Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE & HEALTH CABINET PANEL

TUESDAY 12 JUNE 2018 AT 10:00AM

ADULT SOCIAL CARE PERFORMANCE MONITOR & CARE QUALITY STANDARD – QUARTER 4 - 2017/18

Report of the Director of Adult Care Services

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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 fourth quarter of the 2017/18 financial year (January 2018 – March 2018).

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. At a recent Adult Care and Health Cabinet Panel meeting, members asked for a further breakdown of delayed transfers of care (DTOC) performance. This report now includes an additional delayed transfer of care indicator. It now includes Hertfordshire's overall performance covering delays attributable to the NHS, Social Care and jointly to both bodies. This breakdown better replicates the 2018-19 Adult Social Care outcomes framework and along with the existing social care only indicator, provides a full overview of Hertfordshire's DTOC performance. A detailed additional breakdown of performance has also been attached as Appendix 2 to support analysis of these indicators.

2.3. Following the public release of the national datasets by NHS digital. This report now includes (where applicable) 2016-17 benchmarking data versus England and Hertfordshire's CIPFA comparative authorities. These are detailed in Appendix 1 to this report

2.4. **Please Note –** Data supplied for Quarter 4 represents end of year performance for Hertfordshire. This data is currently being validated and submitted to NHS digital and is subject to change before final release and publication.

2.5. The Herts Care Quality Standard detailing the performance and quality of Hertfordshire's providers is attached as Appendix 3 to this report.

3. **Recommendations**

3.1. Panel is invited to note the report and comment on the Quarter 4 performance and Herts Care Quality Standard of the Adult Care Services Directorate.

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. Equalities Implications

5.1. 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.

5.2. 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.

5.3. 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.

5.4. 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.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Percentage of people receiving direct payments	**28.4%**	**27.0%**	**27.5%**	**27.3%**	**27.9%**	**27.9%**	**28.3%**	**31.8%**

Commentary

Of the **7,877** clients receiving a long term service, **2,197** are in receipt of a direct payment. Adult social care teams continue to implement reviews of long term clients during to ensure they were receiving the most suitable form of support. This, together with continued promotion of direct payments and alternative methods of receiving direct payments (payment cards), has seen an improvement in performance. Currently achieving target. A Direct Payments review is currently underway which will re-visit the over-arching strategy for Direct Payments, and consider how to manage growth in Direct Payments as part of the overall market management approach.

Percentage of carers receiving direct payments	**78.2%**	**70.0%**	**70.5%**	**70.9%**	**70.4%**	**70.9%**	**74.3%**	**79.3%**

Commentary

Of the **2,001** carers receiving a service this year, **1,418** have received a direct payment. Quarter 4 represented an- improvement in performance compared to Q3 (1851 carers and 1304 receiving a Direct Payment). Clear guidance continues to be promoted amongst front line teams to ensure that direct payments continue to be used where appropriate. Carers continue to be assessed and reviewed to ensure they are receiving the most suitable form of support available and it is anticipated that this, along with the promotion of direct payment pre-paid cards, will continue to improve performance.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Permanent Admissions to Care Homes (18-64) (rate per 100,000 population)	**13.0**	**15.0**	**11.8**	**11.5**	**11.6**	**10.2**	**12.8**	**11.4**

Commentary

There have been **73** new admissions in 2017-18 an improved performance of 10.2 per 100,000 population compared to 13 per 100,000 population in 2016-17. 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 the intended strategy in this area.

Permanent Admissions to Care Homes (65+) (rate per 100,000 population)	**543**	**575**	**543.6**	**517.2**	**508**	**487**	**610.7**	**560.4**

Commentary

There have been **959** 65+ admissions during the 2017-18 financial year giving a rate of 487 admissions per 100,000. Hertfordshire has achieved its 2017-18 target and improved on performance compared to 2016-17. 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	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Older people at home 91 days after leaving hospital into reablement	**86.0%**	**85.0%**	**90.0%**	**87.0%**	**83.0%**	**85.8%**	**82.5%**	**81.5%**

Commentary

Please Note – this indicator is reported a quarter in arrears therefore Quarter 4 data relates to Oct 17-Dec 17 this allows the 91 day period to elapse.

Performance has improved for this indicator and is above target for quarter 4. It also sits above Hertfordshire comparative authorities (81.5%) and England averages for 2016-17 (82.5%).The number of clients entering reablement services from hospital continues to increase. 710 Clients aged 65+ were discharged into Social Care between October and December 2017 with 609 of those clients still at home 91 Days later. The service is experiencing clients with more diverse and severe needs being offered this form of support. A result of offering reablement services to people with more significant need there is an increase in the likeliness that they will not be at home after 91 days from discharge.

The service continues to be improved by a number of initiatives. These include; working with providers to increase capacity, development of discharge to assess models in order to help people transfer from hospitals into reablement, recruitment of additional occupational therapists and an increase in the delivery of enablement in settings other than the clients' own homes.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Overall Delayed transfers of care from hospital (NHS/Social Care/Joint (rate per 100,000 pop)	**17.5**	**6.5**	**18.5**	**16.4**	**15.7**	**14.7**	**14.9**	**17.4**

Commentary

Overall Delayed Transfers of Care for Hertfordshire have continued to reduce into quarter 4. 68% of Hertfordshire's delays have been attributable to the NHS, 31% Social Care and 1% jointly to NHS and Social Care.

Overall the greatest percentage of Hertfordshire's delays has been reported by West Herts Hospital Trust with 28% of all delays occurring at their hospital. Hertfordshire Community Trust (HCT) (22.4%) and Hertfordshire Partnership Foundation Trust (HPFT) (15.5%) report the second and third highest contribution to delays. The main reason recorded for these delays is patients waiting for home care (23.5%), followed by further non-acute NHS care (22.2%) and then patient family choice (15.0%).

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:

- Increasing intermediate bed capacity by using Improved Better Care Fund (IBCF) funding
- Deployment of Impartial Assessors to speed up placements in care homes
- Work with Hertfordshire Community Trust to develop a Discharge Home to Assess Model similar to service in East and North Herts Trust
- Continuation and further roll out of Integrated Discharge Teams across Hertfordshire hospitals.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Delayed transfers of care attributable to social care (rate per 100,000 pop)	**5.6**	**2.6**	**7.0**	**5.5**	**5.1**	**4.5**	**6.3**	**7.2**

Commentary

Delayed Transfers of Care attributable to social care have continued to reduce into quarter 4. 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 49.4% of all delays occurring at their hospital. Hertfordshire Community Trust (24.2%) and Hertfordshire Partnership Foundation Trust (6.9%) report the second and third highest contribution to delays. Princess Alexandra Trust accounted for 4% with East and North Herts Trust accounted for less than 1% of delays. The main reason recorded for social care delays is patients waiting for home care (55.4%), followed by waiting for residential care (18.4%) and then nursing care (17.8%). Waiting for assessment delays accounted for less than 6% of social care delays in Hertfordshire.

Hertfordshire have not achieved the NHS England prescribed target of no more than 2.6 delays per 100k population. However significant improvement has been made throughout the year with Hertfordshire the 19th (out if 152) most improved authority for social care delays when comparing April 2017 to March 2018. (*see additional DTOC analysis*)

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 Hertfordshire Partnership Foundation Trust (HPFT)) and continuing to work on a number of initiatives including:

- Increasing intermediate bed capacity by using IBCF funding
- Deployment of impartial assessors to speed up placements in care homes
- Work with Hertfordshire Community Trust to develop a Discharge Home to Assess model similar to service in East and North Herts Trust
- Continuation and further roll out of Integrated Discharge Teams across Hertfordshire hospitals.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Number of Deprivation of Liberty Safeguard (DoLS) applications received	**4,400**	**N/A**	**933**	**1,210**	**1,125**	**1,050**	**1416**	**3433**
Commentary Information included for monitoring purposes only – no target set. Data is based on the number of DOLs application received in the quarter. Comparator data is based on year to date performance. For 2017-18 Hertfordshire received 4318 Applications. 2298 applications were completed in year with 505 (22%) granted and the remaining 1793 (78%) not granted.								
Number of Safeguarding concerns raised	**5,620**	**N/A**	**2,136**	**2,035**	**2,219**	**2,260**	**2378**	**5497**
Commentary Information included for monitoring purposes only – no target set. Data is based on the number of Concerns reported in the quarter. Comparator data is based on year to date performance. Hertfordshire provisionally reported 8650 new Safeguarding Concerns for 6447 vulnerable adults in 2017-18.								

Appendix 1

Hertfordshire's CIPFA Comparator Group		
Local Authority Name	**Region**	
Northamptonshire County Council	East Midlands	**To provide a means of benchmarking progress other local authorities are identified where they are deemed to have similar characteristics. These designated Local Authorities are known as statistical neighbours or comparable authorities. Comparators provide context to help interpret indicators* *Areas can be combined into comparator areas by analysing datasets to identify groups of similar areas. Each comparator is different, but the common themes that go into their calculations are population, age structure, geographical size, socio-economic characteristics (such as education, deprivation, employment, income, health and care, and so on) and housing, among others*
Nottinghamshire County Council	East Midlands	
Hertfordshire County Council	East of England	
Suffolk County Council	East of England	
Essex County Council	East of England	
Cambridgeshire County Council	East of England	
Oxfordshire County Council	South East	
Buckinghamshire County Council	South East	
Surrey County Council	South East	
West Sussex County Council	South East	
Hampshire County Council	South East	
Kent County Council	South East	
Warwickshire County Council	West Midlands	
Staffordshire County Council	West Midlands	
Worcestershire County Council	West Midlands	

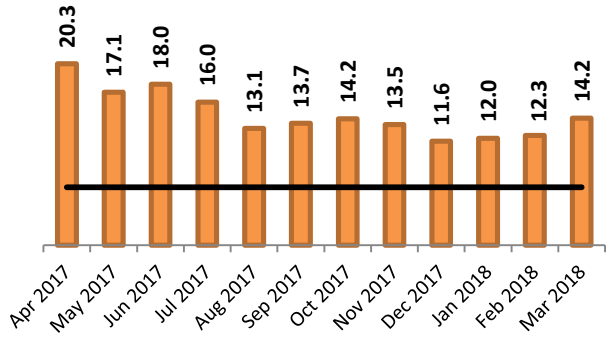
Appendix 2

Hertfordshire Delayed Transfers of Care Analysis (Quarter 4 2017-18)

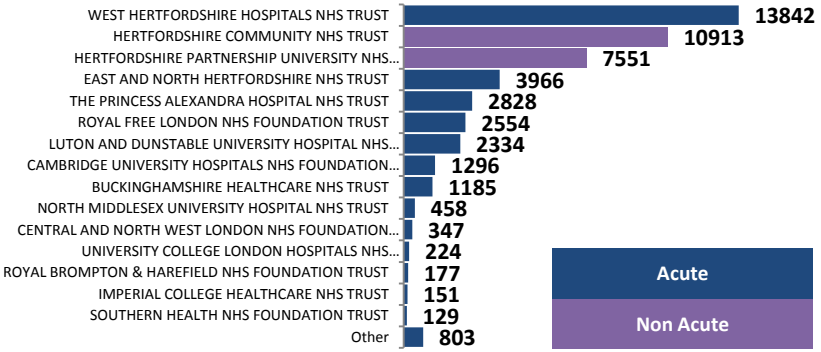
This publication is based on UNIFY published data up to the end of March 2018. This analysis has been produced to support Hertfordshire's quarterly delayed transfers of care performance for 2017-18.

Total Delays

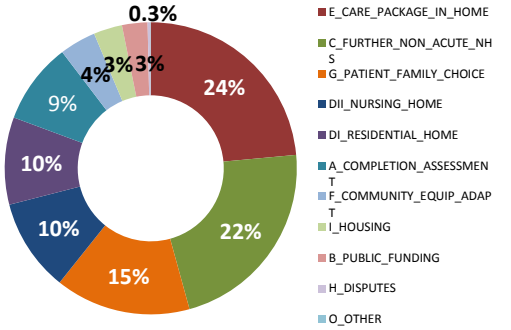
Total Delays Per 100k Monthly Trend Vs NHSE Target



Total Delays Split by Trust (actual delayed days) for the year to date

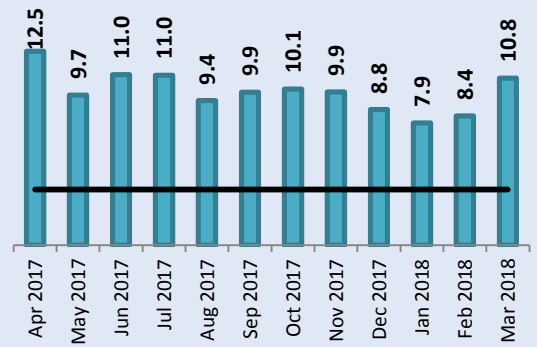


Total Delays Split By Reason (Actual Delayed Days) for the year to Date

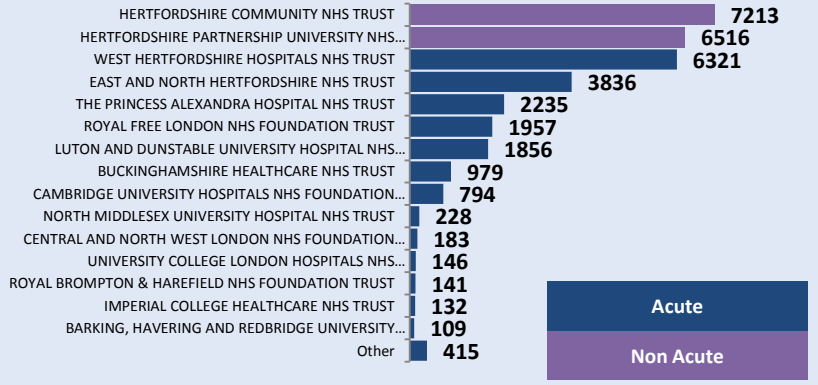


NHS Delays *(68% of all Delays)*

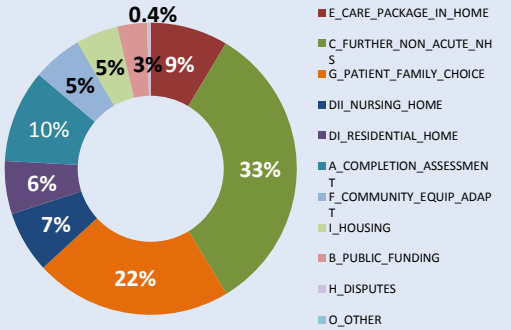
NHS Delays Per 100k Monthly Trend Vs NHSE Target



NHS Delays Split by Trust (actual delayed days) for the year to date

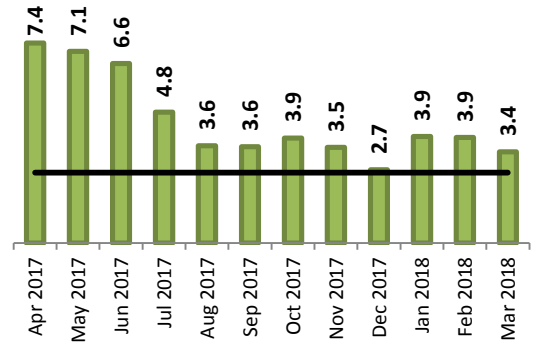


NHS Delays Split By Reason (Actual Delayed Days) for the year to Date

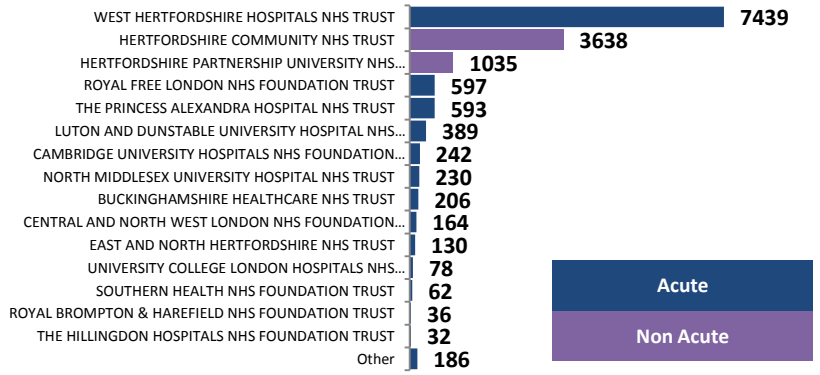


Social Care *(31% of all Delays)*

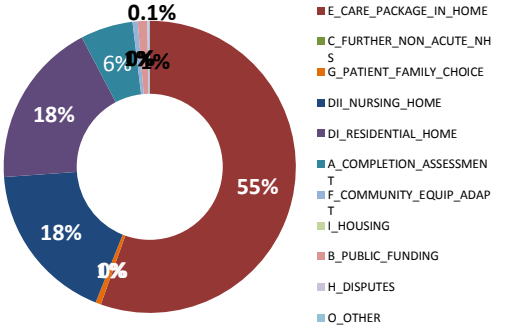
Social Care Delays Per 100k Monthly Trend Vs NHSE Target



Social Care Delays Split by Trust (actual delayed days) for the year to date



Social Care Delays Split By Reason (Actual Delayed Days) for the year to Date



Appendix 3

The Hertfordshire Care Quality Standard

How we assess the Standard

Commissioners gather information from a number of sources to judge quality:

- Information from the industry regulator – the Care Quality Commission (CQC) following their routine inspections of registered services;
- Quarterly meetings with the CQC to share concerns about quality or practice;
- Whistle-blowing, representations and complaints from people who use services, their family carers, care staff and citizens;
- Feedback from people who use services, and carers through our surveys - 'Have Your Say' and 'ASCOT' satisfaction;
- Information from independent watchdog of health and social care: Healthwatch;
- Feedback from our partners including GPs, Ambulance service and District Nurses
- Intelligence from Environmental Health Officers and Fire Inspections;
- Regular D & B credit checks of care providers to make sure they are financially stable and sustainable;
- Operational team intelligence.

We have set up a 'Hertfordshire Standard' email address as a repository for information which can be used by all stakeholders. Any concerns can be emailed in to: careconcerns@hertfordshire.gov.uk

Risk analysis of providers: all providers are formally risk assessed using the East of England regional contract monitoring process. This prioritises providers based on key areas of information and enables better allocation of monitoring resources.

Contract Monitoring: a schedule of contract monitoring visits is undertaken by the council using a regional monitoring tool (PAMMS application). This gives a score against outcome areas, and priorities can be given to certain standards. We can also compare our care quality with our neighbours.

Status Report –Q4

January – March 2018

Support at Home (48 services)

Information	Activity RAG rate
Domain 1: Involvement & Information	**76%** (Target 87%)
Domain 2: Personalised care & Support	**88%** (Target 95%)
Domain 3: Safeguarding & Safety	**76%** (Target 95%)
Domain 4: Suitability of Staffing	**76%** (Target 90%)
Domain 5: Quality of Management	**82%** (Target 88%)
Overall PAMMS % score	**76%** (Target 92%)
Complaints upheld	38 (174)
Serious Concerns opened	0 (<3)
% SU that feel safe	91.4% (95%)

Older People's Accommodation (67 Provider's - 146 Services)

Information	Activity RAG Rate
Domain 1: Involvement & Information	**80%** (Target 77%)
Domain 2: Personalised care & Support	**90**% (Target 85%)
Domain 3: Safeguarding & Safety	**75**% (Target 81%)
Domain 4: Suitability of Staffing	**70**% (Target 81%)
Domain 5: Quality of Management	**80**% (Target 70%)
Overall PAMMS % score	**65**% (79%)
Complaints upheld	1 (< 3)
Serious concerns opened	0 (< 3)

Day Opportunities

Information	Activity *and RAG*	
	OP (14 services)	**ADS (45 providers and 56 services)**
Domain 1: Involvement & Information	0 **%** (89%Target)	**0%** (89%Target)
Domain 2: Personalised care & Support	0 **%** (93%Target)	**0%** (93%Target)
Domain 3: Safeguarding & Safety	0 **%** (77%Target)	**0%** (77%Target)
Domain 4: Suitability of Staffing	0 **%** (88%Target)	**0%** (88%Target)
Domain 5: Quality of Management	0 **%** (92%Target)	**0%** (92%Target)
Overall PAMMS % score	0**%** (85%Target)	**0%** (85%Target)
Serious concerns opened	0 (1 Target)	**0** (1 Target)
Complaints up held	0 (1 Target)	**0** (1 Target)

Learning Disabilities Accommodation

(60 Resi Providers (115Services) & 35 Supported Living providers)

Information	Activity *and RAG rate*	
	Residential	**Supported Living**
Domain 1: Involvement & Information	**85%** (Target 86%)	**57**% (81%Target)
Domain 2: Personalised care & Support	**90%** (Target 90%)	**85**% (87%Target)
Domain 3: Safeguarding & Safety	**70%** (Target 86%)	**85**% (77%Target)
Domain 4: Suitability of Staffing	**85%** (Target 79%)	**57**% (84% Target)
Domain 5: Quality of Management	**65%** (Target 72%)	**100**% (74%Target)
Overall PAMMS % score	**90%** (Target 82%)	**71**% (80%Target)
Serious concerns opened	1 (<3 Target)	0 (1 Target)
Complaints upheld	**0** (<3 Target)	0 (1 Target)

How we enforce the Standard

Any areas of concerns which arise from our care contract monitoring visits result in the council requesting an action plan from the care provider. When the plan is agreed, the provider must act on the plan within agreed timescales. We will support providers to improve, giving advice on best practice and highlighting available training or other support.

Key themes emerging from monitoring visits - and the information gathered from partners and people who use services is collated and used by council staff in the 'Workforce Development Team' and Hertfordshire Care Providers Association to support focused training events for their members.

'Serious Concerns with a Provider' procedure: where a number of concerns about a provider or establishment have emerged and we believe people may be at risk, a serious concerns meeting is called and council staff, management from the provider and key stakeholders share information, highlight areas of concern and agree an action plan for improvement to agreed timescales.

If standards do not improve we will intervene and where necessary contracts are suspended and/or terminated.

Safeguarding meetings - our operational social work teams have responsibility for safeguarding vulnerable people and following the council's 'Safeguarding Adults from Abuse in Hertfordshire Protocol'.

Finally where service users are at risk we will support them and their families to provide alternative provision.

If you are worried about care standards or need more information, please email us at: **careconcerns@hertfordshire.gov.uk**

NOTE: Targets remain as previous year. Reporting % of providers scoring good or excellent in overall rate and domains