

9th September 2019

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE UPDATE 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 2019 to 30th June 2019) 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. The refreshed Adult Social Care and Public Health Departmental Strategy was approved by Policy Committee in May 2019 and this is the first update on progress against that refreshed document.
6. 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 as **Appendix A**.

Assessments and Reviews

7. 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.

8. In the three months from April to June 2019 nearly 2,000 service users with a long-term service have been reviewed. This equates to 28% and is an improvement on performance over the same period last year. Performance is at the expected level for this time of the year.
9. To ensure the target of 80% is achieved by year-end an action plan has been developed. This involved targeting teams with poorest performance in relation to completing reviews with a particular focus on people who have not had a review of their support plan for over 12 months. More work is currently taking place to change practice further within teams to complete reviews more routinely when changes are made to SUs support packages.

Reablement type services

10. 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.
11. 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.
12. 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 remaining at home include being admitted to long-term residential or nursing care or being re-admitted to hospital or having deceased.
13. At quarter 1, part one of this indicator was almost on target at 82% against a revised target of 83%. In this period, out of the 679 older adults who received a reablement service on discharge from hospital, 560 people were still at home 91 days after.
14. 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 the number of people offered reablement is high and performance is positive at 2.6%.

15. Reablement will continue to be a core service for older and younger adults, and essential to ensure older adults stay independent at home. Work in this area will continue to be of key importance.

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.
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 fifth (out of 151) for delays attributed to social care in May 2019 (having only seven days delays for social care).
18. As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored monthly. Delays attributed to social care are showing consistently good performance and continue to be better than target. Latest data available for May 2019 shows delays due to social care at a rate of nil 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.
19. Although performance on delayed transfers of care continues to be positive in relation to social care delays, the NHS continues to show poor performance and remain over target at 7.4 against a target rate of 5.5
20. Good performance here supports NHS Hospital flow, but for residents it is important as there is good evidence that delays in leaving hospital for older adults can have a significant impact on their health and wellbeing. Going forward, Adult Social Care will continue to review the investment made in achieving strong performance against the outcomes and impact on older adults to ensure this is balanced.

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. The target for the percentage of service users receiving a Direct Payment has decreased from 46% to 42% for 2019/20. This change in target is part of a planned move towards placing greater emphasis on the appropriateness of the service user to be a DP recipient. Achievement of the target will still place Nottinghamshire higher than the latest national average.
23. At the end of quarter 1, 2,622 service users were in receipt of a Direct Payment which equates to 41.3%.
24. 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. We recognise that this is not the best measure of carers support and as we develop the approach to strengthening carers support, we will review how we measure success.

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

25. 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 1 the admissions rate was on target at 3.1 per 100,000.
26. In **numbers** there have been 15 new admissions of younger adults into long term residential or nursing care in the period April to June 2019.
27. Positively the overall number of younger adults being supported by the Council in long-term residential or nursing care placements is better than target at 633 at the end of quarter 1.
28. 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)

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 1 the admissions rate was on target at 121.6 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/Group Managers to ensure that all alternative options to promote the person's independence have been explored.
31. The **number** of new admissions is on target for the year to date at 200 (an average of 67 per month).
32. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,362 at the end of quarter 1. 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.
33. The 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.

34. The target for this indicator has been set at a challenging 11% for 2019/20 to build on recent positive performance. At the end of quarter 1, 17% of admissions came direct from hospital and it is expected that this will improve as more alternatives become available.
35. A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes Housing with Care, Short Term Assessment and Reablement Apartments and Assistive Technology.

Employment and Accommodation (younger adults aged 18-64)

36. 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.
37. 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.
38. For adults with a learning disability there is a revised target of 2.9% for 2019/20. At the end of quarter 1, this indicator is off target at 2.6%. 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.
39. 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

40. 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 itthen 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.
41. 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.
42. 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
- work is ongoing to update and relaunch the multi-agency procedures and guidance relating to safeguarding.

Deprivation of Liberty Safeguards (DoLS)

43. The Deprivation of Liberty Safeguards 2009 (DoLS) is a procedure prescribed in law when a person who lacks mental capacity to consent to their care or treatment is being deprived of their liberty in a care home or hospitals in order to keep them safe from harm. The procedure involves having the arrangements independently assessed to ensure they are in the best interests of the individual concerned.
44. In relation to DoLS assessments, so far this year (April to June 2019) 56% of assessments have been received and 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 - performance is currently at the expected level for the time of the year.
45. There has been some increase recently in unallocated levels of work against higher levels of work being referred to the DOLS team. Recruitment of Social Worker's has also been a long standing issue. In order to tackle both these issues we are taking advantage of NCC's existing contract with Reed Agency to create more capacity using existing staff budgets to best effect. These measures will reduce the unallocated list and ensure a good platform on which to implement the Liberty Safeguarding changes anticipated next year.

Other Options Considered

46. 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

47. 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

48. 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

49. 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 June 2019.

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Constitutional Comments (AK 28/08/19)

50. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (DG 28/08/19)

51. There are no specific 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/>

Electoral Division(s) and Member(s) Affected

All.

ASCPH671 final