

LGBF Overview Report 2019/2020

Adult Social Care Briefing Report

The Local Government Benchmarking Framework (LGBF) is a benchmarking tool developed by the Improvement Service intended to support senior management teams and elected members to improve key council services.

The benchmarking tool categorises Falkirk Council alongside the LGBF 'family grouping' of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian. As a member of the NHS Forth Valley, this briefing report shall also include Stirling.

The Local Government Benchmark Framework and Adult Social Care

- **Home care services and providing a balance of care:**
With effective prevention and early intervention strategies, such as enablement and re-enablement, this indicator can promote independence to sustain people in their home.
- **System capacity and future sustainability:**
Strengthening our understanding of local system capacity and long-term social care sustainability. Furthermore, supporting progress to develop strategic commissions that meet the complex needs of the population.
- **Preserving the quality of life:**
Quantifying the outcomes and experience of those in the social care system.
- **The quality of service provided:**
Dedicated to improving the quality of service provided to social care services recipients.
- **Personalisation of care services:**
Providing recipients of social care services with increased autonomy over their care, support and assessments in accordance with the Personalisation Agenda.
- **Supporting Carers:**
Working to ensure that carers, throughout the pandemic and beyond, feel valued and appreciated. Moreover, to support carers in their responsibilities and duties as outlined in the Carers (Scotland) Act 2016.

With these areas of focus, the eight performance indicators outlined in this report shall provide a contextual understanding of how Falkirk compares to each of the family authorities.

Home care services

Council spend on home care services has been standardised around home care costs per hour for each council. This includes expenditure across all providers. Since 2010/11 there has been a real- terms increase of 10.1% in spending per hour on home care for people over 65 across Scotland. This reflects an overall 22.6% increase in gross expenditure and 11.3% increase in the number of hours delivered during this period, although movement between years has fluctuated.

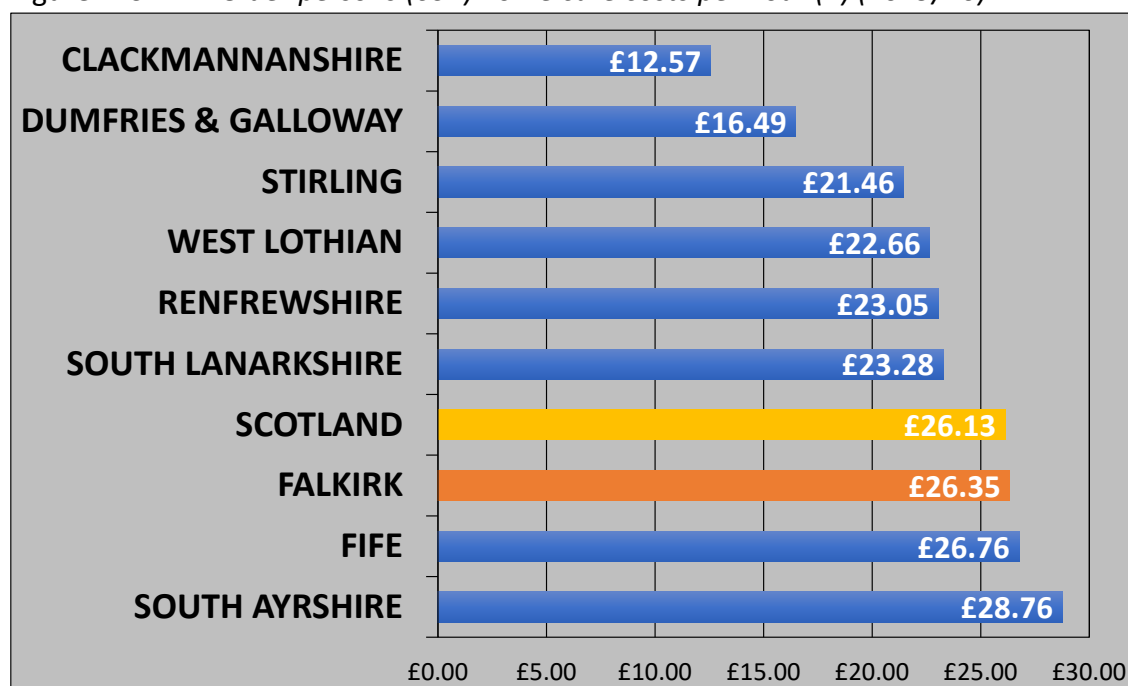
There is significant variation across all councils in spend per homecare hour, ranging from £12.57 to £60.93. The level of variation observed is wider than any preceding year, with significantly higher and faster growing costs in more deprived council areas. Between 2010/11 and 2019/20, the average cost per hour for the most deprived councils increased by 35%, from £25.00 to £33.84. By comparison, spend in the least deprived councils increased by 1.8%, from £24.91 to £25.35.

However, caution is required in considering this indicator since local authorities do not calculate their home care costs consistently, since service elements are organised, therefore costed, differently.

How does Falkirk compare?

Figure one demonstrates that Falkirk sits marginally above the national average of £26.13, costing £26.35 per hour, a difference of £0.27. In comparison with the LGBF 'family group', Falkirk is the third most expensive in the chart and offers an hourly rate £13.78 higher than Clackmannanshire. When compared to the 2018/19 data, Falkirk has increased the price of hourly care by just under 6%.

Figure 1: SW1 – Older persons (65+) home care costs per hour (£) (2019/20)



Source: Social Care Survey and Quarterly Survey, with additional data sourced directly from councils to allow adjustment for any Covid-19 impact on provision in March 2019. Scottish Government; council supplied expenditure figures

Balance of care

Balance of care is captured by the percentage of adults over 65 with long term care needs receiving care at home. This is an area of increased importance with growing effort to care for more people in their own home rather than institutional setting such as hospitals. The effective design and delivery of home care services is central to independent living, citizenship, participation in society and in supporting a fulfilling life. Services can help prevent those most at risk of unplanned hospital admissions from entering the hospital sector unnecessarily. For those who do enter hospital, it can also help prevent delayed discharges.

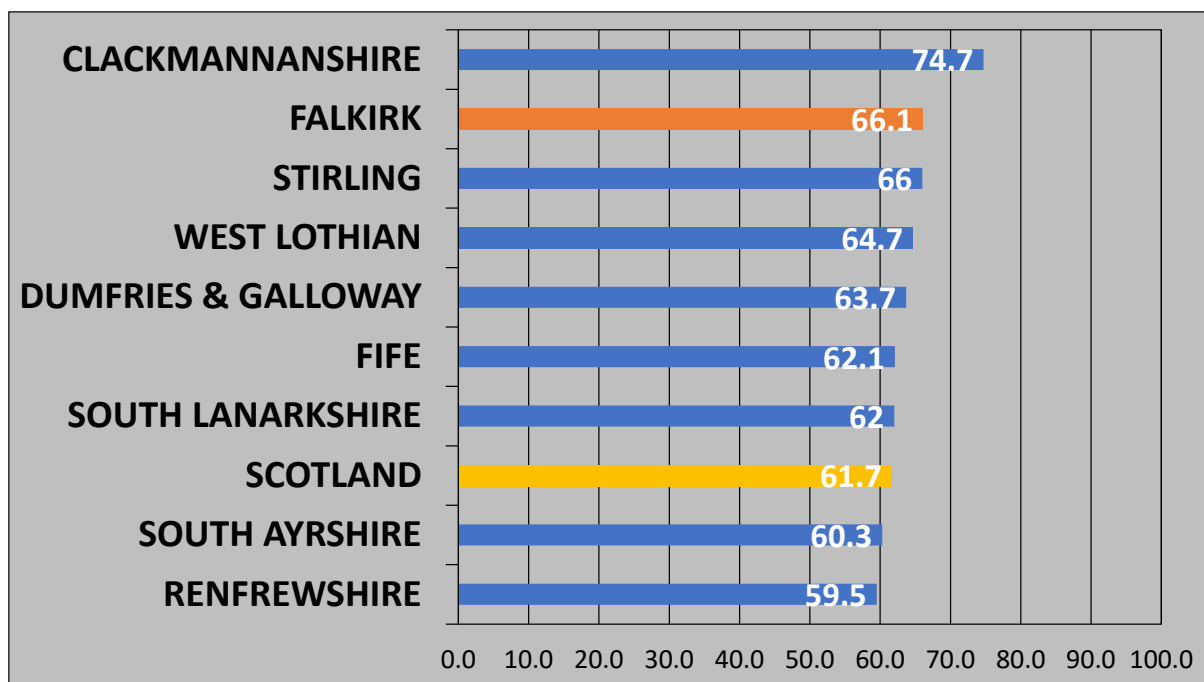
The balance of care has shifted in line with policy objectives between 2010/11 and 2019/20, with a growth in home care hours provided (11.3%) and a relative decline in residential places (-3.5%). The percentage of people with long- term needs who are now receiving personal care at home has increased from 58.9% in 2010/11 to 61.7% in 2019/20. As importantly, the number of people receiving home care has decreased over time and the hours of care they receive on average has increased, i.e. in shifting the balance of care, a greater resource has become targeted on a smaller number of people with higher needs. The reducing number of home care service users, alongside the size of the package delivered reflects the agreed eligibility criteria now in place to ensure the fair allocation of care.

The Improvement Service introduced this indicator three years ago to replace another balance of care indicator: Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. The indicators have very different emphases for delivering care at home. Performance focusing on intensive needs (plus 10 hours) is an incentive to target more care to fewer people. However, the current indicator focusing on the percentage receiving personal care is an incentive to target more people with lower levels of care. Further, neither takes account of the benefits of reablement and equipment, such as telecare, which impact on the need for home care. Together these issues can lead to an unclear picture when evaluating Council's performance on balance of care over time.

How does Falkirk compare?

Figure two offers an illustration of how Falkirk ranks as the second highest of the LGBF 'family grouping' authorities, with 66.1% of people receiving personal care at home; 4.4 percentage points less than the national average of 61.7% Furthermore, the percentage of people receiving care at home in Falkirk Council has increased by one percentage point since 2018/2019.

Figure 2: *SW3a – Percentage of people aged 65 and over with long-term care needs who receive personal care at home*



Readmission to hospital

The readmission rate reflects several key elements of an integrated health and care service, including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners.

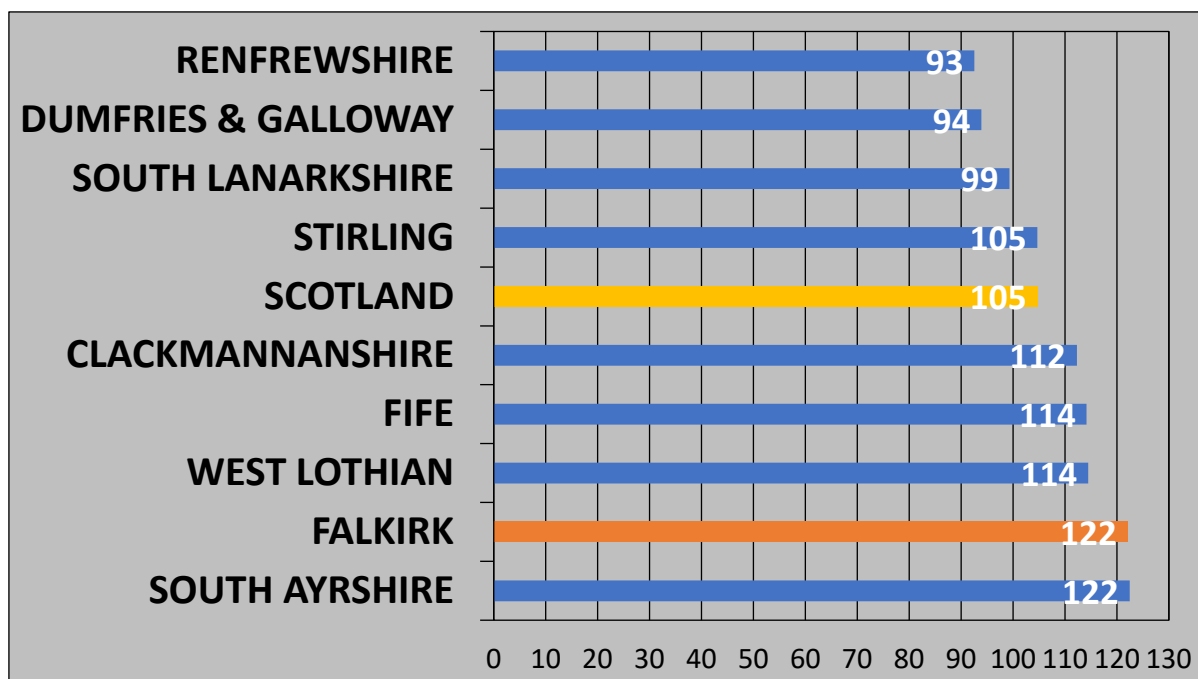
This measure captures the rate of readmission to hospital within 28 days per 1,000 discharges. The 28-day follow-up is considered to reflect the initial support on leaving hospital, including medicines safety, which could have a negative impact and result in readmission. A longer period of follow up would be more likely to include admissions that are unrelated to the initial one, whereas a shorter period (e.g. 7 days) is more likely to relate to immediate issues linked to the hospital care.

Since 2010/11, the rate of readmissions to hospital within 28 days (per 1,000 discharges) across Scotland has increased year on year, from 89.7 to 104.7, a 16.7% increase. Over the last 12 months, the Scottish average has increased by 1.7%.

How does Falkirk compare?

Of the eight LGBF 'family grouping' councils, Falkirk is the second highest, alongside South Ayrshire, with 122 readmissions within 28 days per 1,000 discharges. The rate of readmission rate is 12 per 1,000 higher in Falkirk than the national average of 105 per 1,000, with Renfrewshire posting the lowest of the 'grouping' with 93 readmissions per 1,000. In comparison with the 2018/2019 data, Falkirk has seen an increased rate (177 per 1,000 discharges in 2018/2019).

Figure 3: SW6 - Rate of readmission to hospital within 28 days per 1,000 discharges



Delayed discharges

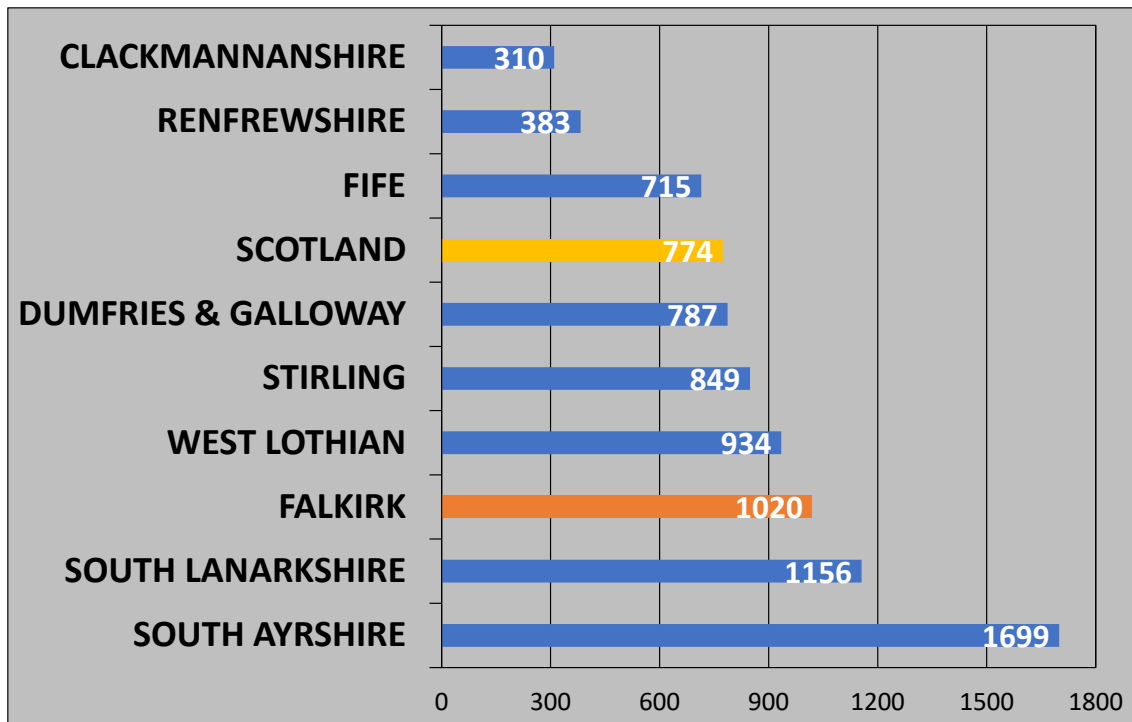
Health and Social Care services strive to ensure that people do not have to wait unnecessarily for more appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual and is particularly bad for the health and independence of older patients. It is an ineffective use of scarce resource potentially denying an NHS bed for someone else who might need it.

This indicator presents the number of days over 75s spend in hospital when they are ready to be discharged. The indicator on its own does not tell us about the outcomes, as people need to be discharged to an appropriate setting, such as reablement or long-term care in a care home. Focusing on discharging patients quickly at the expense of this is not desirable, and improvements need to be achieved by better joint working and use of resources.

How does Falkirk compare?

On this indicator, the below graph demonstrates that Falkirk is third highest when compared with the LGBF 'family group' of authorities. Falkirk has a rate of 1,020 bed days per 1,000 75+ population in 2019/20, which is considerably higher than the national average of 774 bed days per 1,000 75+ population. However, it is positive to note that the Falkirk rate has reduced by 13.4% when compared with the data from 2018/19 (1,178 per 1,000 population).

Figure 4: SW8 - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)



Direct payments and personalised management budgets

From 1st April 2014, self-directed support introduced a new approach which gives people who require social care support more choice and control over how their support is delivered. Social work services continue to drive forward changes to ensure people's outcomes are being met, rather than a person fitting in to a service.

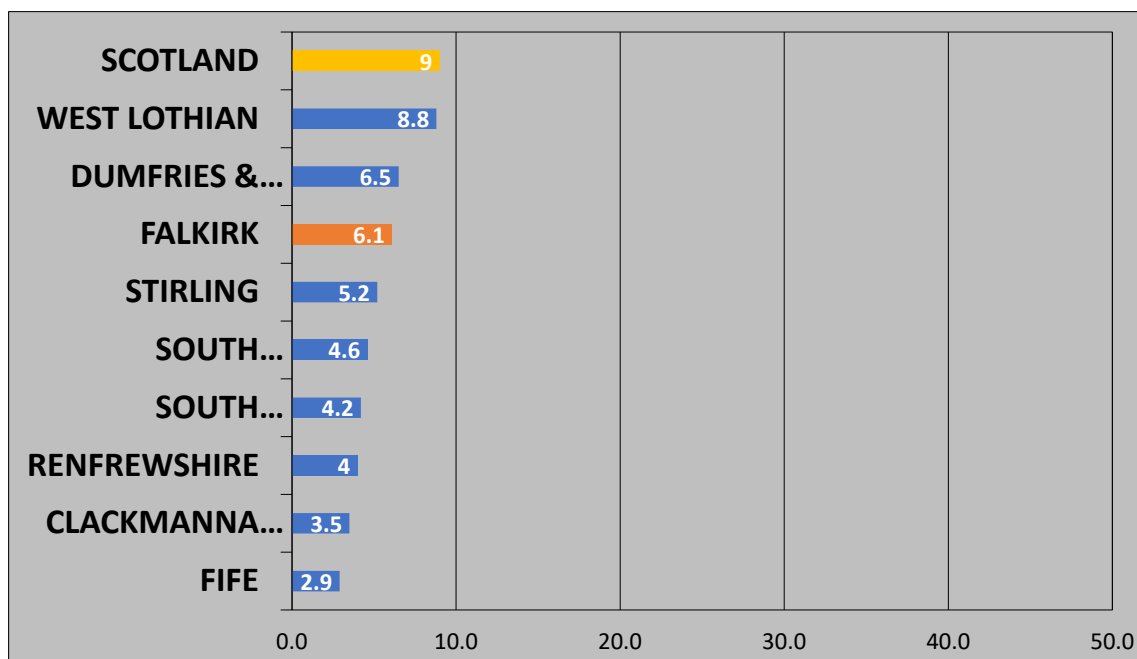
The Self-Directed Support Act 2013 puts a duty on local authorities to be transparent about the resources available to provide support and offer a choice as to how that support is managed/ delivered/ organised through numerous different options.

The indicator here refers to the percentage of total social work spend allocated via direct payments (DP) or Personalised Managed Budgets (PMB). Since 2010/11, the proportion of total social work spend allocated via DP and PMB has grown steadily from 1.6% to 9.0%. All 32 authorities have reported growth during this period.

How does Falkirk compare?

When compared to the 'family grouping' of authorities in this indicator, Falkirk sits below the Scottish average by 3.9%. When compared with the 2018/2019 data, Falkirk has seen a 1% increase in the percentage of direct payments and personalised managed budgets spent on adults over 18 receiving social work.

Figure 5: SW2 – Spend on direct payments and personalised managed budgets as a percentage of total social work spend on adults 18+



Care homes

The cost of care home services is reflected in the framework by a standardised measure using net costs per week per resident for people over the age of 65. It is important to note that the figures for 2012/13 to 2019/20 have in agreement with the Local Government Directors of Finance excluded a support cost component which was included in 2010/11 and 2011/12, and therefore a direct comparison with costs from earlier years is not possible.

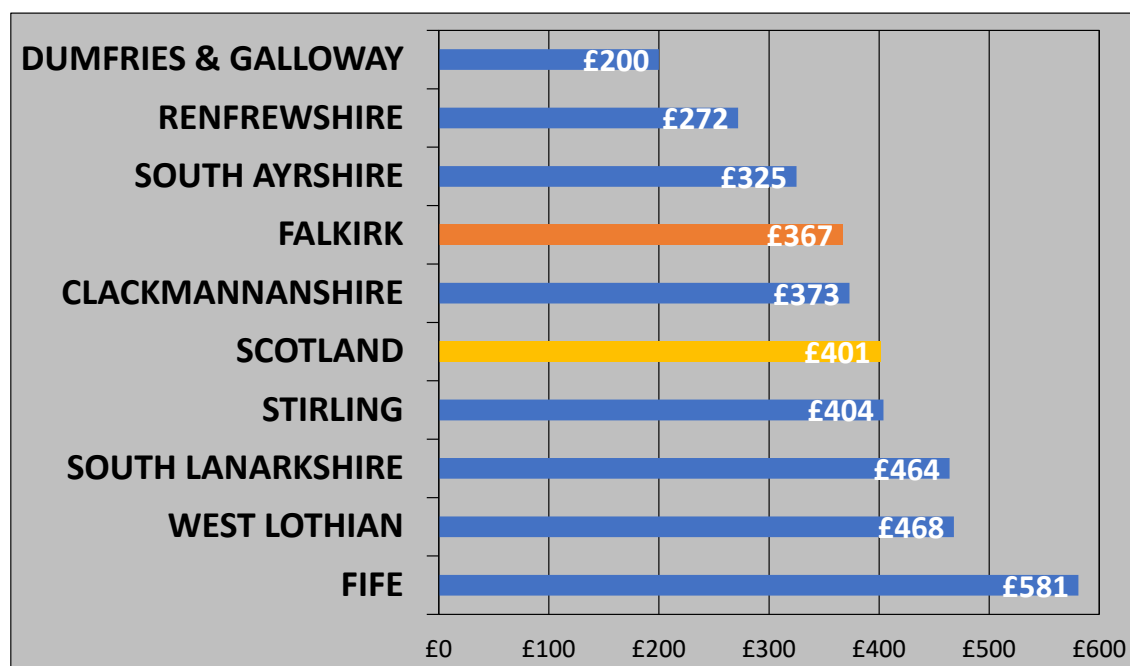
Gross expenditure levels have remained steady over this period therefore the reduction in net expenditure indicates an increase in the income received by councils rather than a reduction in expenditure. The growth in the number of privately or self-funded clients as a proportion of all long stay residents over this period would support this trend (an increase from 28% to 34% between 2010/11 and 2018/19).

There is a considerable level of variation in care home costs across councils, ranging from £128 to £1,174 in 2019/20. Island authorities on average report significantly higher costs. When island councils are excluded, costs range from £128 to £581.

How does Falkirk compare?

In comparison to the LGBF 'family grouping' of authorities, Falkirk is performing stronger on this indicator than fellow regions. When compared to the Scottish average, Falkirk is £34 cheaper for residential costs per week for those aged 65 and over. This is an increase of £44 from the 2018/19 data, however, the Scottish average has also increased by £14 in the same period.

Figure 6: SW5 - Residential costs per week per resident for people aged 65 or over



Quality ratings of care services

This indicator provides a measure of assurance that adult care services meet a reasonable standard. This includes care provision provided by Local Authority, Health Board, Third Sector and Private Sector and includes the following care services:

- Care Homes for adults and older people
- Housing Support Services
- Support Services including Care at Home and adult day-care
- Adult placements
- Nurse Agency

The Care Inspectorate grades care services on the following themes:

- Quality of Care and Support
- Quality of Environment (Care Homes only)
- Quality of Staffing
- Quality of Management and Leadership

New Health and Social Care Standards were published by the Scottish Government in June 2017. These new standards are relevant across all health and social care provision. They are no longer focused only on regulated care settings, but are for use in social care, early learning and childcare, children's services, social work, health provision, and community justice.

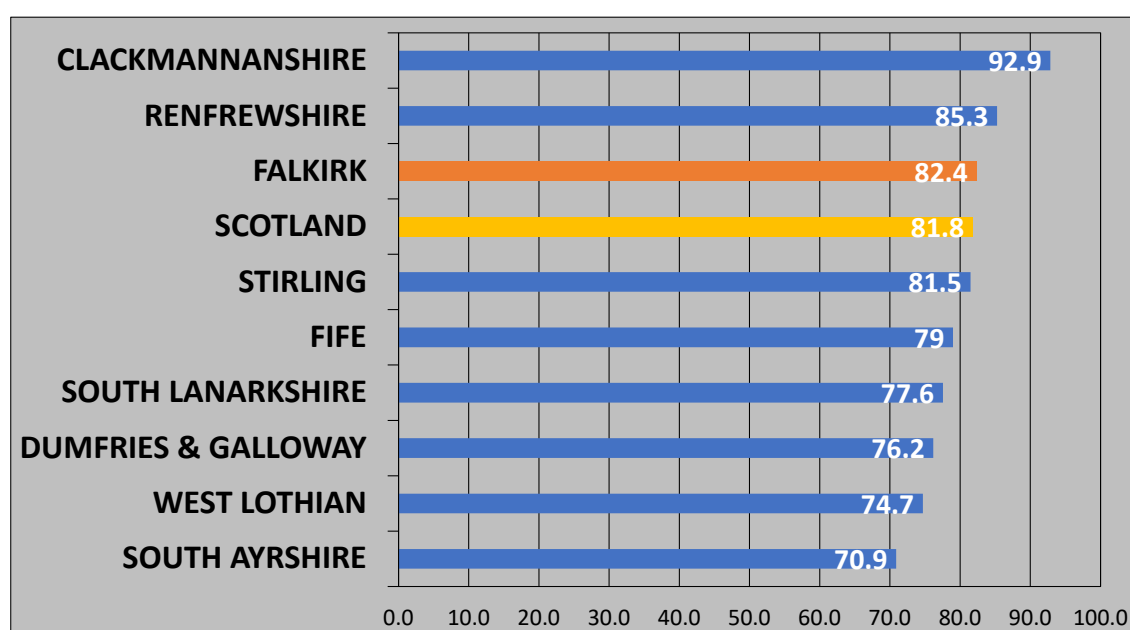
The Care Inspectorate is changing the way it inspects the quality of care and support to reflect the new Health and Social Care Standards. From July 2018, a new framework for inspections of care homes for older people was introduced, drawing heavily on the new Health and Social Care Standards. Similar frameworks will be developed for other settings in due course. It will be important to consider the impact of these new standards and inspection frameworks when interpreting future data on care quality ratings.

There has been an overall improvement in quality ratings since 2011/12, with the % of care services graded 'good' (4) or 'better' (5) increasing from 80.9% to 81.8%.

How does Falkirk compare?

Falkirk ranks as the third highest LGFB 'family group' council with the quality of service graded good, or better. When compared, Falkirk's proportion of services rated 'good' or better total 82.4%, compared with the Scottish national average of 81.8%. Additionally, Falkirk scores 10.9 percentage points higher than the lowest scoring LGFB 'family group' authority, South Ayrshire. Moreover, Falkirk Council has seen a 1.8 percentage point increase in proportion of care services graded 'good' in comparison with the 2018/19 data.

Figure 7: SW7 – Proportion (%) of care services graded 'good' (4) or better in Care Inspectorate inspections



Satisfaction with care services

The LGFB includes a suite of 'satisfaction' measures to capture progress made in relation to improving personal outcomes, promoting enablement, increasing choice and control, and supporting carers. These measures are taken from the HSC Core Suite of

integration Indicators with data drawn from the bi- annual Health and Care Experience Survey.

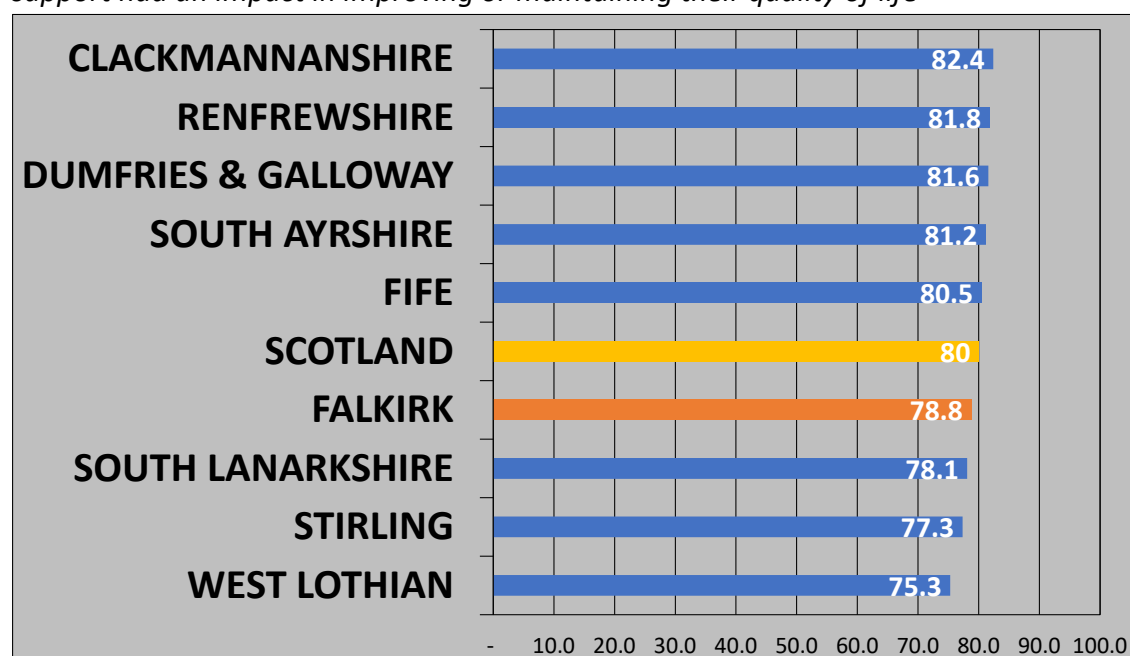
The Health and Care Experience Survey provides a more locally robust sample than is available from the Scottish Household Survey in relation to social care. The experience survey is part of the GP survey and asks about experience of 'care'. The data cannot be related to a specific element of social care and may reflect users experience across a mixture of health care, social care, and district nursing for example.

Across the suite of measures, there have been year on year reductions in satisfaction across each element. The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life has fallen. Similarly, the percentage of adults supported at home who agree that they are supported to live as independently as possible has also fallen. Finally, both the number of adults supported at home who agree they have had a say in their support and the percentage of carers who feel supported to continue in their role has fallen. For all these elements, satisfaction levels vary considerably across councils.

How does Falkirk compare?

When comparing Falkirk for this indicator, there are four indicators that can be used measure: SW4b, SW4c, SW4d, SW4e. Firstly, figure eight show that the percentage of adults who are supported at home and agree their services had an impact on improving their life is 1.2 percentage points lower in Falkirk, 78.8%, than Scotland, 80%. When compared with the data from 2018/19, there has been a 0.5 percentage point reduction.

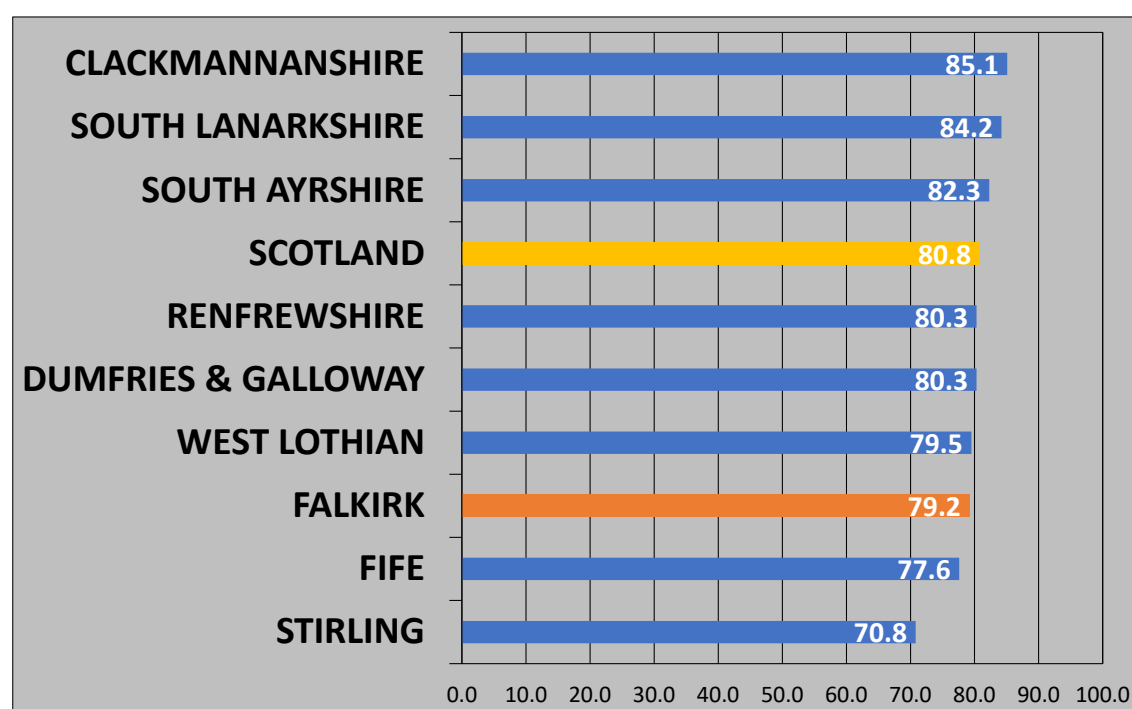
Figure 8: SW4b - Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



Source: Health and Care Experience Survey

Furthermore, figure nine demonstrates that Falkirk ranks at the lower end of the chart when quantifying the percentage of adults who felt supported to live as independently as possible at home. With Falkirk returning 79.2% compared to the Scottish average of 80.8%, the difference being 1.6 percentage point. Additionally, Falkirk has suffered a 3.3 percentage point reduction from the 2018/19 data.

Figure 9: SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible



When considering figure ten, the percentage of adults who agree that they have had a say on the care provided in Falkirk is the highest of the LGBF 'family group, with 78.6%. Moreover, this is 3.2 percentage points lower than the national average of 75.4%. Compared to the data from 2018/19, Falkirk has increased their total by 2.6 percentage points.

Finally, when analysing figure eleven, the percentage of carers who feel supported to continue in their current role working for Falkirk Council is 31%. With the Scottish figure of 37.4%, Falkirk sits 6.4 percentage points behind the national average. When compared with the data from 2018/19, Falkirk Council has suffered a 6.2 percentage point reduction in carers who feel they are supported to continue in their role.

Figure 10: SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

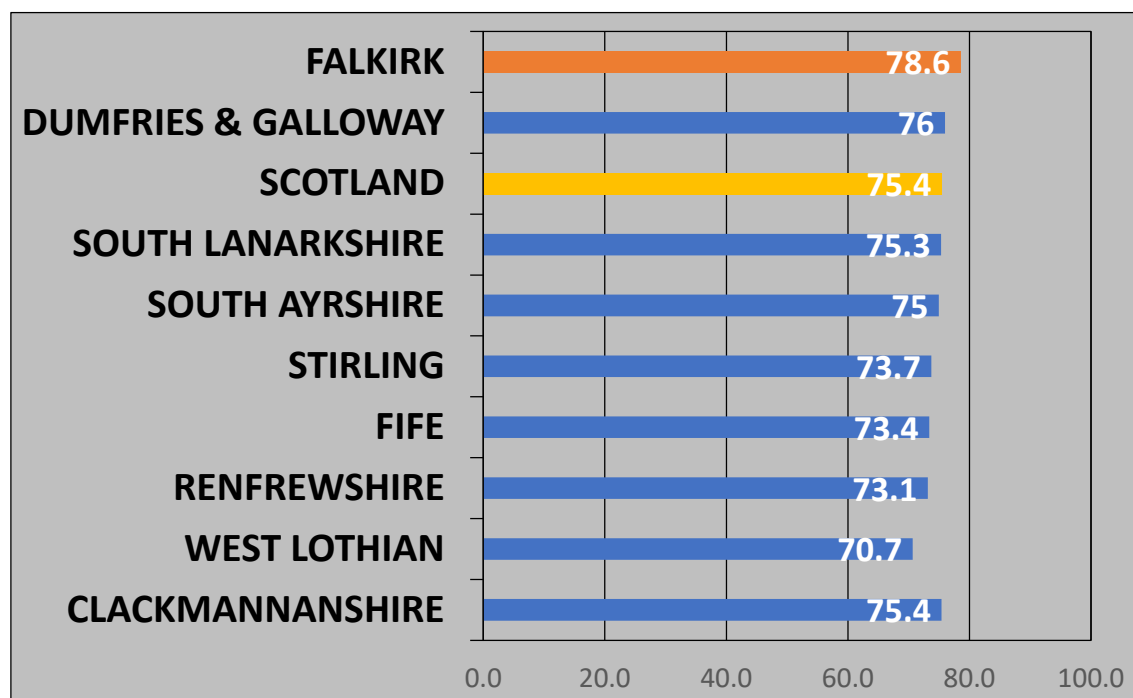


Figure 11: SW4e - Percentage of carers who feel supported to continue in their caring role

