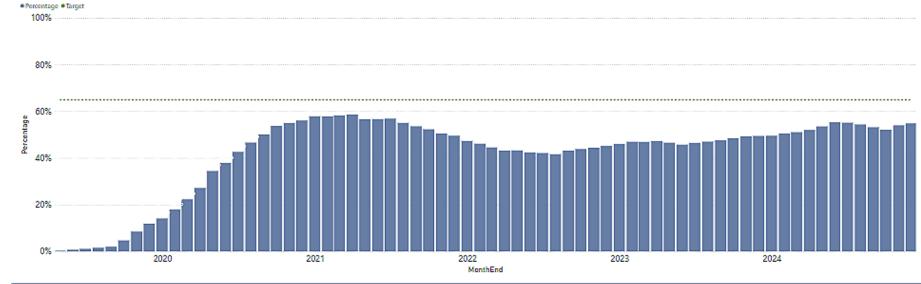
Weekly Overview - Reviews Due

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The first three cards at the top of this page display (from left to right) the proportion of our long-term clients (those receiving a service for over 12 months) who have received any kind of review within the past 12 months, the proportion of our long-term clients who have received an annual review (that excludes initial reviews following service start) within the last 12 months and the proportion of our long-term clients who have received a full core reassessment within the past 12 months. The fourth card from the left shows a count of our long-term clients and the fifth from the left shows the number of long-term clients who have been waiting over 18 months for any review. The table displays our currently open care plans related.







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Actions to be taken in responses to Carer Surveys

Local authorities in England with responsibility for providing Adult Social Care services are required to conduct a biennial survey of carers. The Survey of Adults Carers in England (SACE) contains questions about the carer's general health and wellbeing; how services impact their quality of life; and the quality of services being provided. Whilst this feedback was gathered in 2023, comparator results of the Carers Survey have just been made available.

The outcome of the responses received from the SACE indicate that in a number of domains there has been a decline in what carers report. This includes how much control they feel they have over their daily life, the levels of loneliness and self neglect being experienced, how involved they feel in discussions regarding the person they care for and how easy they find accessing information/advice.

Since the time of the survey there has been continued work undertaken with partners in relation to supporting carers. Carers from across the borough, system partners and Council colleagues have come together to coproduce a new Sefton Carers Strategy 2025 – 2028. Carers developed the vision, and the strategy's six themes, which are:

- Early Identification, Recognition and Appreciation of Carers
- Information and Advice
- Young Carers
- Empowering Carers
- Health & Well-being
- Carers Assessments

This strategy closely aligns with national and local policy drivers and has early intervention and prevention at its heart. It is intended for carers of all ages and sets out what we will do together to improve their health and well-being. The strategy and accompanying action plan were shared with carers groups on Carers Rights Day, November 21 2024, and received their support.



Sefton's value falls into the top quartile

- Sefton's value falls into one of the two middle quartiles
- 👷 Sefton's value falls into the bottom quartile

Theme	Good is	Sefton	Statistical Neighbours	North West	England
Satisfaction (proportion of carers either extremely, very or quite satisfied)	High	63.4	- 69.5	- 66.8	- 67.1
Control (proportion of carers reporting as much control over their daily life as they want)	High	13.7	X 21.4	X 21	X 21.5
Time spent (proportion of carers reporting they are able to spend their time as they want)	High	11	X 15.3	× 15.1	× 16
Self-neglect (proportion of carers reporting they look after themselves)	High	46.7	= 47.1	— 47	= 46.7
Social contact (proportion of carers reporting they have as much social contact as they want)	High	26.8	= 30.8	= 30.4	- 30
Involvement (proportion of carers reporting they were involved in the discussions about the person they care for)	High	29.3	X 38.3	X 36.9	× 36.9
Financial difficulties (proportion of carers reporting they did not have any financial difficulties caused by caring)	High	52.8	— 57.1	- 54	- 53.4
Safety (proportion of carers reporting they have no worries about personal safety)	High	79.7	= 81.7	= 82.3	- 81
Information & Advice (proportion of cares reporting information was easy to find)	High	55.3	X 63.1	× 58.7	- 59
Loneliness (proportion of carers reporting they feel lonely often or always)	Low	19.9	× 13.4	X 15.6	× 13.3



Actions to be taken in response to Adult Social Care Survey (ASCS)

Local authorities in England with responsibility for providing Adult Social Care services are required to conduct an annual survey of their service users. The Adult Social Care Survey (ASCS) asks questions about general health and wellbeing; how services impact their quality of life; and the quality of services being provided. The results of the client survey 23/24 have recently been published (for Sefton 429 people responded a 24.8% response rate).

Satisfaction levels in Sefton remained stable from the previous survey. Overall quality of life has also remained stable from the previous survey, with levels slightly above other Local Authorities. In respect of reported choice and control, Sefton has similar levels to the North West and England but ranks below statistical neighbours.

Respondents reported poor health, loneliness, anxiety & depression and concerns re cleanliness as areas of focus as well as difficulties accessing advice and information. The findings from the survey have been shared with the adult social care forum and used to inform the proposed priorities for the draft Early Intervention and Prevention Strategy 2025–2027. Key stakeholders, including community members, carers, and leaders from Community Voluntary Services, participated in an engagement event on December 5, 2024.

During this event, community empowerment and reducing social isolation were among those identified as priority areas for the strategy. Additional events will take place in January to further explore collaborative actions needed to improve outcomes for residents of Sefton. A full report on the Early Intervention and Prevention Strategy will be presented to Overview and Scrutiny Committee in due course.

Adult Social Care is also piloting a new approach called the Three Conversations. It recognises that people are the experts in their own lives, and it is essential to listen carefully rather than prescribe a service. This approach empowers individuals to maintain choice and control over their lives and has fostered enthusiasm among team members. As a result, it has led to positive examples of personalised care and support. This approach will be rolled out service wide.



- Sefton's value falls into one of the two middle quartiles
- Sefton's value falls into the bottom quartile

Satisfaction	Good is	Sefton	Statistical Neighbours	North West	England
Satisfaction (proportion of service users either extremely, very or quite satisfied with the care and support they receive)	High	89.6	- 90	- 88.9	88.7
Choice (proportion of service users reporting they have enough choice over care and support services)	High	65.2	X 70.2	<mark>- 67.8</mark>	- 66.2
Control (proportion of service users reporting they have as much control as they want or adequate control over their daily lives)	High	75.3	X 79.6	— 78.6	— 77.6
Health	Goodis	Sefton	Statistical Neighbours	North West	England
General health (proportion of service users reporting their health is either bad or very bad)	Low	19.2	- 18	— 19.6	= 18.3
Pain and discomfort (proportion of service users reporting they have extreme pain or discomfort)	Low	15.6	× 13	<mark>- 13.9</mark>	X 13.2
Anxiety and depression (proportion of service users reporting they are extremely anxious or depressed)	Low	12.1	× 7.8	x 9	× 8.7
Social Contact	Good is	Sefton	Statistical Neighbours	North West	England
Social contact (proportion of service users reporting they have as much social contact as they want with people they like or have adequate social contact)	High	74.6	× 79.4	— 77.6	- 76.9
Loneliness (proportion of service users reporting they feel lonely either often or always, or some of the time)	Low	43.2	× 39.4	- 39.6	- 40.8
Time spent (proportion of service users reporting they are able to spend their time as they want, doing things they value or enjoy or are able to do enough of the things they value or enjoy)	High	62.2	x 70.8	× 69.1	× 69.1
Getting outside (proportion of service users reporting they can get to all the places in their local area that they want)	High	28.9	a 31.2	= 29.7	- 29.6



Safeguarding Activity

The team receive on average 274 safeguarding referrals per month For each referral social workers will then conduct initial enquiries to ascertain if the person is safe and what action needs to be taken to address the immediate concerns.

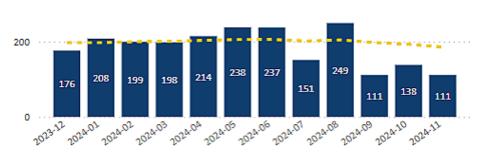
A number require a section 42 enquiry (around 30%) or other type of investigation (e.g. where there is still potential risk, but an individual does not meet the Care Act criteria). Urgent situations are always escalated to the Team Manager and Service Manager. Weekly oversight meetings are also in place with the Assistant Director.

Where possible safeguarding enquiries will be conducted and concluded within 28 days, however the complexity of the situation, the number of parallel enquiries and participating agencies may result in this taking longer.

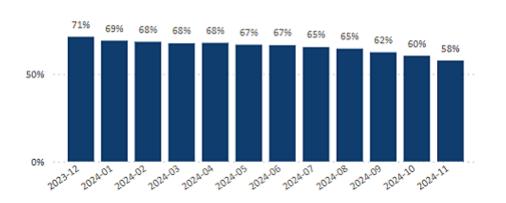
Referral Starts

100%

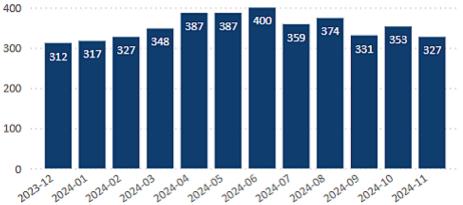
Referral Starts OR Rolling 12m average



Referrals Resolved within 28 days - rolling 12 months proportion



Referrals Open at Month End



Sefton

2030

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Safeguarding Themes

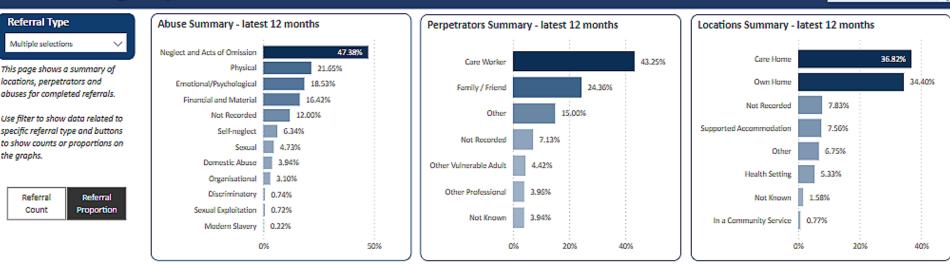
Types of abuse are categorised in a number of ways .Neglect and acts of omission are the most common abuse types seen in safeguarding enquiries with almost 50% involving this abuse type.

Over 40% of enquiries involve abuse perpetrated by a care worker and 70% of abuse is perpetrated in a care home or the victim's own home.

Multi agency organisational safeguarding arrangements are in place to ensure a swift and collective response to situations where there may be more than one concern raised in relation to specific care providers.

Proactive awareness raising regarding identifying, preventing and reporting abuse is also carried out by the Sefton Safeguarding Adults Board (SSAB)

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Below heatmap can be expanded using plus sign (+) to show perpetrators.

Location Summary/ Perpetrator Summary	Discriminatory	Domestic Abuse	Emotional/Psychological	Financial and Material	Modern Slavery	Neglect and Acts of Omission	Not Recorded	Organisational	Physical	Self-neglect	Sexual	Sexual Exploitation
Care Home	3	3	138	86		1,101	58	45	361	7	54	2
Health Setting			17	7		178	13	20	34	3	7	1
In a Community Service			4	1		12	3	3	15		3	
Not Known		4	21	16	2	12	9	1	15	4	12	5
Not Recorded	2	5	21	24		30	248	5	24	4	5	
Other	6	19	98	72	3	76	23	4	86	29	41	14
Own Home	15	136	399	414	4	470	124	29	304	210	63	9
Supported	5	1	87	75		113	23	23	78	13	17	1

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Care Market – Care Quality Commission Ratings

Currently 84.5% of registered providers in Sefton are rated good or outstanding.

Of the people that we are currently commissioning the care for, nearly 81% are with providers rated good or outstanding.

91 people are placed with inadequate providers. This includes 1 Domiciliary Care Provider and 2 Nursing Homes (one of which is in Sefton).

All individuals have been reviewed and action plans and risk mitigation is in place for all placements with those providers rated inadequate which includes oversight by both health and social care professionals. This can include suspension of new placements and targeted support for providers from the Council and NHS. Wherever required alternative support is arranged.

CQC are responsible for the reassessment of providers and have now adopted a risk-based approach, which can mean a significant delay in returning to re inspect especially if there is no deterioration in concern or indeed if the situation is improving

The Quality Assurance Team within Adult Social Care has a risk stratification model in place for all providers and works in collaboration with key partners to provide support where quality concerns have been identified. The Team is currently working with 15-20 providers.

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November 2024 snapshot

