

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE & HEALTH CABINET PANEL

TUESDAY 14 NOVEMBER 2017 AT 10:00AM

ADULT SOCIAL CARE PERFORMANCE MONITOR – QUARTER 2 - 2017/18

Report of the Director of Adult Care Services

Author: Matt Chatfield – Adult Social Care Performance Manager
(Tel: 01438 845387)

Executive Member: Colette Wyatt-Lowe – Adult Care and Health

1. Purpose of the report

- 1.1. To enable the Panel to review the performance of Adult Social Care for the second quarter of the 2017/18 financial year (July 2017 – September 2017).

2. Background

- 2.1 Each year the Council are required to submit data on adult social care activity to NHS Digital. This data is used to calculate a number of Adult Social Care Outcome Framework indicators which allows the benchmarking of local authorities' performance. This report provides the latest performance on a selection of these key indicators.
- 2.2 In the report, 2015/16 benchmarking information is used because at the time of writing 2016/17 information has not yet been published. However, when these are published consideration will be given as to whether the indicators presented in this report best present the priorities for Adult Social Care and whether the targets that have been set are appropriate.
- 2.3 At a recent Adult Care and Health Panel meeting, members asked for a further breakdown of delayed transfers of care. Appendix 1 provides this breakdown.
- 2.4 In addition to the above, an overview of the Hertfordshire Care Standard is also included in Appendix Two. The Hertfordshire Care Standard is a performance summary of commissioned provision across day services, residential care and homecare providers. The Hertfordshire Care Standard is also used to monitor performance against a set of regional standards, such as leadership, involvement of service users, level of complaints and safeguarding activity. Targets are set to include, as a minimum, one monitoring visit per provider per year. Visits are prioritised according to a risk rating that takes in to account outcomes of Care Quality Commission (CQC) inspections, financial monitoring and feedback gained from operational teams, the Clinical Commissioning Groups and service users and their families.

3. Equalities Impact Assessment

- 3.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 3.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 3.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 3.4 No Equalities Impact Assessment was undertaken in relation to this matter. This report is for noting and commenting purposes only and does not require a decision which would have any equality implications.

4. Financial Implications

- 4.1 This report is for noting and commenting purposes only and does not require a decision which would have any financial implications

5. Recommendations

- 5.1 Panel is invited to note the report and comment on the performance of the Adult Care Services Directorate for Quarter 2 of the 2017/18 financial year.

Indicator		2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2015/16 National average
Percentage of people receiving self-directed support		95.4%	97.0%	95.9%	96.0%			86.9%
	<u>Commentary</u> As at the 30 September 2017 there were 8,108 clients receiving a long term service of which 7,780 were in receipt of self-directed support. Teams continue to be provided with a list of clients who are not being reported as receiving self-directed support in order for the client to be re-assessed or reviewed.							
Percentage of carers receiving self-directed support		97.6%	99.0%	97.1%	97.2%			77.7%
	<u>Commentary</u> During the year there have been 1,761 carers receiving a service of which 1,711 have been through a self-directed support process. Teams receive regular information on carers not receiving self-directed support in order to ensure performance is sustained and improves.							
Percentage of people receiving direct payments		28.4%	30.0%	27.5%	27.3%			28.1%
	<u>Commentary</u> Of the 8,108 clients receiving a long term service, 2,217 are in receipt of a direct payment. Teams are implementing a specific initiative to review long term clients over the next quarter to ensure they are receiving the most suitable form of support.							

Indicator		2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2015/16 National average
Percentage of carers receiving direct payments		78.2%	85.0%	70.5%	70.9%			67.4%
<u>Commentary</u> Of the 1,761 carers receiving a service this year, 1,248 have received a direct payment. Carers continue to be assessed and reviewed to ensure they are receiving the most suitable form of support available.								
Permanent Admissions to Care Homes (18-64) (rate per 100,000 population)		13	15	2.96	Quarter in Arrears			13.3
<u>Commentary</u> Performance is reported a quarter in arrears in order to allow for the time lag in reporting. There were 21 admissions in quarter 1 giving the rate of 2.96 per 100,000 population and it is anticipated that performance will meet the end of year target.								
Permanent Admissions to Care Homes (65+) (rate per 100,000 population)		543	575	138	Quarter in Arrears			628.2
<u>Commentary</u> Performance is reported a quarter in arrears in order to allow for the time lag in reporting. There were 262 admissions in quarter one giving a rate of 138 admissions per 100,000. This indicator is predicted to meet end of year target. ACS strategy is to reduce the number of people requiring residential care and promote the use of alternative services in order to promote independence. Continued management oversight of all residential placements and the promotion of alternative forms of care have resulted in the level of residential admissions continuing to reduce in line with this aim.								

Indicator	2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2015/16 National average
Older people at home 91 days after leaving hospital into reablement	86.0%	85.0%	90.0%	87.0%			82.7%
	<p><u>Commentary</u></p> <p>Performance has slightly decreased since last quarter although performance continues to be above target. The number of clients entering reablement services continues to increase as clients with more diverse and severe needs are offered this form of support. However, one of the results of offering reablement services to people with more significant need is an increase in the likelihood that they will not be at home after 91 days from discharge.</p> <p>The service continues to be improved by a number of initiatives including working with providers to increase capacity, development of discharge to assess models in order to help people transfer from hospitals into reablement and the recruitment of additional occupational therapists.</p>						
Delayed transfers of care attributable to social services (rate per 100,000 pop)	5.6	5.0	7.8	6.6			4.7

Indicator		2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2015/16 National average
<u>Commentary</u> Delayed Transfers of care attributable to social care has reduced from quarter 1. Data relating to delays is published by Trust and for the year to date, the greatest percentage of Hertfordshire's delays attributable to social care have been reported by West Herts Hospital Trust with 44% of all delays occurring at their hospital. Hertfordshire Community Trust (24%) and Hertfordshire Partnership Foundation Trust (HPFT) (10.3%) report the second and third highest contribution to delays. The main reason recorded for social care delays is patients waiting for home care (51%), followed by waiting for nursing care (22%) and then residential care (17%). Actions to improve performance include ensuring working closely with each individual trust to ensure delays are recorded and reported accurately (resulting in a reduction of delays reported by HPFT) and continuing to work on a number of initiatives including: <ul style="list-style-type: none"> - increasing intermediate bed capacity by using Improved Better Care Fund (IBCF) funding - additional recruitment for Trusted Assessors to help identify suitable care packages for clients in hospital - continuation and further roll out of Integrated Discharge Teams across Hertfordshire hospitals. 								
Number of DOLS applications received		4,493	5,430	933	1,355			N/A
<u>Commentary</u> Information included for monitoring purposes only – no target set and no comparative benchmarking available								
Number of Safeguarding concerns raised		5,627	N/A	2130	2042			N/A
<u>Commentary</u> Information included for monitoring purposes only – no target set. Comparative information will be available for the Quarter								

Indicator		2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2015/16 National average
	3 report.							

Appendix 1

The table below demonstrates the percentage of delayed transfers of care reported year to date, broken down by each reporting NHS Trust.



