

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 MARCH 2015

JOINT REPORT OF THE CHIEF EXECUTIVE AND DIRECTOR OF
ADULTS AND COMMUNITIES

QUARTER 3 2014/15 PERFORMANCE REPORT

Purpose of Report

1. The purpose of this report is to present the Adults and Communities Overview and Scrutiny Committee with an update of Adults and Communities Department performance at the end of quarter three of 2014/15.

Policy Framework and Previous Decisions

2. The Adults and Communities Department's performance is reported on a quarterly basis to the Adults and Communities Overview and Scrutiny Committee in accordance with the Council's corporate performance management arrangements.

Background

3. The report (attached as Appendix 1) is based on the key performance measures of the Adults and Communities Department for 2014/15. These are reviewed annually through the annual Business Planning process to reflect the key priorities of the Department and Council. The appendix is structured in line with the County Council Strategic Plan 2014-18 and its supporting indicators and targets.
4. The Adult Social Care indicators are a mixture of national and local measures. At a national level performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). Whilst this framework includes more indicators than included in this report, not all align themselves with quarterly reporting, for example those sourced from annual surveys.
5. Communities and Wellbeing no longer have such a formal structure for performance monitoring at a national level. The measures included in this report have been determined as local priorities.
6. At its meeting on the 17 November 2014, the Committee agreed that the thresholds for the Red/Amber/Green (RAG) rating of performance indicators would be reviewed. Appendix 2 sets out a description of each category used in this report.

Performance Update

Integrating Health and Social Care – Better Care Fund

7. Avoiding **permanent placements in residential care homes** is a good indication of delaying dependency; research suggests where possible people prefer to stay in their own home rather than move into residential care. During the period April to December 2014 there were 45 permanent admissions to either residential or nursing care of people aged 18-64. This is comparable to 42 permanent admissions during the equivalent period last year. For people aged 65 or over there were 654 permanent admissions to either residential or nursing care during the same period. This is, coincidentally, exactly the same as the similar period last year. The measure is currently on track to meet the Better Care Fund (BCF) target.
8. Services that promote independence are a key priority of adult social care and at the forefront of this are the in-house **Home Care Assessment and Reablement Team (HART)**. Overall numbers using the service have fallen between April and December 2014 when compared to the similar period last year; this is partly due to the team holding on to cases for longer as they await transfer to the independent sector which is currently close to capacity. In addition, the adjustment to the service to focus on people with most need has meant referrals to the service of people discharged from hospital now constitutes 62% of activity, a slight increase from 59% last year.
9. A key measure in the BCF is the ASCOF metric that measures the proportion of people discharged from hospital via reablement services and are still living at home 91 days later. For those people discharged between July and September 2014, the proportion was 79.9%, slightly short of the BCF target of 80.3%, although an improvement on 2013/14. The final figure for 2014/15 will be based on discharges during the period October–December 2014.
10. Two key measures in the ASCOF relate to **delayed transfers of care (DToCs)** from hospital. These are calculated by taking an average of the number of delays on the last Thursday of each month and presenting the figure as a rate per 100,000 of the local population. The first part of the measure relates to all delays, ie those attributable to both the NHS and adult social care. These increased throughout the first half of the year although held steady during October to December (a figure of 17.24 per 100,000 population).
11. The second part of monitoring delayed transfers of care relates to only those delays which involve adult social care, either solely or jointly with the NHS. As such numbers are a lot lower than the first part of the measure. However, the general trend is similar to all delays noted above - an increase during the first half of the year then holding steady in the last quarter albeit higher than preferred (the position in December was 4.17 per 100,000 population).
12. In addition to the above two measures of DToCs, the number of delays *solely attributable to adult social care* is also tracked - for the same time period as above the figure was lower again at 2.14 per 100,000 population. In comparison to similar and regional authorities this is slightly better than average.

13. Overall, the number of delays reduced through quarter three with the number in December for all three attributable aspects below the respective year-to-date averages.
14. Adult social care is working with the Urgent Care Board and University Hospitals of Leicester (UHL) and Clinical Commissioning Groups staff to put in place actions that accurately record delays and will enable timely and speedy transfer of people from hospital. Adults and Communities have dedicated a Head of Service to manage the urgent care action plan and have devoted significant resources to keeping delays at a minimum in a climate of increasing pressure on the NHS. These include:
 - A dedicated Adult Social Care team based at the Leicester Royal Infirmary;
 - Dedicated staff to Emergency Medical Unit assessment wards;
 - Daily case conference calls and a bed census;
 - Early review to free up capacity in independent sector;
 - An Accident and Emergency based social worker in order to prevent admissions to acute care;
 - Direct access to reablement services over weekends and bank holidays;
 - Seven day working over winter;
 - Working with hospital based staff to ensure the right messages and assessments at the right time;
 - Dedicated continuing health care social care posts;
 - An audit of those cases waiting in the system to identify blockages and reduce waiting times.
 - Incentivising providers to pick up cases at times of pressure within the system.
 - Work with hospitals to reduce over prescribing of packages of care at the point of discharge.
15. Reducing delayed transfers of care is one of the priorities within the BCF; UHL and partners through the Urgent Care Working Group are focusing on the changes needed to local discharge pathways, with a focus on tackling hospital length of stay. These changes, noted in the previous performance report have resulted in a surge of discharges from UHL which is having a short term impact on achieving the DTtoC metric, while the new changes become embedded as business as usual.
16. The proportion of people who have received services for 12 months or more and were reviewed during that period is lower than last year. This is a change from the improving performance during 2013/14 explained by a requirement for targeted reviews due to service changes and a focus on hospital discharge.

Better Adult Social Care

17. The Council remains committed that everyone eligible for long-term, community-based care should be provided with a personal budget, preferably as a direct payment. However, reporting of personalisation is tied up with the development of new statutory reporting to central government linked to a new externally provided computer system, as noted in the quarter two report. The comprehensive set of changes to reporting and associated measures has affected the reporting of personalisation data more than other areas and work is ongoing to establish the new reports. The deadline for this work is the end of May.

18. The number of safeguarding adults' referrals is estimated to reach 979 by the end of 2014/15. This is 28% lower than the year before which is partly to be expected due to a review of safeguarding thresholds in November 2013. The outcomes of the investigations remain similar to last year with 50% substantiated or partly substantiated.
19. The multi-agency policy and procedures 'No Secrets' sets out a code of practice for the protection of vulnerable adults. It states that a strategy discussion to plan the multi-agency investigation should commence within 24 hours of the referral. Since April, 67% have commenced within this timescale and an additional 13% commenced between two and seven days following the referral. Further analysis will take place into understanding why the remainder took more than seven days. Reporting of this figure is new and there is no comparable data for 2013/14.
20. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion. One of the ASCOF measures monitors the proportion of service users aged 18-64 with a learning disability who are in settled accommodation. At the end of December 42% were in settled accommodation although this will be significantly higher once data recording is updated.

Leicestershire's Cultural Environment

21. Overall visitors to heritage sites during the period April to December 2014 is 2% higher than the comparable period in the previous year.
22. Library visits and issues have both shown a reduction from the previous year. Although every effort is being made to maintain visits and loans, reductions in service delivery continue to have a detrimental effect on these traditional areas of performance. It should also be noted that the service is targeting those most vulnerable as a priority area for service delivery. Outcomes from this prioritisation will not necessarily result in high volume performance.
23. Leicestershire Adults Learning Service (LALS) were very successful in 2013/14 with an 88% success rate, up 5% on the previous year. This is the proportion of learning aims due to be completed in a period successfully achieved. In the new academic year current performance is 91%.

Conclusion

24. This report provides an update on Adults and Communities performance at the end of quarter three of 2014/15. Details will continue to be monitored on a monthly basis with particular focus on the BCF measures and areas requiring improvement. In addition, the monthly reporting will continue to highlight areas of good performance including permanent admissions of those aged 65 or over, and reablement.

Recommendations

25. That the report and performance update at quarter 3 be noted and the Committee highlight any particular issues where they would like further information or action required

Resource Implications

None.

Background papers

The Adult Social Care Outcomes Framework 2014/15

<http://www.hscic.gov.uk/catalogue/PUB14402>

Leicestershire County Council Better Care Fund Submission – September 2014

<http://www.leics.gov.uk/healthwellbeingboard/bcfsubmission.htm>

Leicestershire County Council Strategic Plan 2014-18

http://www.leics.gov.uk/index/your_council/council_plans_policies/our_priorities_and_objectives.htm

Circulation under Local Issues Alert Procedure

None

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Appendix

Appendix 1 - Adults and Communities Department performance dashboard for Q3 2014/15

Appendix 2 – Red/Amber/Green (RAG) rating - explanation of thresholds

Relevant Impact Assessments

Equality and Human Rights Implications

26. The Adults and Communities Department supports vulnerable people from all the diverse communities in Leicestershire. However, there are no specific equal opportunities implications to note as part of this performance report. Data relating to equalities implications of service changes are assessed as part of Equality and Human Rights Impacts Assessments

Environmental Impact

27. Environmental performance is reported to the Environment and Transport Overview and Scrutiny Committee.

Partnership Working and Associated Issues

- 28 BCF measures and associated actions are overseen and considered by the Integration Executive and Health and Wellbeing Board.