

13 June 2016

Agenda Item: 8

## **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 the full year 2015-16 (1 April to 31 March 2016), using provisional figures.

#### **Information and Advice**

2. This report provides the Committee with an overview of provisional performance results for 2015-16 against the Adult Social Care and Health (ASCH) department's key performance and operational priorities. The performance measures that are reported quarterly to the Committee reflect statutory returns provided to the Department of Health and the achievement of the Council's priorities outlined in the Strategic Plan 2014-18.
3. A summary of these performance measures is set out below with a performance dashboard including the target and performance data up to and including 31 March 2016 (Quarter 4) set out at **Appendix A**.
4. Statutory returns for 2015-16 are due to be submitted to the Department of Health during May, June and July 2016. Data will then be subject to a formal verification process and will not be confirmed for release into the public domain until September 2016. This report therefore provides the provisional figures for year end and may change through the verification process.

#### **Assessments**

5. People whose social care needs cannot be met through the provision of information and advice, or by signposting to other agencies at the Customer Service Centre, will be referred for an assessment of their social care needs. These assessments are usually completed by social work or occupational therapy (OT) staff and may result in the person being deemed eligible for support from the County Council, resulting in the creation of a Care and Support Plan to meet their agreed outcomes.
6. 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, due to rapidly changing circumstances or an extended period of rehabilitation or reablement. The overall performance of the department, as reported regularly to previous Adult Social Care and Health Committee meetings, was 56% for 2015/16.

7. For social work assessments, 74% were completed in time. This represents an improvement on the previous year when 69% were in time. For OT assessments, 34% were completed within 28 days compared to 49% during the previous year.
8. In order to address this, the department has established a project under the direction of the Service Director, South Nottinghamshire and Public Protection.
9. The project's aim is to analyse and understand the causes and significantly increase the number of social care and occupational therapy assessments completed within timescale. The project will ensure that the department undertakes both short term action to improve performance and, based on evidence at a team level, will recommend a future approach that maintains this. The future approach will be in line with the Adult Social Care Strategy and support new ways of working.
10. Work to date has successfully reduced the number of assessments and reviews outside of the local target and there are currently no outstanding occupational therapy assessments, which is a significant achievement resulting from changes to the way that referrals are handled, innovative work in the Adult Access team, and an increase in OT capacity.

## **Reablement**

11. The Reablement process enables people to safely return to live in the community, following a stay in hospital. It assists service users to regain their skills and confidence through a short period of intensive support. There are two main formats for reablement:
  - START reablement takes place in the person's own home and
  - Intermediate Care reablement can take place either in the person's home or in a residential setting.
12. An important measure of the success of the Reablement service is whether, following this specific intervention, service users can live independently and require no further ongoing formal support. Provisional performance for 2015-16 shows that 65% of people required no ongoing package of support following intervention by the START Reablement service.
13. A further measure of both START and Intermediate Care reablement is the proportion of older adults who are still at home 91 days after being discharged from hospital into one of these services. At quarter 4, 91% of older adults having received one of these services were still living independently 91 days after they were discharged from hospital. This measure is a national measure and is part of the Council's Better Care Fund submission. Nottinghamshire's performance nationally is very good and currently above target.

## **Delayed Transfers of Care**

14. A Delayed Transfer of Care (DToC) from acute or non-acute 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.
15. The Council's performance on DToCs is excellent and there were no delays attributed to social care from Nottingham University Hospitals NHS Trust in 2015-16.

## Admissions

16. 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. The two main tools for managing performance are through providing appropriate alternatives to long-term care and through the careful and consistent management of admissions to residential or nursing care.
17. In line with the adult social care strategy for younger adults, provisional performance for 2015-16 is excellent and there were 66 people placed against a target of 75. This was achieved through maximising people's independence and the use of alternative placement types such as supported living where appropriate.
18. For older adults, the provisional full year number of new admissions into long-term care was 969 placements against an annual target of 948. This represents a reduction of 13% against the previous year. In line with the adult social care strategy the Council is committed to enabling more people to live independently at home and where appropriate people will go through a reablement process before any decision is made about long term care. The council is also maximising the use of Extra Care and short-term assessment beds for those older people leaving hospital.

## Personalisation

19. If someone is eligible for care and support the Council will work with them to develop a care and support plan which will set out how the person's needs can be best met. Once it is agreed that the Council has a responsibility to meet these needs, people are offered a personal budget. The personal budget can be provided as a directly managed service, through a direct payment or a combination of the two.
20. The Council's performance in this area is exceptional with 100% of people having a personal budget and half of these people receive a direct payment which maximises their choice and control.

## Better Care Fund

21. The Better Care Fund (BCF) is intended to transform local health and social care services so that they work together to provide better joined up care and support. It is a Government initiative which combines resources from the NHS and local authorities into a single pooled budget.
22. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board.
23. To help monitor progress nationally, a number of performance indicators have been prescribed to measure the impact from a service user's perspective. The four measures reported in **Appendix A** form part of the national Better Care Fund and are all on track.
24. The measures relating to admissions to care homes and reablement are the responsibility of the County Council, and the measure for non-elective admissions to hospital is the responsibility of Health.

## **Adult Social Care and Carers Surveys**

25. The remaining four measures are based on the Adult Social Care Survey which is a national survey conducted annually for social care service users. The survey asks service users questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being.
26. Provisional results for the 2015-16 survey have indicated a small reduction in performance see **Appendix A**.

## **Summary**

27. This report identifies the provisional 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, some temporary additional resources and taking advantage of new and innovative ways of working.
28. 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.
29. 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.
30. 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.
31. By taking positive steps in addressing the delays in completing assessments, it is anticipated that the level of service user satisfaction will increase. However the effectiveness of these measures will be kept under continuous review.

## **Other Options Considered**

32. The report is for noting only.

## **Reason/s for Recommendation/s**

33. The report is for noting only.

## **Statutory and Policy Implications**

34. 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.

## **Financial Implications**

35. There are no financial implications arising from this report.

## **RECOMMENDATION**

1) That the Committee notes the performance update for Adult Social Care and Health for the period 1 April 2015 to 31 March 2016.

**Paul Mckay**

**Service Director for South Nottinghamshire and Public Protection**

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

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## **Constitutional Comments**

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

## **Financial Comments (KAS 23/05/16)**

37. There are no financial implications contained within 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.

Providing Adult Social Care Assessments and Reviews – report to Adult Social Care and Health Committee on 18 April 2016

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

All.

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