



5 October 2015

Agenda Item: 9

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

Purpose of the Report

1. To provide the Committee with an update on performance for Adult Social Care and Health for the period from 1 April to 30 June 2015.

Information and Advice

Key Measures

2. This report provides the Committee with an overview of performance in Quarter 1 against the department's key performance and operational priorities. The performance measures that are reported quarterly to the Committee reflect statutory returns provided to Government and the Council's priorities following the adoption of the Strategic Plan 2014-18.
3. A summary of these performance measures is set out below with a performance dashboard including the target and performance data up to and including 30 June 2015 (Quarter 1), set out at **Appendix A**.

Assessments

4. The first measure in Appendix A relates to social care assessments. A health and social care assessment is undertaken to help determine a person's specific care and support needs. Measuring assessment timescales is useful to track the volume of demand and the efficiency of our processes.
5. Overall assessment timescales for Quarter 1 are below target, consistent with results reported for 2014-15 and initial projections for 2015-16. During 2014-15 the majority of cases over timescale were those waiting for an occupational therapy (OT) assessment. The employment of an OT agency successfully reduced the number of people waiting for an OT assessment at the end of 2014-15 however as expected there has been a residual impact on timescales for 2015-16.
6. The department experienced an increase in demand for OT assessments during Quarter 1. In addition, the introduction of Part 1 of the Care Act in April 2015 and other legislative changes around the safeguarding of adults has increased the demand for other

assessments. This has impacted on operational teams and ultimately affected assessment timescales.

7. The department continues to monitor operational pressures and waiting times whilst utilising alternative ways of working including mobile technology and local OT clinics to improve efficiency in handling demand.

Reablement

8. The Reablement process enables people to safely return to live in the community, following a stay in hospital. It assists service users to regain their skills and confidence through a short period of intensive support. START reablement takes place in the person's own home and Intermediate Care reablement can take place either in the person's home or in a residential setting.
9. An important measure of the success of the START Reablement service is whether, following this specific intervention, service users can live independently and require no further ongoing formal support. Performance for Quarter 1 shows that 66% of people required no ongoing package of support following the START Reablement service. This is an improvement on 2014-15 and close to the annual target of 67%.
10. A further measure of both START and Intermediate Care reablement is the proportion of older adults who are still at home 91 days after being discharged from hospital into one of these services. At Quarter 1, 92.7% of older adults were still living independently 91 days after they were discharged from hospital and received one of these services. This measure is a national measure and is part of the Council's Better Care Fund submission. The Council's performance nationally is good and currently above target.

Admissions

11. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and younger adults (from 18 to 64 years) remains a national priority. The two main tools for managing performance are through providing appropriate alternatives to long-term care and through the careful and consistent management of admissions to residential or nursing care.
12. For younger adults, performance is within target for Quarter 1 (18 against a full year target of 75). Admissions into long-term care are being actively managed through the use of alternative placement types such as supported living where appropriate.
13. For older adults, the number of new admissions into long-term care is also within target to date (222 against an annual target of 948). The target set for this year represents an annual 15% reduction in admissions. This challenging target aims to move Nottinghamshire's position closer to its peer group average for this measure (based on provisional 2014-15 data). Admissions into long-term care are being actively managed through scrutiny of all cases at accommodation panels and the provision of more alternatives within the community such as Extra Care and short-term assessment beds for those older people leaving hospital.
14. Admissions into long-term care direct from hospital have reduced since the introduction of short-term assessment beds for people being discharged from QMC hospital. This

service is based in Leivers Court and enables people being discharged from hospital to receive reablement support and a more thorough assessment to see if they are able to return home.

15. As this service expands and is able to accept more people the number of admissions into long term residential or nursing care direct from hospital should reduce further.

Personalisation

16. Previous strong performance in relation to the personalisation of care as measured through the promotion of self-directed support and direct payments has continued during Quarter 1.

Better Care Fund

17. The Better Care Fund is intended to transform local health and social care services so that they work together to provide better joined up care and support. It is a Government initiative, which combines resources from the NHS and local authorities into a single pooled budget.
18. This integration is a complex process and to help monitor progress nationally, a number of performance indicators have been prescribed to measure the impact from a service user's perspective. The four measures reported in **Appendix A** form part of the national Better Care Fund suite of measures which commenced in 2014-15 and continues within the current year.
19. The measures relating to admissions to care homes and reablement are the responsibility of the County Council, and the measure for non-elective admissions to hospital is the responsibility of Health. Quarter 1 performance shows an improvement on the previous year.

Adult Social Care and Carers Surveys

20. The remaining four measures are based on the Adult Social Care Survey which is a national survey conducted annually for social care service users. The survey asks service users questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being.
21. Provisional results for the 2014-15 survey are available in **Appendix A**. Overall the majority of measures have seen positive improvement on the previous year with the exception of overall satisfaction which saw a minor reduction.
22. Final results will be available later in the year once submissions from all authorities have been checked and validated by the Health and Social Care Information Centre (HSCIC).

Other Options Considered

23. The report is for noting only.

Reason/s for Recommendation/s

24. The report is for noting only.

Statutory and Policy Implications

25. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the Committee notes the performance update for the period 1 April to 30 June 2015.

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Constitutional Comments

26. There are no constitutional comments as this report is for noting purposes.

Financial Comments (KAS 14/09/15)

27. There are no financial implications contained within the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.