

Adults and Health Committee

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27<sup>th</sup> March 2023

**Date of Meeting:**

**Report Title:**

Adult Social Care Performance Scorecard - Quarter 3  
2022/23

**Report of:**

Helen Charlesworth-May, Executive Director – Adults,  
Health and Integration

**Report Reference No:**

AH/26/2022-23

**Ward(s) Affected:**

All Wards

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**1. Purpose of Report**

- 1.1. To provide Adults and Health with an overview of performance against the core indicator set within the Adults Social Care service. This report covers a range of the corporate objectives under the overarching corporate priority of a fair authority.

**2. Executive Summary**

- 2.1 This report provides an overview of Quarter 3 performance for Adults Social Care services for the relevant indicators for the reporting year of 2022-23.

**3. Recommendations**

- 3.1. The Adults and Health Committee is asked to:
- 3.1.1 note the performance of Adults Social Care Services for Quarter 3
- 3.1.2 provide scrutiny in relation to the performance of Adults Social Care Services

**4. Reasons for Recommendations**

- 4.1. One of the key focus areas of Adults and Health Committee is to review performance and scrutinise the effectiveness of services for Adults' requiring Social Care support.

## **5. Other Options Considered**

**5.1.** Not applicable.

## **6. Background**

**6.1.** This quarterly report provides the committee with an overview of performance across Adult Social Care Services. This report relates to Quarter 3 of 2022-23 (1 October 2022 - 31 December 2022).

**6.2.** The performance scorecard includes 35 separate measures covering all areas of the Service and notable performance against Service areas are shown in the following sections. Each measure reported shows the Year End Outturn position at the end of 21/22 and the figure for 22/23.

**6.3.** The following indicators have been highlighted for consideration, please note the number below is the indicator number on the attached score card

**1.2** – Compared to December 2021, the overall number of individuals aged 65+ in permanent residential/ nursing care has increased by 53 individuals. This is in part due to reviewing all those in short term care and where appropriate arranging for this to become a permanent placement.

**1.3** - The number of individuals in short term residential/nursing care is inextricably linked with the ongoing capacity issues in the domiciliary care market. Significant work has been undertaken with providers resulting in increased capacity to support people in their own homes. In Q3 we have seen a positive reduction in the number of individuals being supported in short stay and compared to the same point Q3 in 2021/22 we have 2 less individuals being supported this way. This remains a national problem and Cheshire East continues with a proactive recruitment campaign in conjunction with providers to increase capacity.

**2.1** – As at the end of Q3 we have received marginally less new case contacts to the service compared to the same period last year (down by around 2.5%). This is potentially an indicator that individuals are utilising the Live Well site in the first instance and accessing the range of services available.

**2.8** – The number of contacts resulting in a referral has also slowed down and whilst at Q2 we were forecasting an increase of just over 1% by year end, the annualised rate is now showing a similar position to the 21/22 year end outturn. This will hopefully reduce the pressure slightly on teams and workloads. We continue to promote the use of self-assessment together with the self-help options available via Live Well

**2.9** - The percentage of Clients who have received Long Term Support for 12 months continuously that have been reviewed continues to reduce and is now also beginning to have an impact on clients who have received long term support for 24 months who have been reviewed in the last 24 months.

Positively around 1 in 4 of these cases will have had other forms of contact that doesn't meet the formal definition of a review but nevertheless will flag should additional services be warranted.

**3.4** – Although the percentage of clients who do not require an ongoing package of care after a period of community reablement support has dipped slightly from Q2 to Q3 it still remains at just over 6 in every 10 individuals not requiring continued support. Case studies show that where individuals go into short term residential/ nursing provision, before we can provide reablement in the community, there becomes an increased reliance on service and a reduction in independent living capabilities. As the numbers begin to reduce it is anticipated that there will be further improvement in Q4

**4.6** - The mobilisation of the new telecare contract has resulted in some short-term data quality issues and is showing a reduction in the numbers of individuals being supported just by telecare. This continues to be addressed.

**5.1 - 5.2** – Compared to the same period last year the percentage of Mental Health Act assessments completed has increased by almost 7%. This is a potential indicator of the increased complexity and vulnerability of the individuals we are supporting. This in turn is having an impact on the number of S117 clients we are supporting. This is resulting in increased pressure on the sufficiency of suitable placements and services in this specialist service area. In line with the pressures on the domiciliary care market this is forming the requirements for the local authorities commissioning activity.

## **7. Consultation and Engagement**

**7.1.** Not applicable.

## **8. Implications**

### **8.1. Legal**

**8.1.1.** There are no direct legal implications.

### **8.2. Finance**

**8.2.1.** Although there are no direct financial implications or changes to the MTFs as a result of this briefing paper, performance measures may be used as an indicator of where more or less funding is needed at a service level.

### **8.3. Policy**

**8.3.1.** There are no direct policy implications.

#### **8.4. Equality**

**8.4.1.** Members may want to use the information from the performance indicators to ensure that services are targeted at more vulnerable Adults.

#### **8.5. Human Resources**

**8.5.1.** There are no direct Human Resources implications.

#### **8.6. Risk Management**

**8.6.1.** There are risks associated with some performance measures, e.g. increases in demand and gaps in service provision.

#### **8.7. Rural Communities**

**8.7.1.** There are no direct implications to Rural Communities however these areas can be more difficult to source sufficient community care.

#### **8.8. Children and Young People/Cared for Children**

**8.8.1.** No direct implication to Children and Young People/Cared for Children

#### **8.9. Public Health**

**8.9.1.** There are no direct implications for Public Health.

#### **8.10. Climate Change**

**8.10.1.** This report does not impact on climate change.

<b>Access to Information</b>	
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Appendices:	Adults Quarterly Score Card – Q3 2022-23
Background Papers:	None