Nottinghamshire County Council

REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND HEALTH PERFORMANCE FOR QUARTER 2

Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 2 (1 April to 30 September 2018) 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 Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any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. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing its performance to deliver effective and responsive services to service user and their carers.

4. The Council has agreed that the key measures of its performance will be defined through a number of core data sets which are detailed in its Council Plan and each of its Departmental Strategies.

5. Performance against these core data sets is reported to Committee every three months (quarterly) to support the performance management of the delivery of services.

6. This report provides a summary of the quarter 2 position for the Adult Social Care and Health Core Data Set performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee. The full Core Data Set is attached as **Appendix A**. This report also includes an **Exempt Appendix** which contains details relating to Deprivation of Liberty Safeguards activity.

National Key Performance Indicators

Long term residential and nursing care (younger adults aged 18 – 64 years)

7.   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 maintained the ambitious annual target of 12.4. As at the end of quarter 2, outturn against the target was 7.9.

8.   During quarter 2 there were 38 new younger adults admissions. This equates to an average of six admissions per month during the first half of the year. The target for 2018/19 has been set at 60 and, in order to meet this, average admissions need to be no more than five per month.

9.   Each new admission to long-term care continues to be scrutinised and an admission to long-term care is only made where there are no suitable alternative services or accommodation available to meet the person's needs.

10.   Positively, the overall number of younger adults being supported by the Council in long-term residential or nursing care placements was under target at 632 on 30th September 2018. The annual target has been set at 635 and the number of younger adults supported has been under this target for the last three months.

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

11.   Admissions for older adults are also monitored per 100,000 population.

12.   Admissions into long-term care are being avoided where possible through scrutiny of all cases and the provision of alternatives within the community including Extra Care, telecare and short-term assessment beds for those older people leaving hospital.

13.   The number of admissions for older adults was 357 against a year to date target of 474.

14.   The number of older adults supported by the Council in long-term residential or nursing care placements was 2,284 on 30th September 2018, slightly over the annual target of 2,275. This figure has continued to reduce over the last 12 months however, following the trend of the last few years which has seen the overall number of older adults supported in long term care reduce.

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.

16.   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. Nottinghamshire was ranked 6th best performing council nationally (out of 151) for delays attributed to social care in August 2018.

17.   As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored on a monthly basis.   Delays attributed to social care are showing consistently good performance and continue to be better than target.   Latest data available to the end of August show delays due to social care reduced positively to a rate of nil compared to a target of 0.7.

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

18.   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 is a two part indicator and monitors the effectiveness (part one) and the availability (part two) of the services delivered.

19.   Included in this indicator are reablement type services such as:

- 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
- intermediate care – may be provided in a service user's own home or in a residential setting 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
- assessment beds – assessment and reablement service delivered in a residential setting following a stay in hospital.

20.   This indicator is produced on a rolling three-month snapshot basis.   Results to date include people discharged from hospital into reablement services in March, April and May and checks if these people were still at home during the months to August.   Reasons for people not being at home include being admitted to long term residential or nursing care or being re-admitted to hospital or having deceased.

21.   At quarter 2 part one this indicator was above target at 82% against a target of 80%.   In this period out of 381 older adults who received a reablement type service on discharge from hospital, 314 people were still at home 91 days after.

22.   Part two of this indicator is also now being monitored and is expected to improve as more reablement type services have been commissioned (such as the Home First Response Service).   This part of the indicator measures how many people were offered reablement type services over the number of hospital discharges (hospital discharges data provided by the NHS).

23.   The latest figure is that 1.6% of people discharged from hospital are offered a reablement type service.   The target for this indicator is 2.0% and it is anticipated that this will be achieved at year-end.

Adults with a Learning Disability in paid employment and settled accommodation

24.   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.

25.   At quarter 2 performance for service users in paid employment was 2.8% against a target of 3.3% for 2018/19.

26.   The figure for service users in settled accommodation positively increased to 75% in quarter 2 against a target of 76% (maintained from 2017/18) which is in line with the national average.

Service users and carers receiving a Direct Payment

27.   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.

28.   The percentage of service users receiving a direct payment was 44% against a target of 46%. Performance for quarter 2 remains at around the same level as at the end of 2017/18. Benchmarking shows that the Council remains a high performer in this area, the latest national average being 18%. The Council currently supports 2,879 service users with a direct payment.

29.   Carers are provided with a range of support, including respite and information, advice and support services. Some carers are assessed as eligible for Local Authority support, and are offered a direct payment to support their wellbeing, usually a small payment of £150 or £200. This equates to 100% of carers receiving a direct payment which has remained consistent in recent years.

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 just below target at 69% against a target of 70%. Quarter 2 results show an improvement on 2017/18 and Nottinghamshire is in line with the national average.

32.   As part of Making Safeguarding Personal, 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.

Local Key Performance Indicators

New assessments – average time to complete

33. The former internal measure of assessment timescales has been replaced to reflect changed working practices and processes in the Adult Social Care and Health Department. Previously, all new assessments (social work or occupational therapy) were measured to give an overall percentage completed within 28 days. This has been replaced with two measures which track the average number of days taken to complete care and support (social work) assessments and occupational therapy assessments.

34. The new measures, measuring care and support and occupational therapy assessments separately, allow for easier tracking of these separate types of assessments which have shown different performance rates.

35. For social work assessments the average time from the person contacting the Department to having a completed assessment, where required, was 27 days. For occupational therapy assessments the average time from contact to completion was 29 days.

36. Targets have not yet been set for these measures and performance is being monitored by the department's Senior Leadership Team.

Reviews of Long Term Services completed in year

37. 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.

38. During quarter 2, 41% of service users received a review and this is higher than the equivalent period last year. Reviewing activity has increased in the first half of the year and 3,039 service users have been reviewed compared with 2,764 for the same time period last year.

Percentage of older adults admissions direct from hospital

39. This indicator measures the number of admissions to long term residential or nursing care direct from a hospital setting where the service user did not have access to any reablement type activity beforehand.

40. For 2018/19 the target has been maintained at a challenging 18% and the result to date is that the indicator is performing better than target at 16% which is extremely positive.

Safeguarding service user outcomes

41. The percentage of safeguarding service users asked what outcomes they wanted as a result of a safeguarding assessment was 79% for quarter 2, almost achieving the target of 80%.

42. 71% of people were then satisfied that their outcomes were fully achieved, which is slightly under the target of 80%. The strategic safeguarding team is developing a plan to improve performance on this indicator.

Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments

43.   In the first half of the year 77% of referrals received have been completed. Performance on this indicator will continue to improve as the year progresses. Further information on DoLS activity is contained in the **Exempt Appendix**.

Other Options Considered

44.   This report is provided as part of the Committee's constitutional requirement to consider performance of all areas within its terms of reference on a quarterly basis. The departmental strategy was agreed on 24 January 2018 and the format and frequency of performance reporting were agreed by Improvement and Change Sub-Committee on 12 March 2018. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

45.   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

46.   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

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

RECOMMENDATION/S

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 1st April to 30th September 2018.

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Constitutional Comments (LM 09/11/18)

48.   The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report. Members will need to consider any actions they require in respect of the issues contained in the report.

Financial Comments (CT 15/11/18)

49.   The financial implications are contained within paragraph 47 of this 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.

The Adult Social Care Outcomes Framework (ASCOF) Handbook of definitions can be found here: https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care

Electoral Division(s) and Member(s) Affected

All.

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