

9th December 2019

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE AND PROGRESS UPDATE 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 2019 to 30 September 2019) and seek comments on any actions required (Part One of this report).
2. To provide the Committee with an update against the Adult Social Care and Public Health Departmental Strategy at the end of quarter 2 (1 April 2019 to 30 September 2019) and seek comments on any actions required (Part Two of this report).

Information

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 users 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. The refreshed Adult Social Care and Public Health Departmental Strategy was approved by Policy Committee in May 2019 and this is the mid-year update on progress against that refreshed document.
7. 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**.

8. The complete update of actions and indicators contained within the Departmental Strategy is attached at **Appendix B**.

Part One - Department Core Data Set

Adult Social Care and Health Performance for Quarter 2

Reviews

9. The Council has a statutory duty under the Care Act to ensure that everyone receiving social care services is offered a minimum annual review to be sure that their care and support remains appropriate to meet their needs. In addition to this, in order to actively set goals and work towards maximising people's independence, the Department has internal targets to ensure that some people's reviews happen more frequently.
10. In the six months from April to September 2019, 3,619 service users with a long-term service have been reviewed. This equates to 50% and is an improvement on performance over the same period last year. Positively, the increased level of reviewing activity means that it is estimated that the 80% target will be achieved by year end. Reviews happening at the right time are important to people's wellbeing and a new strategy is being developed for April 2020 based on evidence and learning to date.

Reablement

11. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. The indicator 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.
12. Included in this indicator are reablement type services such as:
 - START – short term assessment and reablement service provided in a person's own home, for example to help them regain their independence following a stay in hospital
 - Home First Response Service - a short-term, rapid-response service which can support people to remain at home in a crisis or return home from hospital as quickly as possible
 - intermediate care – may be provided in a person'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 someone regain their independence following a stay in hospital
 - social care assessment and re-ablement beds – assessment and reablement service delivered in an accommodation-based setting following a stay in hospital.
13. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in February, March and April and checks if these people were still at home during the months to July. Reasons for people not remaining at home include being admitted to long-term residential or nursing care or being re-admitted to hospital or having deceased.

14. At quarter 2, part one of this indicator was better than target at 86% against a revised target of 83%. In this period, out of the 682 older adults who received a reablement service on discharge from hospital, 587 people were still at home 91 days after. Figures show Nottinghamshire benchmarks as having a higher than average number of people not completing their reablement due to being re-admitted to hospital very soon after our Reablement team starts to work with them. Work has started with our health colleagues in hospitals to understand the reasons for this and to develop an improvement action plan.
15. Part two of this indicator measures how many people were offered reablement services over the number of hospital discharges (hospital discharges data provided by the NHS). In this period, in line with targets in our plans, the number of people offered reablement has increased over the course of this year and performance is positive at 2.6%.
16. Reablement is a core service - essential to ensuring older adults can remain independent at home. Currently there is not enough capacity in the service to be able to offer it to everyone who could potentially benefit. One of the aims of the new workforce restructure that was approved by Committee at its meeting in November is therefore to shift resources to set higher targets to increase the number of people able to access these services from April 2020 onwards.

Delayed Transfers of Care

17. Excellent social care performance continues to be sustained on this indicator. Delays attributed to social care are showing consistently good performance and continue to be better than target. Latest data available shows delays due to social care at a rate of 0.1 (per day per 100,000 population) compared to a target of 0.7. Joint delays (where responsibility is shared with Health) are also performing better than target at a rate of 0.3 against a target of 0.55.
18. 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.
19. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored nationally. Nottinghamshire was ranked fifth (out of 151 local authorities) for having low numbers of delays attributed to social care in August 2019 (having only a total of 12 days delay for social care).
20. As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored monthly. Good performance here not only supports NHS hospital flow but is also important to people because there is good national evidence that delays in leaving hospital for older adults can have a significant long lasting negative impact on their muscle tone, mobility and confidence.

Service User and Carer Direct Payments

21. 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 (DPs) increase satisfaction with services.

22. At the end of quarter 2, 2,609 service users were in receipt of a Direct Payment which equates to 42% of all service users with a long term service. This indicator is therefore on target.
23. 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. It is recognised that this is not the best measure of support to carers and as the department develops the approach to strengthening carers' support, it will also review how success is measured.

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

24. The Council monitors admissions as a **rate** per 100,000 population, as defined by the national Adult Social Care Outcomes Framework (ASCOF) definition. This allows for effective comparison (benchmarking) with other councils. The annual target rate has been set at 19.9 per 100,000 population for 2019/20 and at the end of quarter 2 the admissions rate was on target at 8.6 per 100,000.
25. In **numbers** there have been 49 new admissions of younger adults into long term residential or nursing care in the period April to September 2019.
26. The overall number of younger adults being supported by the Council in long-term residential or nursing care placements is slightly over target at 642 at the end of quarter 2.
27. 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.

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

28. Currently the indicators relating to older adults residential care are on track - admissions being on target and the number of older adults supported in long term care reducing. Moving into the winter period means the situation potentially becomes more volatile as an increased number of people present with more critical needs, meaning results for these indicators may change.
29. Admissions for older adults are also monitored as a **rate** per 100,000 population in line with the ASCOF definition. The annual target rate has been set at 583.5 per 100,000 population for 2019/20 and at the end of quarter 2 the admissions rate was on target at 254.9 per 100,000.
30. The **number** of new admissions is monitored against a monthly target of 80 per month. Admissions into long-term care are avoided where possible through scrutiny of all requests for placements by Team Managers and Group Managers to ensure that all alternative options to promote the person's independence have been explored. The **number** of new admissions is on target for the year to date at 434 (an average of 72 per month).

31. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,350 at the end of quarter 2. The annual target for this figure is 2,309 and it is expected that the number of people supported will fluctuate month on month but will reduce over the year to meet target at year end.
32. A local admissions 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. The target for this indicator has been set at a challenging 11% for 2019/20 to build on last year's positive performance. At the end of quarter 2, however, 18% of admissions came direct from hospital. Work is underway to check the data and reasons for performance deteriorating so that an improvement action plan can be put in place.
33. A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes work with partners to develop an implementation plan to deliver the Housing with Care Strategy and housing option pathways with partners.

Employment and Accommodation (younger adults aged 18-64)

34. This year in addition to the ASCOF indicator for adults with a learning disability in employment, locally employment for younger adults with a physical disability and with mental health issues is being monitored in the same way. A multi-disciplinary group, led by the Corporate Director for Adult Social Care and Health, is working to improve employment opportunities for people across Nottinghamshire and is currently developing action plans to address issues specific to younger adults being supported by the Council.
35. The department will be submitting a joint bid in November 2019 to the European Social Fund with Futures Nottingham to develop employment opportunities for people with disabilities.
36. These measures are intended to improve the quality of life for younger adults, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.
37. For adults with a learning disability there is a revised target of 2.9% for 2019/20. This indicator has remained static and is off target at 2.6% at the end of quarter 2. As monitoring of employment for adults with a physical disability or mental health issue is new, this year targets have not been set and these indicators are being monitored with a view to developing action plans and setting targets to improve.
38. The figure for learning disability service users in settled accommodation positively remains consistent at 76% against a revised target of 77%. This performance is in line with the national average. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life.

Safeguarding

39. Under Section 42 of the Care Act, where a local authority has reasonable cause to suspect that an adult:

- a) has needs for care and support and
- b) is experiencing, or is at risk of, abuse or neglect and
- c) is unable to protect himself or herself against the abuse or neglect or the risk of it

the local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

- 40. This year four safeguarding indicators are being monitored and cover areas around risk reduction, outcomes and support for adults who lack mental capacity. Targets to improve performance have been set against all these targets and as such the indicators are falling just short of target.
- 41. A range of activities is in place to improve performance in this area:
 - a governance structure is in place which oversees and mitigates risks on a six weekly meeting cycle
 - there are a range of internal and external training opportunities available to staff relating to safeguarding as well as the issuing of regular bulletins
 - three weeks of consultation on the updated multi-agency procedures and guidance relating to safeguarding commences in November 2019. The procedures will be launched in January 2020 and will enhance practice and help meet targets.
 - Nottinghamshire will be party to an agreement from December 2019 to share intelligence on registered care providers 'at risk' across the East Midlands. This will reduce safeguarding risks in provision that is of concern to commissioners and the Care Quality Commission.
 - the Designated Adult Safeguarding Manager produces practice guidance for individual teams following the outcome of the regular departmental audits. This process of quality assurance is contributing to continuous improvement.
 - the Department will be participating in multi-agency quality audits in the New Year. Feedback from these will be shared widely and at partnership events.

Deprivation of Liberty Safeguards (DoLS)

- 42. The Deprivation of Liberty Safeguards (DoLS) apply to people living in hospital or care homes who are assessed as not having the mental capacity to consent to their care and/or treatment. The assessment involves having the arrangements independently assessed to ensure they are proportionate and in the best interests of the individual concerned.
- 43. Performance in completing DoLS assessments so far this year remains positive. The Council receives approximately 5,000 referrals a year and for April to September 2019, 75% of assessments received have been completed. An annual target of 90% has been set for this indicator and it is expected that the percentage completed will increase as the year progresses to achieve target at year-end. The aim is to maintain this strong performance as the Council plans for the change from DoLS to Liberty Protection Safeguards as set out in a report to Committee in November 2019.

Part Two - Your Nottinghamshire, Your Future – Departmental Strategy: Annual Review of Progress (April 2019 – September 2019)

44. Progress has been made against the Adult Social Care and Public Health Departmental Strategy, with the actions contributing across the range of Council Plan Commitments. **Appendix B** provides an overview of performance for the key activities and measures set out at part 3 of the Adult Social Care and Public Health Departmental Strategy. This is focused on the 12 Council Plan commitments and covers the period April 2019 – September 2019. Some of the highlights are presented below.

Commitment 1 - Families prosper and achieve their potential

Success means: Young people will have improved physical and mental health

45. **Appendix B** highlights the efforts of Public Health to lead commissioning to promote healthy lifestyles. A new integrated wellbeing service has been procured and will commence next year in order to promote and support the development of healthy lifestyles for families and young people. Reviews of other services are also underway, such as the service offer for physical and mental health needs for children and young people.

Commitment 4 - Nottinghamshire has a thriving jobs market

Success means: We will work with partners and the wider community to improve the number of adults with disabilities in meaningful employment and seek to reduce the gap in the employment rate for people with long-term health conditions.

46. To engage more widely with partners across public services, a Health and Wellbeing Board workshop was held in September which explored the relationship between good health and employment, with over 50 stakeholders in attendance, including the NHS, the Department for Work and Pensions and the D2N2 Local Enterprise Partnership. The workshop identified a list of actions and next steps to address barriers faced by people with health and complex social issues.

Commitment 6 - People are healthier

Success means: Healthy life expectancy increases and life expectancy rises fastest in those areas where outcomes have previously been poor

47. Public Health has worked with residents, partners, and potential providers to procure A Better Life (ABL) to deliver an integrated wellbeing service and an improved all-age substance misuse service. These are on track to be launched in April 2020 and will deliver better outcomes and value for money for residents.

Commitment 7 – People live in vibrant and supportive communities

Success means: Older people are treated with dignity and independence is respected and vulnerable residents will be protected and kept safe from harm

48. The Shared Lives Service, which has a team of 63 carer households around the County who provide long-term support, respite care and outreach services, was rated as outstanding by the Care Quality Commission following an inspection in June. Connect, Brighter Futures and the Notts Enabling Service continue to work very effectively with people to maximise their independence and keep them connected and supported within their local communities.

Case study

Following a referral for a man who required a full benefit check and support to address isolation issues, the Connect worker visited and found the man to be a bit reluctant to engage at first. He was still affected by the loss of his wife four years before and, although he had brothers that visited from time to time, he had limited social contact.

Initially he found it very hard to open up but after a cup of tea and a chat he realised the worker was there to assist him. Support was provided over several visits. Initially the benefit check was carried out. He had difficulty with personal hygiene (showering), dressing and applying prescribed creams for his skin condition and, on this basis, the Connect worker concluded that he was a candidate for Attendance Allowance. The form was requested and completed, and he subsequently received the benefit at the enhanced level – a good outcome.

The service user had poor mobility although he did still drive. Most weeks he would drive to local shops but that was the limit of his social activities. The Connect worker introduced and accompanied him to two local luncheon clubs and a Men in Sheds group. He loved all three activities and chose to continue to attend the luncheon clubs where he has made new friends.

The Connect worker also provided support to access delivered meals and provided information on local sources of help at home.

Overall, the support provided was really appreciated and enabled the man to open up about his needs. He has come back to Connect on several occasions for general advice which the service has been able to provide either over the phone or through a follow up visit.

Commitment 8 - People live independently for as long as possible**Success means: Carers receive the support they need**

49. A new Carers Hub service contract has been established and will start on 1st December. The Hub service will continue to provide advice, guidance and information to carers of all ages, but with the new contract there will also be carer assessments, one-to-one support and clearer links with specialist services to identify carers at the earliest opportunity.

Commitment 9 - People can access the right care and support**Success means: Services improve as a result of a better integration of health and social care**

50. Social Care Occupational Therapy (OT) practitioners are working with hospital OTs to share knowledge with the aim of better managing packages of care required and reducing delays in hospital discharge. Nearly 900 frontline staff have access to the Health and Care Portal which means they can see health information for known service users; this improves information-sharing and makes it easier for staff to respond promptly and appropriately to a service user's needs.

Other Options Considered

51. 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

52. 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

53. 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

54. 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 2019.

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Constitutional Comments (EP 14/11/19)

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

Financial Comments (DG 27/11/19)

56. There are no direct financial implications arising from 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:

<https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care>

The revised Delayed Transfers of Care guidance document 'Monthly Delayed Transfers of Care Situation Report: Principles, Definitions and Guidance – November 2018:

<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

[Deprivation of Liberty Safeguards \(DoLS\) – report to Adult Social Care and Public Health Committee on 11th November 2019](#)

[Review of the staffing structure within Adult Social Care – report to Adult Social Care and Public Health Committee on 11th November 2019](#)

[Departmental Strategies – report to Policy Committee on 24th January 2018](#)

[Council Plan and Departmental Strategies – process for monitoring performance – report to Improvement and Change Sub-Committee on 12th March 2018](#)

[Departmental Strategies and Council Plan Level Data Set – report to Policy Committee on 22nd May 2019](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH691 final