

16 April 2018**Agenda Item: 5****REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH****Purpose of the Report**

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 3 2017/18 (1 April 2017 to 31 December 2017) and seek comments on any actions required.

Information

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any particular person (including the Council). Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because of the risk to the Council's commercial position disclosure is likely to pose. The exempt information is set out in the **Exempt Appendix**.
3. This report provides the Committee with an overview of the quarter 3 position for the key performance measures for Adult Social Care and Health (ASCH) for 2017-18. The performance measures include information provided to the Department of Health as part of statutory returns.
4. The measures monitored on a monthly basis by the Senior Leadership Team were reviewed in April/May when targets for 2017/18 were set and this report reflects those changes.
5. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 31 December 2017 (Quarter 3), is attached as **Appendix A**.

National Key Performance Indicators**Long term residential and nursing care (younger adults aged 18 – 64 years)**

6. The Council monitors admissions per 100,000 population, as part of a national Adult Social Care Outcomes Framework (ASCOF) definition, which allows for comparison (benchmarking) with other Councils. The Council has an ambitious annual target of 12.5 which is better than the national average of 13.3. The narrative provided below also gives the actual number of service users in order to make this meaningful to service delivery.

7. Admissions of younger adults presently stands at 57 against a year to date target of 45. There is a monthly target of 5 new admissions per month and in April, May, August and October, due to increased demand, admissions of younger adults were over this target and although other months have been below target it does not appear likely that this indicator will be on target at year end.
8. Each new admission to long term care continues to be scrutinised at panel and an admission to long term care is only made where there is no suitable alternative accommodation available.
9. The overall number of younger adults being supported by the Council in long term residential or nursing care placements is currently over target by 7, at 642 against a year-end target of 635. However it is possible that this will reduce further to be on or closer to target at year-end.

Long term residential and nursing care (older adults aged 65 years and over)

10. Admissions for older adults are also monitored per 100,000 population, and the report also includes the actual number of service users in order to make this meaningful in operational terms.
11. Admissions into long-term care are being avoided where possible through scrutiny of all cases at accommodation panels and the provision of alternatives within the community including Extra Care, telecare and short-term assessment beds for those older people leaving hospital.
12. The number of admissions for older adults presently stands at 691 against a year to date target of 711; current performance is positive and it is predicted that this indicator will be on or very close to target at year end.
13. The overall number of older adults being supported by the Council in long term residential or nursing care placements has reduced but is currently 49 over target at 2,324 against a year-end target of 2,275. However it is possible that this will reduce further to be on or closer to target at year-end.

Delayed Transfers of Care

14. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when “a patient is ready to depart from such care and is still occupying a bed”. Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in all NHS settings.
15. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored and this is a key national indicator. Despite continued demand on the Council’s services, Nottinghamshire was ranked 17th best performing council nationally (out of 151) for delays attributed to social care in November 2017.
16. As part of the improved Better Care Fund measures a rate of DToC bed days is now being monitored on a monthly basis and delays attributed to social care is performing consistently well and continues to be better than target in November.

Older people at home 91 days after discharge from hospital into reablement type services

17. Reablement type services seek to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services and health staff, as well as adult social care reablement. This indicator monitors the effectiveness of the services delivered.
18. Included in this indicator are reablement type services such as:
 - a) START – short term assessment and reablement service provided in a service user's own home, for example to help them regain their independence following a stay in hospital
 - b) intermediate care – may be provided in a service user's own home or in a residential care home and can be used either as a short term intensive service to avoid a hospital admission, for example where a service user is suffering from a temporary illness or can also be used to help a service user regain their independence following a stay in hospital
 - c) assessment beds – assessment and reablement service delivered in a residential setting following a stay in hospital.
19. This indicator is produced on a rolling three month snapshot basis. This month the indicator includes people discharged from hospital into reablement services in June, July and August and checks if people were still at home during the months of September, October and November.
20. This indicator has improved and is currently on target. In this period 318 people were still at home out of 374 who received a reablement type service on discharge from hospital.

Adults with a Learning Disability in paid employment and settled accommodation

21. These measures are intended to improve the quality of life for adults with a Learning Disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life and the nature of accommodation for people with a Learning Disability has a strong impact on their safety and overall quality of life.
22. Performance for service users in paid employment is off target at 2.10% against the target of 2.8%, however following a recent case audit there is evidence to suggest that the actual figure could be closer to this target once records have been updated on Mosaic (the case management system). A broader piece of strategic work is planned to identify what more the Council can do to support people into employment.
23. The figure for service users in settled accommodation has increased slightly to 71% against a target of 76% and in order to achieve this target an additional 102 people would need to be recorded as living in settled accommodation.
24. Further investigation has shown that improvements in recording will ensure better results in these indicators.

Service users and carers receiving a Direct Payment

25. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.
26. The percentage of service users receiving a direct payment is almost on target and benchmarking shows that the Council remains a high performer in this area. The Council currently supports 3,074 service users with a direct payment.
27. Carers are provided with a range of support, including respite and information, advice and support services. A recent Nottinghamshire public consultation suggested that carers valued these highly. Some carers are assessed as eligible for local authority support, and these are offered a direct payment to support their wellbeing, usually a small payment of £150 or £200. This is reported as 100% of carers receiving a direct payment. Following the consultation, the Council is exploring how carers' needs can be best met, through individual support plans including a combination of support services and direct payments if appropriate.

Adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment

28. This indicator supports the Nottinghamshire Safeguarding Adults Board's objectives to Make Safeguarding Personal and could help to prevent repeat safeguarding enquiries for such adults.
29. The proportion of adults supported to give their views is performing better than the target (80% against a target of 73%) and this good performance is expected to continue for the rest of the year.

Adults where the outcome of a safeguarding assessment is that the risk is reduced or removed

30. This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.
31. The percentage of completed safeguarding assessments where the risk was reduced or removed is currently 67% against a target of 70%. In both November and December the percentage of cases where the risk was reduced or removed was over 70% and if this positive trend continues the indicator may move even closer to target by year end.
32. As the cultural shift towards Making Safeguarding Personal focused work continues, staff are supporting people to manage existing risks where this is in line with people's 'desired outcomes'. Therefore, this indicator is expected to fluctuate as people are supported to take risks. When looked at in line with the other indicators, satisfaction levels remain high.

Local Key Performance Indicators

New assessments completed within 28 days

33. The Council has a local target to complete 80% of all new assessments for social care within 28 days. The target of 80% is seen as challenging and reflects that it is not possible

to complete an assessment in 28 days in all cases due to the complexity of the case or someone's changing circumstances. This percentage is currently off target at 70%.

34. As working practices continue to change within the Adult Social Care department, for example further implementation of the three tier approach, this indicator will be reviewed and redefined as it may no longer accurately reflect the needs of the business in terms of measuring assessments and timeliness.
35. Each month a list of cases that were completed outside of the 28 day timescale is circulated to Team Managers for checking and, if applicable, for amendments. This quality assurance process ensures that the data held within systems is as accurate as possible and helps to identify and correct any operational process issues.

Reviews of Long Term Services completed in year

36. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.
37. The percentage of service users reviewed is currently 53% and is expected to increase each month to reach around 70% at year end. This means that performance will be similar to the previous year. The numbers of people reviewed so far this year are much higher compared to the same months last year, at least double in most cases.

Percentage of older adults admissions direct from hospital

38. This year a more challenging target of 18% has been set and currently the indicator is performing just slightly off target at 19%. Performance on this indicator has improved in recent months and the challenge will be to maintain this positive practice throughout the winter period.

Safeguarding service user outcomes

39. When an adult is the subject of a safeguarding assessment they are asked what outcomes they want as a result of the assessment. This is part of 'Making Safeguarding Personal', a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice. An example of an outcome may be 'I want to be able to safely collect my pension'.
40. Positively, of the 76% of service users who were asked 75% said that their outcomes were fully met. This is better than the target and the national average of 67%.

Percentage of completed Deprivation of Liberty Safeguards assessments

41. Of all referrals received to date since the Cheshire West judgement in March 2014, 89% are complete. Achieving this level of performance, which reflects a long term trend of continuous improvement in this measure over the last two years, is the result of investment of additional resources, new processes and continued monitoring. A further update on performance in relation to Deprivation of Liberty Safeguards is contained in the attached **Exempt Appendix**.

Other Options Considered

42. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

43. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis.

Statutory and Policy Implications

44. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

45. There are no financial implications arising from the report.

RECOMMENDATION

- 1) That Committee considers whether there are any actions it requires in relation to the performance information for Adult Social Care and Health for the period 1 April to 31 December 2017.

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Constitutional Comments (LM 19/03/18)

46. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (CT 04/04/18)

47. The financial implications are contained within paragraph 45 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Adult Social Care Outcomes Framework and Making Safeguarding Personal

Electoral Division(s) and Member(s) Affected

All.

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