

Performance report on People's Services

Report of the Head of Service for Social Care Commissioning

1. Summary

This report outlines performance for adult social care services in the remit of this committee to the end of quarter 3 (December) for 2014-15.

2. Introduction

This performance report is an exception report based on a range of key adult social care performance indicators (Appendix A) and provides a snapshot of progress against stretch targets identified at the start of the year.

On the whole performance for adult social care is being maintained and benchmarks well against published data for 2013-14 for national and regional averages and statistical neighbours.

Due to service pressures resulting from the unannounced Ofsted inspection of children's services which commenced on 24 February 2015 this report is focussed on adult social care performance.

3. Performance Management

3.1 Adult Social Care

Performance is on the whole being maintained. The number of new clients assessed within 28 days has declined slightly during Quarter 3 (74.5% c.f. 75.9%), which is consistent with the normal ebb and flow within the system. Overall the numbers of new clients being assessed within 28 days has fallen (10,793 March 2014 c.f. 10,437 December 2014) and there is also a downward trend in the total number of new clients being assessed (14,480 March 2014 c.f. 14,007 December 2014), which represents a 3.3% reduction in both numerator and denominator. Alongside this annual review performance has declined to 63.5% from 65.5% in Quarter 2. The number of reviews outstanding 91 days or more continues to increase from 2,359 to 2,462 representing a 4.4% increase between quarters. Assessment and review performance is variable across services and teams and is actively monitored and reviewed alongside workloads and waiting lists. The service view is that the complexity of needs of people being supported is increasing and impacting on all the indicators mentioned above.

The drive to increase personalisation continues with current performance against ASCOF 1C (part 1): Self Directed Support at 73.97%: ahead of the

2014-15 target of 70.0% and published England (62.1%) and South West Regional (57.7%) performance. The national definition for this performance indicator has changed for 2014-15 and in common with other Local Authorities, it is anticipated that this will improve our performance at year end. Improved data collection within Devon Partnership Trust has had a positive impact on the proportion of people using social care who receive Direct Payments which at 30.87% is above the 2014/15 target of 26.0% and published benchmarks.

Delayed transfers from hospitals remain a concern. The rate of delayed transfers from care from hospital (all sources) has deteriorated to 16.41 per 100,000 (65 and over) population from 14.1, which is in excess of the annual target (11.1) and 2013-14 national and regional benchmarks. A similar decline is also evidenced for social care only attributable delays, which at a rate of 3.89 per 100,000 (65 and over) population is now in excess of the 2013-14 outturn (3.3) and national average (3.1). It should be noted that a similar trend in both parts of this indicator is evident nationally and is currently the subject of both regional and national focus.

A Performance Plan is in place to actively address performance and recording issues. Analysis undertaken at the end of December indicates the main reason for delays remains 'further non-acute NHS care', including rehabilitation and reablement. Of the 1,214 patients delayed in the 12 months to 31 December 2014: 72.1% of delays were attributable to the NHS only, 23.7% were attributable to Social Care only and 4.2% were jointly attributable to the NHS and Social Care.

The number of clients supported in residential/nursing care continues to reduce with 3,303 supported at the end of the quarter. ASCOF 2A (part 2) which measures the rate of permanent residential/nursing home admissions for older adults (65 and over) is good and continues to improve (446.59 per 100,000 (65 and over) population): lower than national and regional benchmarks. The rate of permanent admissions for younger adults (aged 18-64) is higher than national and regional benchmarks (18.16 per 100,000 (18-64) population), but is showing an improvement on Quarter 2. This is viewed as a positive with more people being supported in the community and being maintained in their own homes.

It should also be noted that the definitions for both parts of the permanent admissions indicator (ASCOF 2A parts 1 and 2) have changed for 2014-15 to include service users who would previously have been excluded as they were subject to "12 week disregards" (i.e. short term), which increase the size of the year end cohort and potentially adversely impact performance. As this is a nationally prescribed change, all Local Authorities will be subject to the same potential dip in performance.

Devon continues to perform well with regard to the effectiveness of reablement/rehabilitation services with 90.91% of people (aged 65 and over) discharged from hospital into these services still at home after 91 days. Performance against the second part of this indicator which measures service

coverage is poorer, but there are plans to expand capacity so improvement is anticipated over the coming year.

Again, this indicator is subject to a national change in definition and will now be calculated as a snapshot indicator tracking people discharged from hospital in the period October to December 2014 during January to March 2015. Previous performance was calculated by reference to 12 months of data, which removes seasonal variation so the impact of this change remains an unknown.

A Peer Review of Adult Social Care is being arranged for June 2015 and will have a focus on prevention.

3.2 Quality assurance of commissioned services (Adult Social Care)

Performance on regulated services for adults (residential, nursing and domiciliary care) is based on summarised compliance data to the end of December 2014. During October, the CQC changed its inspection judgements providing an overall inspection rating ranging from Outstanding to Inadequate. Quarter 3 reporting is based on the old style CQC judgements ('no concerns' to 'major concerns') during the inspection change-over period. To date, 22 providers in Devon have been inspected under the new style inspection.

At the end of December, there were 532 care homes and domiciliary providers in Devon: 467 adult services providers had been inspected by the CQC with 91.2% of those inspected judged as compliant (no or minor concerns only). Devon commissions from 433 providers: 90.6% of those inspected were judged to be compliant, which is marginally below the South West quality average for 2013-14 (92.1%) but with an improving trend over the year. 36 commissioned providers had moderate concerns and 3 had major concerns. The 3 providers with major concerns (2 nursing homes and 1 domiciliary care agency) are based in Southern locality and impact on 187 service users (46 nursing care and 151 domiciliary care). Concerns are actively addressed with all such providers. At the end of December, there were 8 Devon Homes in a placement quality suspension.

Members should note that services with serious concerns may be temporarily closed to new admissions with the Authority working with non-compliant providers to take action for improvement as part of a risk assessment. Appendix B provides a summary overview of compliance of CQC regulated services.

In-house services (24 care homes and 8 local domiciliary care agencies) are 96.2% compliant. Of the 24 care homes, only St Lawrence did not meet the DCC quality threshold. Improvement has been completed to address the CQC concerns raised, but the home is unlikely to be re-inspected prior to closure.

4. Risk Management

All risks recorded in the People's Services Risk Register that are escalated to the Corporate Risk Register are shown in Appendix D to this report. Risks are reassessed on a monthly basis and on this occasion they have resulted in a number of changes since the previous report to People's Scrutiny Committee.

One risk has been reassessed at increased levels following review:

- TG15 Reduction in funding affects service delivery in the event of financial problems at an external body still remains VERY HIGH

One risk has been reassessed at reduced level following review:

- TG12 Health and Social Care Act reducing from VERY HIGH to HIGH

No risks have been removed from the Corporate Risk Register in this period.

5. Recommendations

- a) Note the content and current status of key performance areas
- b) Consider including items for greater scrutiny in the Forward Plan.

Tim Golby

Head of Service for Social Care Commissioning

Appendices:

Appendix A: People's Services Performance Scorecard – Quarter 1 (2014-15)

Appendix B: CQC Compliance Scorecard

Appendix C: People Risk Register

Electoral Divisions: All

Cabinet member for Performance and Engagement:
Councillor B Parsons

Strategic Director: Jennie Stephens

Local Government Act 1972: List of Background Papers
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Indicator	Definition	2013-14	2013-14	2014-15					Direction of Travel since 2013-14	Comments
		England Average	Q4	Target	Q1	Q2	Q3	Q4		
Adult Services										
ASCOF 1C (part 1)	Proportion of people using social care who receive self directed support	62.10%	68.70%	70.00%	63.03%	73.75%	73.97%		Improving	Quality of life measure. Good performance is HIGH
ASCOF 1C (part 2)	Proportion of people using social care who receive direct payments	19.10%	26.20%	26.00%	25.78%	30.07%	30.87%		Improving	Quality of life measure. Good performance is HIGH
ASCOF2A (part 1)	Rate of permanent admissions to residential and nursing care per 100,000 (18-64) population	14.4	20.40	17.00	19.05	21.15	18.16		Improving	Delaying and reducing care needs. Good performance is LOW
ASCOF2A (part 2)	Rate of permanent admissions to residential and nursing care per 100,000 (65 and over) population	668.4	556.40	592.70	523.51	506.61	446.59		Improving	Delaying and reducing care needs. Good performance is LOW
ASCOF 2B (part 1)	Proportion of older people (aged 65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	81.90%	89.80%	81.50%	90.47%	88.63%	90.91%		Improving	Delaying and reducing care needs. Good performance is HIGH
ASCOF 2C (part 1)	Delayed transfers of care from hospital per 100,000 population (ALL)	9.7	14.0	11.1	14.5	14.5	16.4		Declining	Delaying and reducing care needs. Good performance is LOW
ASCOF 2C (part 2)	Delayed transfers of care from hospital per 100,000 population (Social Care)	3.1	3.3	2.7	2.78	3.5	3.89		Declining	Delaying and reducing care needs. Good performance is LOW
Social Care Provision (compliance)										
	Percentage of in-house services graded by CQC as Compliant	Not published	96.60%	No target set	96.60%	92.30%	96.20%		Static	In-house provision
Social Care Commissioning (compliance)										
	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes no/minor concerns)	Not published	89.40%	No target set	91.70%	91.80%	90.60%		Improving	Commissioned services

CQC Compliance Summary Report

Please click on the arrow above to show date parameters

Quick Links	
Main Menu	Trends
Overview	Standards
All Compliance	Inspections
Provider Compliance	Map
Parent Organisation	

Data: As at 02/01/2015 Source: Care Quality Commission, CareFirst
 Update Frequency: Monthly (Dependent on data from CQC),
 CareFirst - End of previous month

Compliance for Care Home and Domiciliary Care Service Locations in Devon:

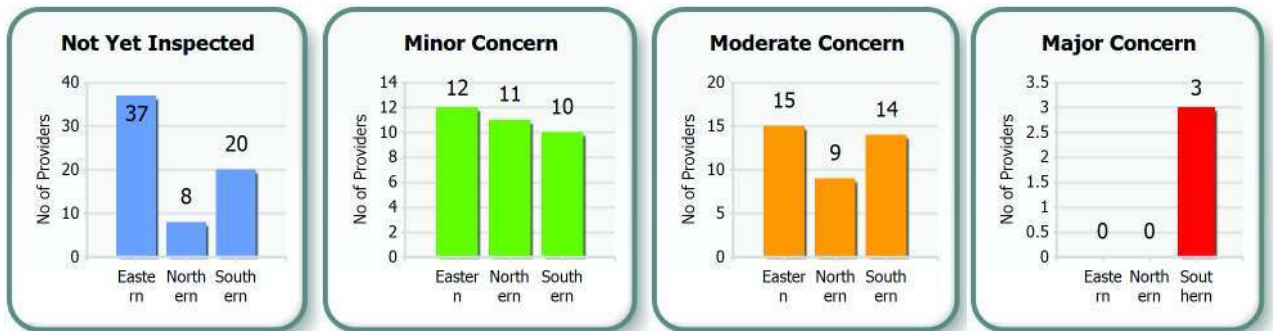
	Total Providers	Not Yet Inspected		No Concerns		Minor Concern		Moderate Concern		Major Concern	
Whole Market:	532	65	12.2%	393	73.9%	33	6.2%	38	7.1%	3	0.6%
DCC Commissioned:	433	20	4.6%	344	79.4%	30	6.9%	36	8.3%	3	0.7%
In-house:	30	4	13%	24	80.0%	1	3.3%	1	3.3%	0	0.0%

* Please click on the figures within the red box to show what providers have major concerns against one of their standards.

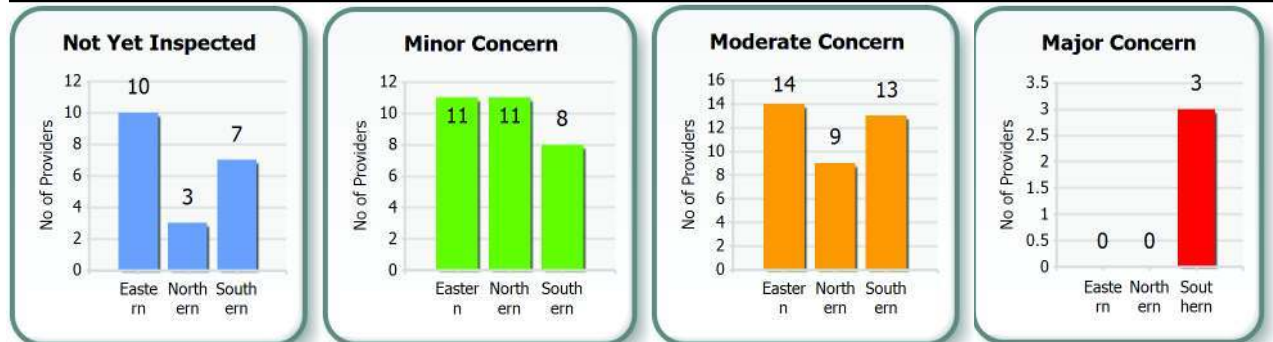
* Please be aware that this is a provider count figure, not how many individual standard concerns there are.

* Please click on one of the following to view a breakdown of the above data by the chosen service type.
[Care Home without Nursing](#) // [Care Home with Nursing](#) // [Domiciliary Care](#)

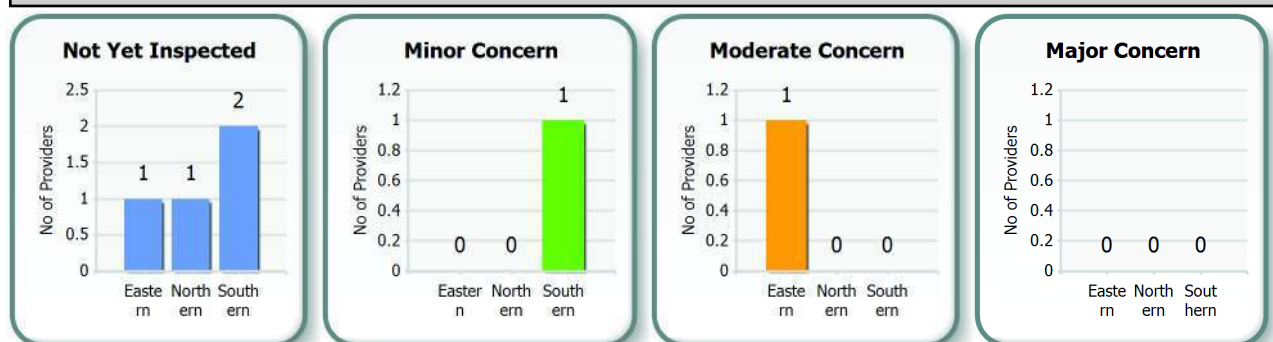
Whole Market Breakdown:



DCC Commissioned:



In-House:



**ADULT SOCIAL CARE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 23 DECEMBER 2014)**

APPENDIX C

KEY:

Mitigating Controls:					
Risks:					

Risk Code and Status:	Scope of Risk:	Current position/actions taken/accountable officer:			
TG11: Market capacity adult social care	Without mitigating action there is risk that: <i>the supply of personal care is currently stretched in some parts of Devon increasing the risk that we cannot maintain all people who require it safely in their own homes, achieve safe discharge from hospital and with the potential to increase admissions to residential and nursing care.</i>	Risk Owner:	Tim Golby		
Inherent Risk: 30		Accountable Officer:	Jennie Stephens		
Current Risk: 24					
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):		
	a) Refresh of Adult Social Care Market Position Statement	↑	Progress being made with regard to re-tendering of Framework Contracts. Expressions of interest from specialist providers, e.g. respite provision, with regard to service recommissioning as part of service redesign arrangements.		
	b) Provider Engagement Network	↔			
	c) Performance monitoring of call-off against Framework Agreements	↔			
	d) Work with providers to address capacity shortfalls	↔			
	e) Investigations of new solutions/new ways of working	↔			

Risk Code and Status:	Scope of Risk:	Current position/actions taken/accountable officer:			
TG12: Health and Social Care Act	Without mitigating action there is risk that: <i>the Authority will not be in an appropriate position to respond to the proposed changes arising from the Act, which confers new duties, e.g. prevention and sufficiency of markets; new responsibilities for carers, an increased drive for Health and Social Care integration and a cap on the life time costs of care (Dilnot Review). Risks relate to organisational capacity, financial consequences and the ability of the market to respond.</i>	Risk Owner:	Jennie Stephens		
Inherent Risk: 25		Accountable Officer:	Jennie Stephens		
Current Risk: 16					
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):		
	a) Project in place to take forward changes	↑	Project management approach being taken to delivering the various requirements of the Care Bill with dedicated project management capacity to support identified work-streams. Good progress being made with respect of Care Act requirements for Carers post-April 2015.		
	b) Better Care Fund	↔			
	c) Joint commissioning Coordination Group	↔			

**ADULT SOCIAL CARE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 23 DECEMBER 2014)**

APPENDIX C

KEY:

Mitigating Controls:	Over due review	Red	Amber	Green	Completed
Risks:	Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
SS12: Adult Mental Health Services		Without mitigating actions there is a risk that: <i>lack of acute psychiatric bed capacity locally and nationally is having a detrimental impact on acutely unwell people accessing hospital care increasing the risk to themselves, carers and public</i>	Risk Owner:	Jennie Stephens
Inherent Risk:	20		Accountable Officer:	Jennie Stephens
Current Risk:	16			
Mitigating controls (including RAG rating):			Direction of Travel:	Additional comments (if appropriate):
Amber	a) Commissioning arrangements under development	↔	Continuing national pressure on acute psychiatric bed provision locally and nationally for people with mental health and well being issues resulting in services having to be secured Out of County. Devon's commissioning arrangements are reflective of national trends.	

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
TG15: Reduction in funding affects service		Without mitigating actions there is risk that: <i>potential loss of funding affecting DCC service delivery in the event of financial problems arising with an external funding body such as a Clinical Commissioning Group</i>	Risk Owner:	Tim Golby
Inherent Risk:	30		Accountable Officer:	Jennie Stephen
Current Risk:	30			
Mitigating controls (including RAG rating):			Direction of Travel:	Additional comments (if appropriate):
Amber	a) Governing body of CCG	↔	The current risk has recently been increased from 24 (VERY HIGH) to 30 (VERY HIGH) as a result of the on-going financial pressures being experienced by NEW CCG.	
Amber	b) joint commissioning Executive Group	↔		