

12 September 2016

Agenda Item: 9

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 Quarter 1 2016-17 (1 April to 30 June 2016).

Information and Advice

2. This report provides the Committee with an overview of performance results for Quarter 1 of 2016-17 against the key performance and operational priorities within Adult Social Care and Health (ASCH). The areas discussed within this report have been agreed as key areas for the department this year and are reported to the department's Senior Leadership Team on a monthly basis. These performance measures reflect statutory returns to the Department of Health and the achievement against the Council's priorities outlined in the Strategic Plan 2014-18.
3. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 30 June 2016 (Quarter 1), is attached as **Appendix A**.

Contacts, Assessments and Reviews

Early resolution of adult contacts dealt with and resolved at early stage/first contact

4. The Council has a Customer Service Centre and a specialist Adult Access Service. An "early resolution project" has commenced to increase the number of callers who can be assisted with early intervention and signposting.
5. The percentage of contacts resolved at contact stage is currently 36%, which is 4% off compared with the 2015-16 outturn.
6. So far this year (April – June), there have been 5,700 new contacts recorded and 1,900 of these having been resolved at first contact with information, advice or signposting and required no further action.

7. Of those remaining which required further action:

- 900 contacts were referred to short term services (such as reablement or intermediate care)
- 200 contacts were referred for a specialist assessment (for example by the adult deaf and visual impairment service)
- 2,200 contacts were referred for a care and support or an Occupational Therapy (OT) assessment
- for 400 contacts the outcome is currently unknown and these contacts may be ongoing.

Percentage of assessments and reviews carried out by alternative methods

8. A key part of the Adult Social Care Strategy is to undertake more assessments and reviews by methods other than the traditional approach which is in a person's own home. For example, alternatives can include a carer's review being carried out over the telephone or an assessment being carried out at an OT clinic. This has the benefit of increasing the numbers of people assessed per day and reducing travel time between appointments.
9. The percentage of assessments and reviews completed by alternative methods has increased steadily since April and is currently 22%.

Percentage of new assessments completed within 28 days

10. There is no national timescale to complete new assessments within 28 days of initial contact, but the department has a local target to achieve this in 80% of cases. In some cases there is a legitimate reason why an assessment may take longer than 28 days, such as rapidly changing circumstances or case complexities.
11. The percentage of assessments completed within 28 days has shown gradual improvement and is currently at 71%. This is an improvement on the year-end figure of 64%, although improvement is still required if the Council is to achieve the target of 80%.

Percentage of reviews of Long Term Services completed in year

12. It is important that people who receive support receive an appropriate and timely review of their care package. People who receive an ongoing (long term) service such as residential care, home care or day care should receive an annual review.
13. For the first quarter of 2016-17, 6% of people who are supported in residential or nursing care have received an annual review and 11% of people who receive a long term service in the community have received an annual review. These percentages will increase as the year progresses. At year end 2015-16, 46% of people with a long term service had received a review, so the figures to date show a slight improvement.
14. Different ways to undertake reviews are being considered within the department, including the piloting of a short form for providers to complete alongside their usual care plan for service users in residential care.

Delayed Transfers of Care

15. 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 irrespective of who is responsible.
16. DToC attributed to social care and jointly to social care and the NHS has increased slightly from 1.73 to 1.80, although is within target for the year.

Long Term residential and nursing care

17. 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) is a local and national priority. Performance is managed in this area through the careful consideration of admission requests by admission panels and through the provision of appropriate alternatives to long-term care, such as specialised homecare, equipment or supported living.

Younger Adults

Admissions (on target)

- Admissions into long-term care are being actively managed through the use of accommodation panels which look at availability of alternative placement types such as supported living where appropriate.
- There have been 15 new admissions in the first quarter of the year and the target for the year to date is 12

People Supported

- Admissions are managed in order to reduce the overall number of people being supported by the Council in long term residential or nursing care placements
- The number of younger adults supported is on target (652 against 650)
- The majority are in residential care and are people with Learning Disabilities

Older Adults

Admissions (on target)

- 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.
- Admissions for older adults is within target for the first quarter of the year
- 53% of new admissions are to residential care

Admissions direct from hospital (on target)

- Admissions into long-term care direct from hospital have reduced since the introduction of services such as short-term assessment beds for people being discharged from the Queen’s Medical Centre hospital.
- Admissions direct from hospital are at 30%, so the Council is performing better than its 34% target
- 80% of admissions that were direct from hospital were nursing admissions, this is an improvement on Quarter 1 last year when the split was almost 50/50.

People Supported

- Admissions are managed in order to reduce the overall number of people being supported by the Council in long term residential or nursing care placements
- The number of people supported is currently over the annual target, however this is to be expected at this time of year and reductions are targeted as the year progresses
- The oldest person in long term care is 108 and the most common age for people currently within long term residential or nursing care is 86.

Safeguarding and Deprivation of Liberty Safeguards (DoLS)

Safeguarding service user outcomes

18. 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'.
19. The percentage of service users who were asked what outcomes they wanted has increased since year-end 2015-16 and is currently 69%. The percentage that achieved their outcomes has also increased slightly since year-end from 92% to 94%.

Percentage of completed DoLS assessments

20. The waiting list for Deprivation of Liberty assessments is closely monitored within the department and additional resources are focussed in this area.
21. The percentage of assessments completed is currently 67%, against the year-end figure of 60%.

Summary

22. This report identifies the performance for adult social care and the steps that have been taken to maintain or address performance and to ensure that the Council carries out these responsibilities in a timely way. This involves ensuring there is the right level of staffing in the establishment, employing some temporary additional resources and taking advantage of new and innovative ways of working.
23. In line with the Adult Social Care Strategy, the department will continue to prevent or delay the development of need for care and support by providing advice, information and services that support independence.
24. Where someone is eligible for support, workers will undertake timely assessments according to the level of complexity service users present, whilst ensuring that the person receives a reablement service as appropriate.
25. If someone has eligible needs the Council will maximise their choice and control through a personal budget and will further reduce the number of permanent admissions to residential or nursing care.

Other Options Considered

26. The report is for noting only.

Reason/s for Recommendation/s

27. The report is for noting only.

Statutory and Policy Implications

28. 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 Adult Social Care and Health for the period 1 April to 30 June 2016.

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Constitutional Comments

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

Financial Comments (CT 16/08/16)

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

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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