

12 December 2016

Agenda Item: 7

## **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 2 2016-17 (1 July to 30 September 2016).

#### **Information and Advice**

2. This report provides the Committee with an overview of performance results for Quarter 2 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 September 2016 (Quarter 2), 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 37%, which is equal to the 2015-16 outturn. It is expected that this rate will be maintained until the year end.
6. So far this year (April – September), there have been 11,387 new contacts recorded and 3,988 of these were resolved at first contact with information, advice or signposting and required no further action.
7. Of those remaining which required further action:

- 1,793 contacts were referred to short term services (such as reablement or intermediate care)
- 435 contacts were referred for a specialist assessment (for example by the adult deaf and visual impairment service)
- 4,537 contacts were referred for a care and support or an Occupational Therapy (OT) assessment
- for 571 contacts the work has yet to reach a conclusion.

### **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%. Each locality has specific plans and targets for the implementation of alternative methods.

### **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 improvement over the year and performance is being maintained at 70%. This is an improvement on the year-end figure of 64%, and reports show that the number of incomplete assessments is reducing.

### **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 year so far, 22% of people who are supported in residential or nursing care have received an annual review and 35% of people who receive a long term service in the community have received an annual review. These percentages will increase as the year progresses and the year end figure is likely to be around 62% overall. At year end 2015-16, 46% of people with a long term service had received a review, so this would be a significant improvement.
14. Different ways to undertake reviews are being considered within the department, including the piloting of a short review 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. The Council is measured on those delays where the reason for delay is the sole responsibility of social care and those where the responsibility is jointly shared by social care and the NHS. Latest results show a decrease in the average daily rate of delayed transfers to 1.6 per 100,000 population. This is positive news and benchmarking shows that Nottinghamshire is performing well nationally.

## **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**

- 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
- so far this year there have been 27 new admissions: close to annual target to date.

#### **People Supported**

- admissions are managed in order to reduce the overall number of people being supported by the authority in long term residential or nursing care placements
- the number of younger adults supported is on target (651 against 650)
- the majority are in residential care and are people with Learning Disabilities.

### **Older Adults**

#### **Admissions**

- 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
- the number of admissions for older adults is within target; 388 so far this year.

#### **Admissions direct from hospital**

- 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 hospital
- the proportion of admissions entering directly from hospital is currently 24%, so the Council is performing better than its 34% target.

#### **People Supported**

- admissions are managed in order to reduce the overall number of people being supported by the authority in long term residential or nursing care placements
- the number of people supported is currently over the annual target, however this should reduce as interventions are targeted as the year progresses.

## **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 is currently 68%. The percentage that achieved their outcomes is 92%. Not all service users will be able to participate in their safeguarding assessment and the strategic safeguarding team is working closely with staff in district teams, offering advice and guidance to improve these indicators.

### **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 73%. This has improved over the year as the waiting list has reduced and is a considerable improvement on 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. Overall, performance to quarter 2 shows an improvement on 2015-16, with key areas such as residential admissions and delayed discharges from hospital within target for the year. This represents a positive achievement at a time of significant challenge within the department. This positive position will help the department as additional autumn and winter pressures are anticipated, particularly relating to the older population.
24. 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.
25. 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.

26. 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**

27. 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**

28. 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**

29. 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 July to 30 September 2016.

**Paul Mckay**

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**For any enquiries about this report please contact:**

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### **Constitutional Comments**

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

### **Financial Comments (KAS 29/11/16)**

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

### **Background Papers and Published Documents**

None.

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

All.

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