

10 September 2018

Agenda Item: 6

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

ADULT SOCIAL CARE AND HEALTH CORE DATA SET PERFORMANCE FOR QUARTER 1

Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 1 (1st April to 30th June 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 user 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 1 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 at **Appendix A**.

National Key Performance Indicators

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

6. 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 13 (which was just missed for 2017/18). As at the end of quarter 1, outturn against the target was 5.

7. During quarter 1 there were 24 new younger adults' admissions. This equates to 8 admissions per month on average during quarter 1. The target for 2018/19 has been set at 60 and, in order to meet this, average admissions will need to reduce to 4 per month for the rest of the year.
8. Each new admission to long-term care continues to be scrutinised at the Long Term Care Panel 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.
9. The overall number of younger adults being supported by the Council in long-term residential or nursing care placements was 640 on 30th June 2018. This is just over the annual target which has been set at 635.

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

10. Admissions for older adults are also monitored per 100,000 population.
11. Admissions into long-term care are being avoided where possible through scrutiny of all cases at accommodation panels and the provision of alternatives within the community including Extra Care, telecare and short-term assessment beds for those older people leaving hospital.
12. The number of admissions for older adults was 202 at quarter 1 against an annual target of 948. This equates to 67 new admissions per month on average. To meet the target admissions for the rest of the year need to be maintained within 83 per month.
13. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,278 on 30th June 2018, slightly over the annual target of 2,275. There has been a reduction during the year so far compared to 31st March. This follows on from the trend during 2017/18 when the number of people supported decreased on the previous year (2016/17).

Delayed Transfers of Care

14. 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.
15. 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 8th best performing council nationally (out of 151) for delays attributed to social care in May 2018.
16. 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 May show delays due to social care reduced positively to 0.0 compared to a target of 0.7.

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

17. 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.
18. 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.
19. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in December, January and February and checks if these people were still at home during the months to May. 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.
20. At quarter 1 part one this indicator was slightly below target at 78% against a target of 80%. In this period out of 317 older adults who received a reablement type service on discharge from hospital, 247 people were still at home 91 days after.
21. 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).
22. An internal review of the indicator is being led by the Adult Social Care and Health Senior Leadership Team with specific analysis of those service areas where performance is lower. In addition, new contracted reablement type services are now being commissioned and it is expected that these will have a positive effect on the indicator.

Adults with a Learning Disability in paid employment and settled accommodation

23. 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.

24. At quarter 1 performance for service users in paid employment was 2.9% against an increased target of 3.3% for 2018/19. This is an improvement on 2017/18 (2.8%) and shows a continued move in the right direction and closer to the national average.
25. The figure for service users in settled accommodation positively increased to 74% in quarter 1 against a target of 76% (maintained from 2017/18).

Service users and Carers receiving a Direct Payment

26. 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.
27. The percentage of service users receiving a direct payment was 44% against a target of 46%. Performance for quarter 1 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 2,925 service users with a direct payment.
28. 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

29. This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.
30. The percentage of completed safeguarding assessments where the risk was reduced or removed is just below target at 68% against a target of 70%. Quarter 1 results show an improvement on 2017/18 and Nottinghamshire is in line with the national average.
31. 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

32. 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.

33. 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.
34. For social work assessments the average time from the person contacting the Department to having a completed assessment, where required, was 25 days. For occupational therapy assessments the average time from contact to completion was 29 days.
35. Targets have not yet been set for these measures and performance is being monitored by the Adult Social Care and Health Senior Leadership Team.

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 1 23% of service users received a review and this is higher than during the equivalent period last year (1,711 compared to 1,566). The rate of activity seen so far this year is compatible with achieving the 80% target set for the full 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 just missing target at 19% up to quarter 1.

Safeguarding service user outcomes

40. With changes to Mosaic (the social care record management system) it is not currently possible to report on this indicator. A revised report is in development and will be available for quarter 2 reporting.

Percentage of completed Deprivation of Liberty Safeguards assessments

41. The number of referrals received so far this year is 1,353 and 900 of these have already been completed, giving a percentage of 67% complete. Performance on this indicator will improve as the year progresses and there has been time for assessments to be completed.

Other Options Considered

42. 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

43. 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

44. 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

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

RECOMMENDATION

- 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 June 2018.

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Constitutional Comments (EP 21/08/18)

46. The recommendation is within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DLM 21/08/18)

47. As confirmed in paragraph 45, there are no financial implications arising from the 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 performance measures included within Appendix A are linked to the Departmental Core Data Set as detailed in the Adult Social Care and Public Health Departmental Strategy which was approved by Full Council on 18 January 2018.

Electoral Division(s) and Member(s) Affected

All.

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