

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

COUNCIL PLAN Q1 2015/16 PERFORMANCE MONITORING REPORT

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Summary

Medway's four priorities are set out in the Council Plan 2015/16. This report summarises how we have performed in Quarter 1 2015/16 against the priority for this committee: Adults maintain their independence and live healthy lives. There are 16 Key Measures of Success and 5 Key Projects for this priority.

Performance highlights

- 43% Key Measures of Success were on target
- 57% Key Measures of Success have improved compared with the average of the previous 4 quarters

1. Budget and Policy Framework

This report summarises the performance of the Council's Key Measures of Success for 2015/16 as set out in The Council Plan 2015/16.

2. Background

- 2.1 This report sets out the performance summary against the Council priority relevant for this committee: Adults maintain their independence and live healthy lives.
- 2.2 It focuses on where we have achieved or exceeded our targets, and how we are tackling underperformance.

2.3 Detailed background information supporting this report can be found at:

Appendix 1: Health and Adult Social Care Overview and Scrutiny Committee Detailed Report.

3. Key priority 2: Adults maintain their independence and live healthy lives

3.1 Key Measures of Success: Summary

Details of the 16 Key Measures of Success for this Council priority are included in Appendix 1; however 9 of these are either data only, or data is not expected until after this report is published

- 3 out of 7 Key Measures of Success were on target
- 3 out of 7 Measures have improved compared with last quarter
- 4 out of 7 Measures have improved compared with average of the previous 4 quarters

3.2 Service Comments

3.2.1 Key project: Care Act 2014 Implementation

The Care Act represents the biggest transformation in social care in a generation. A focused programme of work ensured that Medway Council introduced the reforms needed to meet its new duties and responsibilities under the Act from 1 April 2015. These included steps to assist people accessing care and support, support unpaid carers, offer a deferred payment scheme, as well as meet its new responsibilities in places like prisons.

The funding reforms and the new appeals process were scheduled to have taken effect from April 2016. Care and Support Minister Alistair Burt announced on 17 July that the implementation of the cap on care costs and the proposed extension to the means test will be delayed until April 2020. Introduction of the proposed appeals system for care and support will also be deferred to enable it to be considered as part of the wider Spending Review that will launch shortly. Implications of these delays will become clearer in the coming weeks and months and an update will be provided in Q2. There however remains a clear commitment to implementing the cap in this Parliament. We also still await the final published regulations and guidance, which are still expected this autumn.

3.2.2 Key Project: Making safeguarding personal

We have written a 'Safeguarding and You' leaflet which explains what a safeguarding enquiry is and what to expect during an enquiry (investigation). It is currently being reviewed by service users and is in the testing phase.

We have also started to write our customer satisfaction interview schedule and are working closely with users and advocacy groups.

The Adult Social Care recording system's (Frameworki) adult safeguarding workflow is also being redesigned in order to reflect the changes in the business processes as a result of the Care Act requirements and Making Safeguarding Personal.

3.2.3 Key Project: Better Care Fund programme

Work with Primary Care:

The Care Navigator programme was mobilised in April 2015 with all eight Care Navigators in place and was operational by the end of April.

GP referrals to the programme have begun and are increasing incrementally. Numbers, while indicative of core activity, are added to by the recording of qualitative data and this will be reported to the Joint Commissioning Management Group (JCMG) for the first quarter of operation in September 2015. Work to “wrap services around” the developing Primary Care teams continues with three of those teams identifying two of the core Better Care Fund (BCF) themes (dementia and frailty) in their local plans for 2015.

Carers’ Strategy and Dementia Commissioning proposals:

A refresh of the Carers’ Strategy to ensure it is Care Act compliant is almost finished and this will be going to JCMG for ratification along with the Dementia Commissioning proposals in September 2015.

Complex Discharge / Discharge to Assess / Frailty:

Proposals relating to Complex Discharge, specifically Delays to Transfer of Care (DToC), have been the subject of significant activity during this quarter. The aim has been to understand the detail of the nature of delays, the opportunities to refine approaches to counter the delays and increase the collective understanding across the health and social care system of addressing these issues.

Also under development is a proposal to trial a “Discharge to Assess” programme (D2A) which would begin to address the number of “non-qualified” attendances at Medway Foundation Trust (MFT). This initiative is being developed across the system in parallel with work to better understand the response to frail elderly people who also attend MFT when it would be far better for any treatment to happen in a place they know and understand (i.e. home or a known place of safety) in order to deliver the safest, most timely and appropriate response to the citizen.

Public Health

3.2.4 Key Project: Social isolation

An implementation plan to support the strategy to reduce social isolation in Medway has been finalised in consultation with partners and will be presented to the Health & Wellbeing Board in September 2015. The first meeting of the Medway social isolation implementation group was held on the 24th June 2015. This group will oversee the implementation plan of the strategy and provide a forum for partnership working to maximised effectiveness. The Social isolation chapter of the Joint Strategic Needs assessment has been edited and finalised following comments taken from JCMG.

3.2.5 Key Project: Supporting healthy weight programme

Following endorsement by Cabinet and the Joint Health & Wellbeing board, Public Health are leading the development of a set of tools that aims to document existing local action on obesity, provide an assessment on the activities quality, assess the best and emerging practise evidence base, assess what stakeholders and residents deem to be priorities on obesity agenda and assess where the greatest need is in Medway. Combining the outputs of these tools will enable the obesity network to identify key priority actions moving forwards and make transparent and informed recommendations for existing and future resource. University of Kent and Professor Harry Rutter are currently being consulted on layout and design of framework.

Annual Obesity Summit took place on 3rd July 2015 which achieved excellent attendance and engagement, followed by very positive media coverage about the innovative approach being taken in Medway to tackle obesity. The range of evidence based programmes available in Medway has also contributed to a successful joint bid with the CCG to be one of seven demonstrator sites on the National Diabetes Prevention Programme. This programme aims to identify people at high risk of diabetes and offer them intensive lifestyle interventions. Our programme will include promotion of self-assessment as well as identification via general practice and referral on to our lifestyle intervention programme.

4. Risk management

Risk management helps to deliver performance improvement and is at the core of decision-making, business planning, managing change and innovation. It is practised at both management and service delivery level, enabling the effective use of resources, and securing the assets of the organisation and its continued financial and organisational well-being.

The purpose of the Council Plan performance monitoring reports during the year is to enable managers and members to manage the key risks identified in delivering priorities.

The high percentage of Key Measures of Success within target for Quarter 1 was unprecedented. However this performance should be regarded with some caution as 6 measures were not included for Quarter 1 since they are either data only, or data is not expected until later in the year.

It is therefore possible that performance levels for Quarter 2 may not achieve the level seen in Quarter 1 once these measures are included in the performance calculation.

5. Financial and legal implications

There are no finance or legal implications arising from this report.

6. Recommendation

It is recommended that Members consider the Q1 2015/16 performance against the Key Measures of Success used to monitor progress against the Council Plan 2015/16.

7. Lead officer contact

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8. Appendices

Appendix 1 – detailed performance indicators

9. Background papers

Council Plan 2015/16

Appendix 1

Council Plan Performance monitoring - Q1 2015/16

Health and Adult Social Care Overview and Scrutiny Committee Detailed Report.

Key

PI Status	Trend* Arrows	Success is
 This PI is significantly below target	 The performance of this PI has improved	 Higher figures are better
 This PI is slightly below target	 The performance of this PI has worsened	 Lower figures are better
 This PI has met or exceeded the target	 The performance of this PI is static	N/A - Desired performance is neither too high nor too low
 This PI is data only. There is no target and is provided for reference only.	N/A – Rating not appropriate / possible or target is cumulative	
*Short trend compares to last quarter.		
*Long trend compares to average of previous 4 quarters.		

2.1 We will work closely with our NHS and voluntary sector partners

Code	Short Name	Success Is	2013/14	2014/15	Q4 2014/15	Q1 2015/16			Q1 2015/16	2015/16	Note	
			Value	Value	Value	Value	Target	Status	Short Trend	Long Trend		Target
ASC07	Number of acute delayed transfers of care (local monitoring)		681	728	208	354	186				745	21-Jul-2015 The number of acute delays continues to rise with 354 recorded in Q1. This represents a 45% increase from Q1 of the preceding year. None of the delays in the quarter were attributable to Adult Social Care. This is a locally collected measure and is currently under review to align more closely with national reporting.
ASC07ii	Number of acute delayed transfers of care attributable to Adult Social Care		1	0	0	0	3				10	21-Jul-2015 No delayed transfers of care were attributable to adult social care in Q1. This is a locally collected measure and is currently under review to align more closely with national reporting.
ASC13	Permanent admissions to residential and nursing care homes, per 100,000 population – 18-64		NA	19.55	1.77	1.77	NA	NA			NA	20-Jul-2015 Three permanent admissions to residential or nursing care of adults aged 18-64 were completed in Q1 of this year. Unlike previous years, where only admissions in which the Authority contributes to the cost were counted this year, to bring the council measure in line with the national statutory (SALT) collection all admissions are counted. This figure is provisional as, due to retrospective updating of Framework I, further admissions are expected. Targets are not due to be set until Sept 2015
ASC14	Permanent admissions to residential and nursing care homes, per 100,000 population – 65+		NA	741.94	155.29	110.92	NA	NA			NA	20-Jul-2015 In Q1 there were 45 admissions of 65+ adults to residential or nursing care. Unlike previous years, where only admissions in which the Authority contributes to the cost were counted this year, to bring the council measure in line

Code	Short Name	Success Is
ASCOF 2Bii	The percentage of older people offered reablement services on discharge from hospital	

2013/14	2014/15	Q4 2014/15	Q1 2015/16				Q1 2015/16	2015/16
Value	Value	Value	Value	Target	Status	Short Trend	Long Trend	Target
NA	NA	Not measured for Quarters	Not measured for Quarters				Not measured for Quarters	3.3%

Note
with the national statutory (SALT) collection all admissions are counted. This figure is provisional as, due to retrospective updating of Framework I, further admissions are expected. Targets are not due to be set until Sept 2015
20-Jul-2015 This is an annual measure and will be reported at year end

2.2 We will ensure that people have choice & control in support

Code	Short Name	Success Is
ASC18	The percentage of clients accessing services through self directed support	
ASC19	The percentage of clients accessing services through a direct payment	

2013/14	2014/15	Q4 2014/15	Q1 2015/16				Q1 2015/16	2015/16
Value	Value	Value	Value	Target	Status	Short Trend	Long Trend	Target
NA	NA	NA	80.6%	81%		NA	NA	81%
NA	NA	NA	24.7%	25%		NA	NA	25%

Note
13-Jul-2015 This is a new measure introduced for 2015-16 and is a snapshot of any clients receiving services via a direct payment or personal budget at the end of each quarter. 80.6% of clients accessed services via self directed support in Q1, this represents 1,651 clients. This is 0.4 percentage points below the target.
13-Jul-2015 This is a new measure introduced for 2015-16 and is a snapshot of any clients receiving a direct payment at the end of each quarter. 24.7% received a direct payment in Q1, this represents 507 clients. This is 0.3 percentage points below the target.

Code	Short Name	Success Is
ASCOF 1B	The percentage of service users who report they have control over their daily life	

2013/14	2014/15	Q4 2014/15	Q1 2015/16				Q1 2015/16	2015/16
Value	Value	Value	Value	Target	Status	Short Trend	Long Trend	Target
NA	NA	Not measured for Quarters	Not measured for Quarters				Not measured for Quarters	76.7%

Note
20-Jul-2015 This is an annually reported figure. Provisional results are expected to be available towards year end

2.3 We will support carers in the valuable work they do

Code	Short Name	Success Is
ASC02	Carer satisfaction with adult social care services	
ASC10	Carers receiving an assessment or review	
ASC17	The proportion of carers who felt that they had been included or consulted in discussions about the person they care for	

2013/14	2014/15	Q4 2014/15	Q1 2015/16				Q1 2015/16	2015/16
Value	Value	Value	Value	Target	Status	Short Trend	Long Trend	Target
46.70	40.90	Not measured for Quarters	Not measured for Quarters				Not measured for Quarters	46.00
26.5%	30.9%	30.9%	6.3%	7.5%				30.0%
NA	72.9	Not measured for Quarters	Not measured for Quarters				Not measured for Quarters	75

Note
20-Jul-2015 This is an annually reported figure. Provisional results are expected to be available towards year end
13-Jul-2015 224 carer's assessments were completed in Q1, which relates to an average of 75 per month. A further 43 assessments would have needed to be completed to have met the target for Q1. The Carers Support team currently have a long waiting list. Help from the community teams has been drafted in to try and reduce the list and increase the number of assessments being completed.
20-Jul-2015 This is an annually reported figure. Provisional results are expected to be available towards year end

2.4 We will ensure that disabled adults and older people are safe

Code	Short Name	Success Is	2013/14	2014/15	Q4 2014/15	Q1 2015/16			Q1 2015/16	2015/16	Note	
			Value	Value	Value	Value	Target	Status	Short Trend	Long Trend		Target
ASC SVA 01	Number of SVA alerts	NA	NA	244	244	217	NA		NA	NA	NA	21-Jul-2015 There were 217 safeguarding adults alerts raised in Q1, an average of 72 per month. The new system is now being used to calculate this measure where different recording processes are used. As a result of this the figure is not directly comparable with 2013/14.
ASC04	The proportion of people who use services who say that those services have made them feel safe and secure		86.95	84.17	Not measured for Quarters	Not measured for Quarters			Not measured for Quarters	65.00	21-Jul-2015 This is an annually reported figure. Provisional results are expected to be available towards year end.	

2.5 We will promote & encourage healthy lifestyles for adults

Code	Short Name	Success Is	2013/14	2014/15	Q4 2014/15	Q1 2015/16			Q1 2015/16	2015/16	Note	
			Value	Value	Value	Value	Target	Status	Short Trend	Long Trend		Target
PH10	Percentage of people completing an adult weight management service who have reduced their cardiovascular risk		NA	76.4%	76.4%	76.8%	70.0%				70.0%	14-Jul-2015 517 out of the 673 adults that completed exercise referral or tipping the balance reduced their cardiovascular risk
PH13	Rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over		868	NA	665	NA	63	NA	NA	NA	588	21-Jul-2015 This is the most recent data available. Q1 data will be available in September and reported in Q2. There has been a fall nationally in the numbers of people quitting smoking via the stop smoking services due to factors such as the rising popularity of electronic cigarettes (E-cigs), lack of national advertising and access to illicit tobacco. Medway compares well both regionally and nationally.

Code	Short Name	Success Is
PH9	Number of cardiovascular health checks completed	

2013/14	2014/15	Q4 2014/15	Q1 2015/16				Q1 2015/16	2015/16
Value	Value	Value	Value	Target	Status	Short Trend	Long Trend	Target
NA	7,583	7,583	1,399	1,170				6500

Note
09-Jul-2015 The health check programme is on track to meet the end of year target. A detailed feedback report has been circulated to each practice to encourage better performance and this will continue at regular intervals throughout the year. Furthermore all practices have been encouraged to invite patients earlier to avoid the winter activity surge in appointments which usually starts in November.