	Report to Adult Social Care and Public Health Committee
Nottinghamshire County Council	

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**Report to Adult Social Care and
Public Health Committee**

4 March 2019

Agenda Item: 4

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REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

DEPARTMENT CORE DATA SET
ADULT SOCIAL CARE AND HEALTH PERFORMANCE FOR QUARTER 3

Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 3 (1 April to 31 December 2018) and seek comments on any actions required.

Information

2. 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.

3. 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.

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

5. This report provides a summary of the quarter 3 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**.

National Key Performance Indicators

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

6. 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 Council maintained the ambitious annual target rate of 12.3 per 100,000 popn for 2018/19 and at the end of quarter 3 the admissions rate was already above this at 12.9 per 100,000, meaning that the target cannot be achieved.

7. The rate of admissions of younger adults increased both regionally and nationally in 2017/18 and although the figure for Nottinghamshire (17.1) is roughly in line with the regional average (17.4), they are both above the national average (14.0).

8. This year to date there have been 62 new admissions of younger adults into long term residential or nursing care. Positively however, the overall number of younger adults being supported by the Council in long-term residential or nursing care placements was on target at 635 on 31st December 2018. The annual target has been set at 635 and the number of younger adults supported has been under this target for the last six months.

9. This indicates that although admissions are over target, discharges are being used effectively to move people into more suitable settings and to maintain the overall number of people supported.

10. 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)

11. Admissions for older adults are also monitored as a **rate** per 100,000 population in line with the ASCOF definition. At the end of quarter 3 the admissions **rate** for older adults was 399 per 100,000 popn compared to the annual target of 576 per 100,000 popn.

12. The rate of admissions of older adults increased regionally in 2017/18, however nationally a reduction was seen. Nottinghamshire is performing slightly worse than the national average but better than the regional average.

13. Locally the **number** of new admissions is monitored against a monthly target of 79 per month. Admissions into long-term care are 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.

14. Positively for the year to date the number of admissions is on target at 657 new admissions of older adults into long term residential or nursing care against a year to date target of 711. This is an average of 73 new admissions per month.

15. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,340 on 31st December 2018, over the annual target of 2,275. This figure has however continued to reduce over the last 24 months, which is positive news given pressures such as increased demand and more critical needs.

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 acute and non-acute NHS settings.

17. 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 the top performing council nationally (out of 151) for delays attributed to social care in November 2018 (having zero days delays for social care).

18. 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 for November show delays due to social care reduced positively to a rate of nil compared to a target of 0.7.

19. Clarification guidance was issued in November 2018 following evidence of coding misunderstandings and discrepancies around the country found by The Emergency Care Improvement Partnership Team (part of NHS Improvement). The Council has been improving its performance consistently in relation to delays coded to social care, therefore it is important to be aware of any changes in the coding guidance that may result in more delays being coded to social care. There are potential positive and negative impacts on current performance in the revised guidance.

20. Full details of which can be found in **Appendix B** – Changes to Delayed Transfers of Care guidance. We are working to implement the clarification guidance and mitigate any potential reductions in our performance measures through improving our practice across Nottinghamshire in partnership with our local NHS Trusts, with the aim of having this in place by the end of March 2019. If these actions cannot be put in place within existing resources, then a further report with options to address this will be brought back for Committee to consider.

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

21. 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.

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

   - START – short term assessment and reablement service provided in a people'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.

23. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in June, July and August and checks if these people were still at home during the months to November. 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.

24. Performance against both parts (availability and effectiveness) of this indicator is positive and on target for the year.

25. At quarter 3 part one of this indicator was on target at 80% against a target of 80%. In this period out of 4,548 older adults who received a reablement service on discharge from hospital, 436 people were still at home 91 days after.

26. 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). It is better than target at 2.1% against a target of 2%. This is largely due the Council's decision to use temporary Better Care Funding to establish the Homefirst Rapid Response service (described above) and the Transformation project to deliver additional START capacity within the existing resources.

Adults with a Learning Disability in paid employment and settled accommodation

27. 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.

28. At quarter 3 performance for service users in paid employment was 2.7% against the ambitious annual target of 3.3% for 2018/19. Although this performance is currently lower than the national average of 6% there is variation among authorities and in a recent visit to the Council, NHS colleagues discussed reviewing the definition to ensure a more consistent approach (definitions for national indicators are set by the NHS).

29. The figure for service users in settled accommodation positively remains consistent at 75% against a target of 76%. This performance is in line with the national average.

Service users and carers receiving a Direct Payment

30. 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.

31. The percentage of service users receiving a direct payment was 43% against a target of 46%. Performance for this indicator remains consistently below target, however benchmarking shows that the Council remains a high performer in this area, the latest national average being 29%. The Council currently supports 2,849 service users with a direct payment.

32. 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

33.   This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.

34.   The percentage of completed safeguarding assessments where the risk was reduced or removed was just below target at 68% against a target of 70%. These results are in line with the national average.

35.   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

Reviews of Long Term Services completed in year

36.   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.

37.   During quarter 3, 56% of service users received a review and this is higher than the equivalent period last year. Reviewing activity has increased and 4,115 service users have been reviewed compared with 4,002 for the same time period last year.

Percentage of older adults admissions direct from hospital

38.   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.

39.   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 14% which is extremely positive.

Safeguarding service user outcomes

40.   The percentage of safeguarding service users asked what outcomes they wanted as a result of a safeguarding assessment was 81% for quarter 3, better than the target of 80%. Latest benchmarking shows the regional average as 70% for this indicator.

41.   72% of people were then satisfied that their outcomes were fully achieved. Although this result is under the target of 80% regional benchmarking shows that this performance is good, the average being 63%.

Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments

42.   In the year to date 79% of referrals received have been completed. Performance on this indicator will continue to improve as the year progresses.

Other Options Considered

43.   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

44.   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

45.   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

46.   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 31st December 2018.

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Constitutional Comments (LW 19/02/19)

47. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report.

Financial Comments (AGW 19/02/19)

48. The financial implications are contained within paragraph 46 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

The revised Delayed Transfers of Care guidance document 'Monthly Delayed Transfers of Care Situation Report: Principles, Definitions and Guidance – Nov 18' van be found here: https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Electoral Division(s) and Member(s) Affected

All.

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