

Adult's Services Scorecard -Quarter 3 2017

PI Ref	Measure	Polarity	NW stat Av	National Av	17-18 Target	Year end 2016-17	Quarter 1	Quarter 2	Quarter 3	17-18 yr to date	RAG	Qtly dir of travel	Comments	PMF Link
Benchmarking/ ASCOF Indicators														
	Residential Admissions for 18-64 age band per 100k population (ASCOF 2A1) ytd fig	Low is good	13.7	13.3	13	17.9	3.7	7.8	14.7	14.7		↑	As at quarter 3 we have had a total of 34 individuals who had been admitted to residential care. Of the 34 admissions 16 are aged 60 or over and 17 of the placements are into nursing care settings. This compares with 39 in total for 2016-17. If the rate of admission continues at the same rate we will be looking at 45 individuals and a rate of 20.7 which will be substantially higher than the national and northwest picture	
	Residential Admissions for 65+ age band per 100k population (ASCOF 2A2) ytd fig	Low is good	715.0	628.2	628.2	734.0	208.5	405.1	545.2	545.2		↑	Based on the 9 months if the rate of admission continues we will be looking at around 615 admissions and a rate of 732.1 per 100,000 which is a similar level to 2016/17 and significantly higher than the target figure of 628. We have undertaken a piece of work this year to review individuals in short term placements. Whilst this has been a successful piece of work and the number of people in short term placements has reduced significantly, a number of these 'short term placements' have converted to permanent placements and this has had an impact on the figures for this year. All requests for permanent residential admissions continue to be closely scrutinised and agreed at the Community Care Board to ensure that all other options have been fully explored before a placement is agreed.	
	Delayed transfers of care from hospital - days per quarter total					21596	4435	4261	1984* Full Q3 figures available in Feb 2018	10680		↓	This is the raw monthly figure of total bed days lost for individuals resident in CE taken from the CE LA table produced by NHS Digital. The full figure for quarter 3 will not be available until mid Februray. Based on the 8 months we should see a reduction of approximately 5,500 bed days lost by year end. This is a substantial reduction and is a reflection of the significant amount of work that has been done in partnership with health colleagues to ensure timely and appropriate discharge from hospital. Work on developing further a 'Discharge to Assess' model will continue with a view to further improvements in performance in this area in line	
	Delayed transfers of care from hospital - days per quarter attributable to CE Social care					7058	1538	1428	640* see comment above	3606		↓	This is the raw monthly figure of total bed days lost for individuals resident in CE taken from the CE LA table produced by NHS Digital. The full figure for quarter 3 will not be available until mid Februray. Based on the 8 months we should see a reduction of approximately 1,650 bed days lost by year end. This is a substantial reduction and is a reflection of the significant amount of work that has been done in partnership with health colleagues to ensure timely and appropriate discharge from hospital. Work on developing further a 'Discharge to Assess' model will continue with a view to further improvements in performance in this area in line	
	Delayed transfers of care from days delayed per 100,000 population (ASCOF 2C1) (average mthly fig)	Low is good		N/A	475	599.1	490.7	481.1	443.1* see comment above	443.1*		↓	See commentary on two indicators above	
	Delayed transfers of care from hospital days delayed which are attributable to adult social care per 100,000 population (ASCOF 2C2) (average mthy fig)	Low is good		N/A	160	207.3	170.7	165.3	150.7* see comment above	150.7*		↓	There is no national comparator data as the published indicator set has changed for this year. Locally we have retrospectively completed the calculation which shows a much improved position from the year end figure. The main reason for delays attributable to social care is people awaiting care packages in own home. Addressing market issues (both capacity and finacial pressures) remain an ongoing priority.	
	Proportion of adults with a learning disability in paid employment (ASCOF 1E)	High is good	3.7%	5.8%	10%	10.5%	5.2%	5.7%	5.8%	5.8%		→	This figure purely relates to those individuals with an employment status loaded in the case management system. There will be additional individuals supported via the supported employment service that will be included in a year end calculation	Inclusion 3.3
	Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F)	High is good	85.7%	75.4%	83%	83.4%	84.0%	85.3%	85.7%	85.7%		↑	We continue to work closely with providers and families to ensure that individuals with the highest needs are supported to live as independently as possible in a family/ safe environment. Ongoing commissioning activity together with transition planning ensures that sufficient provision is available.	Inclusion 3.3
	Proportion of adults receiving self-directed support	High is good	83.4%	86.90%	90%	93.2%	92.5%	92.5%	92.2%	92.2%		→	All individuals are provided with details of their personal budget entitlement so they can chose to take a direct payment and arrange their own care should they wish. This approach will be strengthened in 2018/19 with the introduction of the Resource Allocation System.	
	Proportion of adults receiving direct payments	High is good		28.1%	23%	22.6%	22.2%	21.9%	21.6%	21.6%		→	All individuals are provided with details of their personal budget entitlement so they can chose to take a direct payment and arrange their own care should they wish. The take up of Direct Payments is lower than we would like.	

4697 6002

78.3%