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# Health and Adult Social Care and Communities Overview and Scrutiny Committee

## **Supplementary Agenda**

Date:	Thursday, 4th March, 2021
Time:	10.00 am
Venue:	Virtual Meeting

#### 9. Performance Scorecard - Quarter 3, 2020/21 (Pages 3 - 10)

To consider performance data from Quarter 3 of the 2020/21 financial year.

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Working for a brighter futures together

#### Health and Adult Social Care Overview and Scrutiny Committee Report

Date of Meeting:	4 <sup>th</sup> March 2021
Report Title:	Adult Social Care Performance Scorecard - Quarter 3 2020/21
Portfolio Holder:	Cllr. Laura Jeuda – Portfolio Holder Adult Social Care Cllr. Gill Rhodes – Portfolio Holder Public Health Cllr. Mick Warren – Portfolio Holder Communities
Senior Officer:	Jill Broomhall – Director Adult Social Care

#### 1. Report Summary

1.1 This report and the attached performance scorecard provide a positive overview of performance across the Adult Social Care for quarter 3 of 2020/21

1.2 This report demonstrates the key performance indicators across services and links closely with the performance as identified in the Service and Team Business Plans

#### 2. Recommendation/s

- 2.1 Scrutiny is recommended to:
  - a. Note the contents of the report and scorecard; and Scrutinise areas where expected levels of performance are not being achieved.
  - b. Acknowledge good performance and recognise some of the pressures impacting on certain areas.

2.2 Scrutiny is asked to acknowledge that this report covers a period of reporting during which time the country was battling the Covid 19 crisis which has altered significantly the social care landscape especially regarding residential and nursing admissions and support at home.

#### 3. Reasons for Recommendation/s

3.1 One of the key areas of focus for the Overview and Scrutiny Committee is to highlight areas of poor performance and to scrutinise the effectiveness of plans in place to improve services. Overview and Scrutiny has an important role to play in the performance management systems of the Local Authority. performance scorecard provides essential data, along with qualitative information, to measure the effectiveness of services. This report and scorecard will be provided to Scrutiny on a quarterly basis to enable the Committee to maintain an overview of performance across the Services.

#### 4. Other Options Considered

4.1 Scrutiny may want to consider the performance of the Service more or less frequently.

# 5. ADULT SOCIAL CARE, COMMISSIONING AND COMMUNITIES AND PUBLIC HEALTH

- 5.1 This quarterly report provides the Committee with an overview of performance across Adult Social Care. This report and scorecard relates to quarter 3 or 2019/20.
- 5.2 The performance scorecard details the following:
  - <u>Measure</u> details of each performance measure
  - <u>Polarity</u> whether it is good to have the measure high or low
  - <u>Statistical neighbour average</u> gives a comparator against other North West Authorities.
  - <u>National average</u> gives a national comparator figure
  - <u>Target</u> this is either a national target, eg, local one set by the service to provide a 'good/outstanding' service
  - <u>Year end 2018/19</u> enables Members to compare existing performance to that in the previous year
  - <u>Quarterly performance</u> enables Members to compare performance from quarter to quarter
  - <u>RAG</u> this is a rating of red, amber, green based on current performance against the expected level of performance
  - <u>Direction of travel</u> this is demonstrated via the smiley faces
  - <u>Comments</u> this provides a general commentary on the information presented

#### 6 Performance Overview

- 6.1 The performance scorecard at Appendix 1 includes 56 separate measures covering all areas of the service. Some of these measures are non-performance related, eg those that relate to population cohorts. Scrutiny are asked to note specifically that:
  - a. Whilst the numbers of individuals being supported in residential and nursing homes have reduced and more people are being supported at home, we are concerned that an element of this is due to shielding and protecting family bubbles. This may not be sustainable longer term.
  - b. We have had large increases quarter on quarter in individual accessing the carers hub for support. This highlights the significant role that family and unpaid carers currently have in supporting society need.

#### 6.2 **Finance Implications**

6.2.1 Although there are no direct financial implications related to this report, performance measures may be used as an indicator of where more or less funding is needed at a service level.

#### 6.3 Equality Implications

6.3.1 Members may want to use the performance scorecard to ensure that services are targeted towards those individuals who are in most need.

#### 6.4 Human Resources Implications

6.4.1 None.

#### 6.5 **Risk Management Implications**

6.5.1 There are risks associated with some performance measures, eg increases in demand and timeliness of services.

#### 6.6 **Rural Communities Implications**

6.6.1 There are no direct implications for rural communities.

#### 6.7 Implications for Vulnerable Adults

6.7.1 This performance scorecard sets out a range of measures that impact on services for vulnerable adults and their families.

#### 6.8 **Public Health Implications**

This performance scorecard sets out a range of measures that impact on services for Public Health.

#### 7 Ward Members Affected

7.1 The performance measures relate to all ward areas.

#### 8 Consultation & Engagement

8.1 Not applicable.

#### 9 Access to Information

9.1 The scorecard is attached at Appendix 1.

#### **10** Contact Information

Any questions relating to this report should be directed to the following officer:

Name: Jill Broomhall

Job Title: Director Adult Social Care

Email: jill.broomhall@cheshireeast.gov.uk

Appendix 1

### Adult's Services Scorecard - Quarter 3 2020-2021

7.00			020										
PI Ref	Measure	Polarity	NW stat Av	National Av	20-21 Target		Quarter 1	Quarter 2	Quarter 3	Quarter 4	20-21 yr to date	RAG	
	marking/ ASCOF Indicators Residential Admissions for 18-64 age band (Total Admissions YTD)	Low is good			<30	27	2	7	13		13		Whilst this is clearly being impa individuals wherever possible a remaining in short term placem individuals with elderly carers d
1.02	Residential Admissions for 18-64 age band per 100k population (ASCOF 2A1) ytd fig	Low is good	13.7	13.3		12.4	0.9	3.2	6.0		6.0		see above
1.03	Residential Admissions for 65+ age band (Total Admissions YTD)	Low is good			<530	672	77	190	310		310		Again whilst cleary impacted by accept new residents due to isc seen a notable rise in those in s impacted by families arranging and visiting
1.04	Residential Admissions for 65+ age band per 100k population (ASCOF 2A2) ytd fig	Low is good	715.0	628.2		775.0	88.5	218.4	356.3		356.3		see above
1.05	Total number of individuals currently in residential/ nursing care 18-64	Low is good				195	194	187	187		N/A		This is very small numbers whic
1.06	Total number of individuals currently in residential/ nursing care 65+	Low is good				1205	1046	1056	1050		N/A		This is likely attributable to a co reduction of new admissions
1.07	Delayed transfers of care from hospital - days per quarter total	Low is good			<2225 per quarter	13967	Due to the Covid-19	) pandemic data will no for C	bt be collected and put 01-Q4.	lished by NHS-Digital	N/A		Due to the Coronavirus panden reports - including DTOC report figures for Q4 will not be possib reported in 19/20 the total nun 18/19 year-end.
1.08	Delayed transfers of care from hospital - days per quarter attributable to Social Care	Low is good			<725 per quarter	4870	Due to the Covid-19	) pandemic data will no for C	blished by NHS-Digital	N/A		Due to the Coronavirus panden reports - including DTOC report figures for Q4 will not be possib reported in 19/20 the number of increase of 29.5% from 18/19 y	
1.09	Delayed transfers of care from total days delayed per 100,000 population (ASCOF 2C1) ( <u>average monthly fig</u> )	Low is good		N/A	243.9		Due to the Covid-19	) pandemic data will no for C	ot be collected and put Q1-Q4.	blished by NHS-Digital	N/A		See above.
	Delayed transfers of care from hospital days delayed which are attributable to adult social care per 100,000 population (ASCOF 2C2) ( <u>average monthly</u> <u>fig</u> )	Low is good		N/A	78.0		Due to the Covid-19	) pandemic data will no for C	ot be collected and put 21-Q4.	olished by NHS-Digital	N/A		See above.
1.11	Proportion of adults with a learning disability in paid employment (ASCOF 1E)	High is good	3.7%	5.8%		10.0%	5.3%	5.2%	5.2%		5.2%		This may change at year end wl however this will likely have be closure of retail/ leisure industr individuals
1.12	Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F) - YTD	High is good	85.7%	75.4%	87%	86.2%	86.1%	85.5%	84.8%		84.8%		Little change
1.13	Proportion of adults receiving self-directed support - YTD	High is good	83.4%	86.90%		100.0%	100.0%	100.0%	100.0%		100.0%		No change
1.14	Proportion of adults receiving direct payments - YTD	High is good		28.1%	25%	21.1%	19.7%	18.7%	18.7%		18.7%		This is possibly unsurprising in t preferring the added support o possibly also reflects a shortage the added complexities of the p
Core S	ervice Activity						1	1	1	1	1		
2.01	Number of New case Contacts in period	Low is good			13000	13,357	2,745	2,878	2885		8,508		These figures will only take into service and will exclude the ran People". The downward trend f impact of the Live Well Site and offered
							1	1	1	1	1		

Comments	PMF Link
pacted by COVID 19 pandemic in terms of supporting a thome, we are not seeing a rise in individuals ements. This may also have been impacted by s delaying planned moves/ shielding	
by COVID 19, together with some homes unable to isolated outbreaks and isolation guidelines, we haven't n short term beds over 28 days. Likewise this may be ng packages of support at home to maintain bubbles	
hich suggest negligible impact.	
combination of mortality rates together with a	
emic NHS England have suspended a number of orting for March, April and June 2020. Therefore full sible for 2019/20. Even without the final month being umber of DTOC days shows an increase of 12.9% from	
emic NHS England have suspended a number of orting for March, April and June 2020. Therefore full sible for 2019/20. Even without the final month being er of DTOC days attributable to Social Care shows an 9 year-end.	
when supported employment figures are added been adversely impacted by the pandemic and the stry who are proactive employers for this cohort of	Inclusion 3.3
	Inclusion 3.3
n the current situation as those requiring help are likely : of the local authority arranging the package of care. It gge in PA's being readily available for employment with e pandemic.	
nto account those individuals contacting the front door ange of queries directed to the "People helping d from last year may also reflect the longer term nd the range of other online support currently being	

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2.02Secondary of allow contacts (stature than integrating) when the the first d only other Contacts in the previous 2.1 monthsNow it boardNoNA375.385.376.NANA2.03Namber of Contacts resulting in New HefertalLow is goedImage: Contact in the previous 2.1 monthsLow is goedLow	No change
Image: Constraint of Assessments completed in period   N/A   Image: Constraint of Assessments completed in period   Image: Constraint of Assessments completed in period   Image: Constraint of Assessments completed in period   Image: Constraint of Assessessessessments completed in period   Imag	ino change
Image: Notification of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service users in receipt of a community based service.Image: Note of service uservice users in receipt of a community based se	Whilst overall number are dow static. We are confident that co timely fashion. The increase in
2.05term, short-term and telecare)n/annn	Despite new referrals being do much reduced. We are confide of the delay in being assessed. assessments. Revised discharg into step down beds without as follow up assessment due to re monitored and undertaken wh
Image: A base of Clients who have received Long Term Support for 12 months continuously that have been reviewed in the last 12 months - snapshot position at end of quarterHigh is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clients who have received Long Term Support for 24 months High is goodImage: A base of Clie	This suggests that the right cas will always be some cases that circumstances during assessme
2.07 continuously that have been reviewed in the last 12 months - snapshot High is good 75% 68.1% 75.1% 74.0% 69.9% N/A   2.08 Percentage of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot High is good Image: Continuously that have been reviewed in the last 24 months - snapshot Snap	Based on the figures to date th to be reviewed.
2.08 continuously that have been reviewed in the last 24 months - snapshot High is good Image: Society of a community based service. High is good Image: Society of a community based service. High is good Image: Society of a community based service. High is good Image: Society of a community based service. High is good Image: Society of a community based service. High is good Image: Society of a community based service. High is good Image: Society of a community based service. Image: Society of a community base	The reduction will be impacted balance of risk based on wheth
	This provides confidence that or to date package of care that ha pandemic - we need to keep a doesn't start to have an advers
2.09a Number of service users in receipt of a community based service. High is good High is good N/A	This is a potentially positive im support individuals within the o not wish to enter long term be carers to our Carers Hub reflec
	see above
2.10 External Care Costs Low is good E109,075,450 £25,825,990 £25,529,875 £25,732,296 £77,088,160	DDC
Care4Ce	We are confident, especially give
3.01 Number of mental health reablement referrals received in quarter n/a Image: Constraint of the second se	Mental Health concerns linked all requirements. The rising qua increasing level of need (accep referrals has been anticipated a to manage this.
3.02   % of referrals where individual engaged   High is good   Image: Control of the second se	There has been a dip in engage individuals concerns regarding monitoring individuals.
3.03 % of completed interventions which resulted in no ongoing package (ongoing package defined as a Long Term Support Service) High is good Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) High is good Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) High is good Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) High is good Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted in no ongoing package defined as a Long Term Support Service) Image: Completed intervention which resulted intervention which res	see above comments
3.04   Number of dementia reablement referrals received in quarter   n/a   Image: Construction of the second	There is a significant dip in refe 'shielding' and not wanting to r

Comments	PMF Link
wn the ratio of contacts resulting in a referral is fairly contacts needing a referral are being dealt with in a in Q2 and Q3 from Q1 reflect seasonal pressures	
down the number of assessments being completed is dent that individuals are not being put at risk as a result d. Many individuals have refused face to face rge arrangements have seen individuals discharged assessment, it has not been possible to undertake restrictions in Care homes, however these are yhen safe to do so.	
ases are progressing to referral and assessment. There at don't result in packages dur to changing nent/ self funders	
this would suggest that a similar level of cases continue	
ed due to COVID 19 pandemic restrictions and a ther a review is a priority for a stable package of care.	
t overall those requiring long term support have an up has been reviewed either within or prior to the a watchful eye on the 12month picture to ensure it rse impact.	
mpact of the pandemic as services have adapted to e community. It reflects the reluctance of many who do yed based services. We have also seen an increase in ecting family desires to support individuals at home.	Empowering people to live independent, healthier and more fulfilled lives (5.1)
given the ongoing media around increased levels of et to the ongoing pandemic, that we can accommodate warter on quarter figures indicate that there is an epting that overall figures are down) The increase in d and additional resources have been made available	
gement this quarter - we believe this is due to g Covid and not wishing to increase their risk. We are	
ferrals - We believe that this dip is due to individuals o mix with others from outside their 'bubble'	

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PI Ref	Measure	Polarity	NW stat Av	National Av	20-21 Target		Quarter 1	Quarter 2	Quarter 3	Quarter 4	20-21 yr to date	RAG	
3.05	Number of community support reablement referrals received in quarter	n/a				1,081	176	215	260		651		Rising numbers of referrals are magnified due to issues around
3.06	% community support reablement completed with no ongoing package of care (ongoing package of care defined as Long Term Support in SALT)	High is good				56%	59%	70%	72%		67%		This continues to demonstrate preventing the need for long te
Active	Service Users									1			11 1 1 1
4.01	Total number of individuals on the visual impairment register	n/a				2,161	2,116	2,169	2,207		N/A		It is important to understand th of services and inform equality ensure no individuals are adver
4.02	Learning Disability Support (18-25) - Clients with an active service (other than Telecare)	n/a				157	154	149	151		151		see overall comments above re
4.03	Learning Disability Support (26-64) - Clients with an active service (other than Telecare)	n/a				678	683	678	672		672		see overall comments above re
4.04	Learning Disability Support (65+) - Clients with an active service (other than Telecare)	n/a				112	113	116	116		116		see overall comments above re
4.05	Mental Health Support (18-64) - Clients with an active service (other than Telecare)	n/a				251	260	268	270		270		see overall comments above re
4.06	Total number of Clients with an active service other than Telecare (18-25)	n/a				222	221	218	222		222		see overall comments above re
4.07	Total number of Clients with an active service other than Telecare (26-64)	n/a				1,333	1,362	1,373	1,359		1,359		see overall comments above re
4.08	Total number of Clients with an active service other than Telecare (65-84)	n/a				1,494	1,473	1,478	1,527		1,527		see overall comments above re
4.09	Total number of Clients with an active service other than Telecare (85+)	n/a				1,259	1,196	1,223	1,223		1,223		see overall comments above re
4.10	Total number of Clients only receiving a Telecare service	n/a				1,827	1,745	1,775	1,762		1,762		Given that we are seeing increa community we are monitoring i aware that some families are ui in a range of innovative ways to may have required telecare pro part of our understanding and p
4.11	Total number of Clients receiving any service - including Telecare (65+)	n/a				N/A	4,304	4,369	4,408		4,408		see overall comments above re
4.12	Numbers of individuals supported through the carer hub	n/a				1,276	173	497	811		811		Please see comments above wi supported in the community by manager overseeing the increas
Risk Er	ablement										I		
5.01	Number of mental health act assessments completed	n/a				580	151	175	133		459		Whilst Q3 has seen a reduction figures to date this would sugge places increased pressure on th
5.02	Number of S117 clients (includes Z65 MH Aftercare from Q4)	n/a				905	901	914	920		N/A		
5.03	New DOLS Requests (Cumulative)	n/a				2901	666	1264	1931		1931		The numbers of DOLS application applications received in the last (19/20). The percentage increase
5.04	New DOLS Requests per 100,000 (Cumulative)	n/a	433	454		953.4	218.9	415.4	634.6		634.6		see above
5.05	Timeliness of DOLS Application processing Average days lapsed from Date Application Received to Date Application Signed Off (for completed applications)	Low is good				32.75	47	46	45		N/A		This figure shows the processin applications. This is calculated I Application Signed Off (i.e. afte made regarding the application
5.06	Number of Substantiated (including Partially Substantiated) S42 Enquiries concluding with a 'Type' of Domestic Abuse	Low is good				20	6	14	9		29		The increase in those where Do around rising issues during the alongside the domestic abuse s individuals

Comments	PMF Link
re increasing the pressure on the service which is nd COVID 19 and additional requirements for PPE.	
e the success of re-ablement and early support in term support.	
the numbers in order to be able to develop sufficiency ty impact assessments when changing services to ersely affected	
re individuals supported in the community	
re individuals supported in the community	
re individuals supported in the community	
re individuals supported in the community	
re individuals supported in the community	
re individuals supported in the community	
re individuals supported in the community	
re individuals supported in the community	
eased numbers of individuals being supported in the g the take up of telecare products. We are however utilising other forms of digital products and platforms to support family members in ways that traditionally roducts. These advancements in technology will form d planning process moving forward	
re individuals supported in the community	
with regards to increased numbers of individuals being by family members. We have a dedicated Carer Liaison eases and impact.	
on the complexity of cases is rising. Based on the gest that we will complete 6% more in this year. This the existing team.	
tions continues to increase each year. The figures for ast 3 years being 2446 (17/18), 2589 (18/19) and 2901 ease in the last 12 months is 12.1%	
ing timescale in average days for completed d based on the Date Application Received and the Date ter all assessments, etc are carried out and a decision on).	
Domestic Abuse features reflects a national picture the COVID 19 pandemic. The service works closely a service to ensure services are there to support	

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PI R	Ref	Measure	Polarity	NW stat Av	National Av	20-21 Target		Quarter 1	Quarter 2	Quarter 3	Quarter 4	20-21 yr to date	RAG	Comments PMF Link
5.0	7	Number of new Safeguarding Concerns received in a period (events not individuals)	n/a				3643	795	1127	1138		3060		The rising numbers potentially indicate that individuals are at increased risk. Do we have a sense of what is due to COVID 19 pressures as opposed to systemic issues in residential/ nursing homes
5.0	8	Number of new S42 Safeguarding Enquiries starting in period	n/a				837	236	229	302		767		Changes in the process for recording Safeguarding enquiries will impact on the figures.
5.0	9	Number of new Other (Non-S42) Safeguarding Enquiries starting in period	n/a				90	37	51	32		120		Changes in the process for recording Safeguarding enquiries will impact on the figures.
5.1	0	Number of S42 Enquiries Concluded in the period	n/a				882	251	250	294		795		Changes in the process for recording Safeguarding enquiries will impact on the figures.
5.1	1	Percentage of S42 Enquiries Concluded for which the client expressed their desired outcomes	High is good				50%	61.0%	62.8%	60.9%		61.5%		Changes in the process for recording Safeguarding enquiries will impact on the figures.
5.1	2	Of S42 Enquiries Completed that the client expressed their desired outcomes, the percentage that were fully achieved (not partially achieved)	High is good				70%	69.3%	69.4%	63.7%		67.5%		Changes in the process for recording Safeguarding enquiries will impact on the figures.
5.1	3	% of concluded S42 enquiries where outcome of enquiry was substantiated/ partially substantiated	High is good				57.3%	50.2%	62.8%	46.3%		53.1%		Changes in the process for recording Safeguarding enquiries will impact on the figures.