

12 June 2017

Agenda Item: 10

**REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND  
PUBLIC PROTECTION****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 the full year 2016-17 (1 April 2016 to 31 March 2017).

**Information and Advice**

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 Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any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 year end position for the key performance measures for Adult Social Care and Health (ASCH) for 2016-17. The performance measures include information provided to the Department of Health as part of statutory returns and measures of achievement against the Council's priorities outlined in the Strategic Plan 2014-18.
4. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 31 March 2017 (Quarter 4), is attached as **Appendix A**.
5. The information provided in this report will also be used as the starting point for the performance management of ASCH services in 2017-18. The figures included in statutory returns are classed as 'provisional' until the statutory year-end returns have been validated by NHS Digital.

**Contacts, Assessments and Reviews****Early resolution of adult contacts dealt with and resolved at early stage/first contact**

6. The Council receives requests for adult social care services through the Customer Service Centre (CSC) and a specialist Adult Access Service. As part of the 'early resolution' work the Council aims to increase the number of callers who can be assisted

at the CSC through early intervention and signposting. The feedback from the public has been very positive and a number of councils have visited to understand more about the Council's work.

7. Over a third of all contacts are now resolved at the CSC. The Council's ambition is for more contacts to be resolved at this point and this rate is expected to be increased next year as part of the Council's improvement programme. This then frees up time for more complex cases in the District teams.
8. Over the year there have been 23,459 new contacts recorded and 8,125 of these were resolved at first contact through information, advice or signposting and required no further action. Of those cases remaining:
  - 3,717 contacts were referred to short term services (such as reablement or intermediate care)
  - 841 contacts were referred for a specialist assessment (for example by the adult deaf and visual impairment service)
  - 9,313 contacts were referred for a care and support or an Occupational Therapy (OT) assessment
9. Building upon the success in 2017/18, the Council will maximise the amount of work that can be resolved at the front end. This will enable people to have timely access to information and advice and enable the Department to manage increased demand for support.

#### **Percentage of assessments and reviews carried out by alternative methods**

10. Under the Care Act the Council has a duty to undertake an annual review of service users. Where people do not require a home visit staff are undertaking more assessments and reviews over the phone or through social care clinics. This is in line with the Adult Social Care Strategy and again helps the Council to see people in a timely and proportionate manner.
11. Currently, 22% of assessments and reviews are now completed over the phone and through clinics and this is expected to rise next year.

#### **Percentage of new assessments completed within 28 days**

12. The Council has a local target to complete 80% of all new assessments for social care within 28 days. 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.
13. This year the Department has made significant progress and has assessed 73% of new people within 28 days compared to 64% the previous year.

#### **Percentage of reviews of Long Term Services completed in year**

14. 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.

15. Through the work of the district teams, the central reviewing teams and the independent agencies the department has reviewed 71% of people with a long term service. This is a significant improvement in performance compared with 2015-16 when 46% of people with a long term service had received a review.

### **Delayed Transfers of Care**

16. 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.
17. According to research by the Nuffield Trust, nationally the number of patients delayed because they were waiting for a care package to be available at home or in a care home had risen by 172% and 110% respectively since November 2010.
18. Despite unprecedented demand for social care assessments and support, Nottinghamshire was ranked 10<sup>th</sup> best performing council nationally (out of 152) for delays attributed to social care. Delays attributed jointly to social care and the NHS had decreased from 1.76 last year to 1.3 per 100,000 population.
19. This compares to the national average of 4.7. Nottinghamshire County Council was responsible for just 65 days’ delay – none of them at Nottingham University Hospitals Trust.

### **Long term residential and nursing care (younger adults)**

20. Despite the complex needs of some service users and that people with long term conditions are living longer, the service has reduced the number of long-term placements through enabling people to remain living in the community through supported living.
21. The overall number of people being supported by the Council in long term residential or nursing care placements has improved since the last quarter and was 636 on 31<sup>st</sup> March against a target of 650.

### **Long term residential and nursing care (older adults)**

22. Admissions into long-term care are being avoided where possible through scrutiny of all cases at accommodation panels and the provision of alternative ways of meeting people’s needs in the community including Extra Care, telecare and maximising the use of short-term assessment beds for those older people leaving hospital.
23. The number of long-term admissions for older adults compares favourably to the national average. Admissions into long-term care direct from hospital have reduced significantly to 22% against a target of 34%. This has been achieved through adopting a ‘home first’ policy and maximising the use of reablement services, Extra Care and short-term assessment beds for people being discharged from hospital.
24. The overall number of people being supported by the Council in long-term residential or nursing care placements has improved since the last quarter and was 2,326 on 31<sup>st</sup> March against a target of 2,275.

## **Safeguarding and Deprivation of Liberty Safeguards (DoLS)**

### **Safeguarding service user outcomes**

25. 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'.
26. Positively, of the 71% of service users who were asked, 72% said that their outcomes were fully met. This compares to the national average of 67%. It is not always possible to achieve 100% as in some cases the outcomes that service users want may not be feasible or realistic.

### **Percentage of completed DoLS assessments**

27. 87% of Deprivation of Liberty Safeguards assessments were completed in this year. This percentage has substantially improved as a result of additional resources and new processes compared to the 2015/16 year-end figure of 60%. A detailed performance update is provided in the **Exempt Appendix**.

### **Carer and Service User experience surveys**

28. In 2016/17 both the Survey of Adult Carers in England (SACE) and the Adult Social Care Survey (ASCS) were sent to carers/service users. These are statutory user experience surveys and results from the surveys form indicators that are part of the Adult Social Care Outcomes Framework. A summary of provisional results can be found at **Appendix B** and full findings will be available in the summer.
29. The surveys ask carers and service users questions about their experiences of care and support services and about their quality of life.

### **Other Options Considered**

30. 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**

31. 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**

32. 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.

## **Financial Implications**

33. There are no financial implications arising from this report.

## **RECOMMENDATION**

1) That the Committee notes the performance update for Adult Social Care and Health for the period 1 April 2016 to 31 March 2017.

**Paul McKay**

**Service Director for South Nottinghamshire and Public Protection**

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## **Constitutional Comments**

34. As this report is for noting only, no Constitutional Comments are required.

## **Financial Comments (CT 25/05/17)**

35. The financial implications are contained within paragraph 33.

## **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.

Survey of Adult Carers in England – Information and guidance for the 2016-17 survey year

Personal Social Services Adult Social Care Survey, England: Information and guidance for the 2016-17 survey year

Adult Social Care Outcomes Framework and Making Safeguarding Personal

## **Electoral Division(s) and Member(s) Affected**

All.

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