Worcestershire County Council

Supplement:
Item 5 – presentation
Item 6 – Performance Information

Agenda

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Wednesday, 25 September 2019, 2.00 pm
County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844964 or by emailing democraticservices@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and 'other disclosable interests'

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
  You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR**
  relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Simon Mallinson Head of Legal and Democratic Services July 2012 WCC/SPM summary/f

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Adult Care and Well Being Overview and Scrutiny Panel Wednesday, 25 September 2019, 2.00 pm, County Hall, Worcester

Membership

Councillors:

Mrs J A Brunner (Chairman), Mr R C Adams, Mr T Baker-Price, Mr A Fry, Mr P Grove, Mr P B Harrison, Mr R C Lunn, Mrs E B Tucker (Vice Chairman) and Ms S A Webb

Agenda

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All the above reports and supporting information can be accessed via the Council's websitehttp://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Date of Issue: Tuesday, 17 September 2019

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Carers Support in Worcestershire

Elaine Carolan, Steve Medley & Sarah Rothwell

25th Sept 2019

What is a ‘Carer’?

- A **Carer** is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

  (NHS Definition)

- This includes (but is not limited to) Adult Carers, Parent Carer/Child Carers, Sibling Carers, Primary Carers, Secondary Carers, Lone Carers, Sandwich Carers and Hidden Carers.
- **63,685** adults & **3,490** young Carers in Worcestershire

Why do we provide an Integrated Carers Hub?

- **Co-ordinate** support for Carers across the whole county of Worcestershire.
- Providing **one** point of contact for Carers and improve access to local support.
- Full range of information, advice and support that carers may requires through their caring journey and beyond.
- WCC contract with Worcestershire Association of Carers to deliver the Carers Hub, End of Life Service, Carer Assessments and Reviews & Strategic Work.

Types of support provided to deal with problems & challenges Carers face:

- Poor health and wellbeing
- Difficulty maintaining relationships as less time for themselves & their lives
- Limited confidence in their caring role
- Money issues
- Carers not necessarily considering and doing 'future planning'
- Unable to Work and be in education
- Carers don't recognise themselves as a 'Carer'
- Carers don't know what help is out there

How do Carer Assessments work?

The principles are:

- People are **experts** in their own lives
- Practitioners must know and understand the neighbourhoods and communities people live in
- It is a **collaborative approach** involving other members of the community support system
- Not just a different conversation but also a different language
- Assessment covers – health & wellbeing, relationships, time, confidence in caring, money, planning, education & work

Key elements of the delivery of the Integrated Carers Hub, includes:

- Specific carers support e.g. End of Life, frail Carers or those over 80 year old Carers, dementia Carers Support, transition from the Caring role.
- Peer support
- Marketing and Awareness Raising
- Employment, Education, Training and Volunteering
- Carer training/courses
- Befriending and Carers talk Line
- Volunteering opportunities

What is 'Working for Carers'?.....

WCC signed up to **'Working for Carers'** to become an accredited employer

- **'Carers offer'** for existing & new employees
- Recognise Carers (1 in 7 of employees are working Carers)

Knowing that employees are Carers so we can support them:

- Staff retention
- Reduced absence
- Increased productivity
- Improved morale

What can Overview & Scrutiny do to help……

- Promote WAC's role and contact details,
- Encourage Carers to register on EMIS with their GP and on WAC's database,
- Encourage all partners to undertake e-learning on Carer awareness,
- Raise the profile of the vital role of carers – recognition, respect & impact on health and wellbeing in Worcestershire
- Promote understanding of the impact of Carers on our economy and cost in the workplace

Questions?

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Key Priorities DAS business objectives:

Reduce the number of older and younger adults whose long term support needs are met by admission to care homes.
Increase the number of customers whose short term support services enable them to live independently for longer
Increase the number of older people who stay at home following reablement or rehabilitation
Sustain the current performance on delayed transfers of care from hospital
Prevent, reduce or delay the need for care

Priority- Reduce the number of older and younger adults whose long term support needs are met by admission to care homes
Indicator: Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population (ASCOF 2A(1) (low is good)
Analysis: This national indicator looks at planned admissions and as such includes 12 week disregards, so potentially some of those included will eventually become self funders.
This includes people within the age group 18-64 who have physical disabilities, learning disabilities or mental health issues. Controls are in place to ensure that permanent admissions are minimised and are only used where there is no other support available in a community based setting. Work is ongoing to ensure that maximum use is made of services such as supported living , and all options to support young people to remain living independently or with families are considered as a priority.
The admission rate per 100,000 of the younger population for Worcestershire was 20.5 for the year to the end of Mar-19 - this was higher than local and comparator group results for the previous year. (2018-19 comparator results have not yet been published but should be available for the next scrutiny report).
Admissions had risen throughout 2018-19- with 70 young people being admitted in comparison to 61 in the year before. During Q1 2019-20 results have been gradually falling with the results for the year to the end of Jun-19 being 59.
The target for 2019-20 has been set at a rate of 16 per 100,000 population ie in line with the latest comparator performance available.

Priority- Reduce the number of older and younger adults whose long term support needs are met by admission to care homes
Indicator: Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (ASCOF 2A(2) (low is good)
Analysis: This national indicator looks at planned admissions and as such includes 12 week disregards, so potentially some of those included will eventually become self funders. All people over the age of 65 are including in this indicator.
Measures are in place to control all permanent admissions to either residential or nursing care. Any new placements can only be approved at Area Manager level and all new high cost placements go through a scrutiny panel.
The admission rate per 100,000 of the older population for Worcestershire was **650.6** at the end of Mar-19 based on 866 admissions (revised with updated popualtion figures) . Although comparator results for this year are not yet published this is above the comparator rates for the previous year. Monthly data is shown for 2019-20 but this covers a full year to the end of the month so all the data is comparable. Results for Q1 show the number of admissions are reducing slightly - although well above the target which was set in line with comparators for the previous year (noting good performance is low) The reduction in the number of admissions is however positive as it is set against a climate of an ageing population, and the demands from self-funding and CHC pickups.

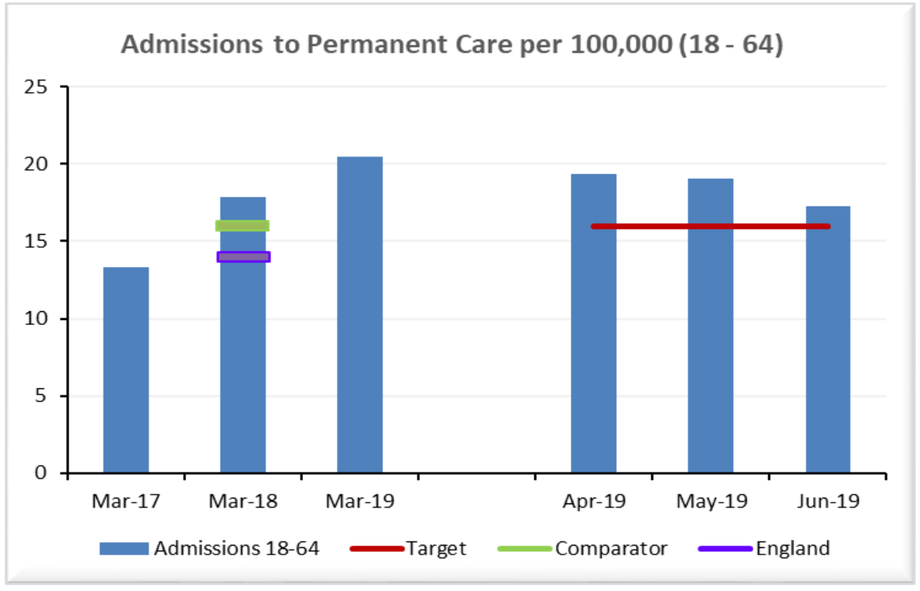
Priority: Increase the number of customers whose short term support services enable them to live independently for longer
Indicator: Proportion of people with no ongoing social care needs following reablement after hospital discharge - Sequel to short term services to maximize independence (ASCOF 2d) (high is good)
Analysis: This is a national ASCOF indicator which measures rehabilitation success rates for older people, in terms of the percentage who no longer require services following a reablement service. In Worcestershire this relates solely to services provided by the urgent promoting independence team . A service which is available to support hospital discharge. As such the service is working with people with increasingly complex needs. Despite the increasing acuity of people requiring the service performance has increased over the last year and remains high in Q1 2019-20. DAS set a stretch target for 2018-19 for this measure at 81% and have further increased this for 2019-20 to 83.5% . This target was set at the start of the financial year and was based on achieving good performance in comparison to similar authorities/nationally based on the most recent data available at that time which was 2017-18 performance.
National results for 2017-18 are shown on the graph - comparator and England lines. At 82.4% for Jun-19, Worcestershire is currently achieving just below the comparator average 83.5% for this period, and above the England average of 77.8%. Performance acheived by other authorities is very much linked to the type of service included in this measure. As Worcestershire's service targets people coming out of hospital with complex needs it will be more difficult to perform at levels

Priority- Increase the number of older people who stay at home following reablement or rehabilitation
Indicator: Older people remaining at home following hospital discharge and a reablement service - Proportion of 65+ who were at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2b) (high is good)
Analysis: This is a national indicator used as a supporting metric for the Better Care Fund program. It measures the percentage of older people who have gone through a reablement program on discharge from hospital and are still at home 91 days later, on a quarterly basis. Reablement services include some that are health led.
The 2019-20 target for this indicator is 81.8% , it was previously set as a stretch target in 2017-18, but has been reduced to be in line with performance in similar/comparator authorities (2017-18 as this is the latest comparator data available).
For those who need support we aim to help them remain independent for as long as they can and reablement services support people to achieve this where possible.
The needs of people going into these services continue to become more complex making it increasingly challenging to ensure that they are at home after 91 days. The acute hospitals continues to be under increasing pressure, and there continues to be higher acuity in patients discharged to these services . Despite this performance on this measure has remained high for Q1.

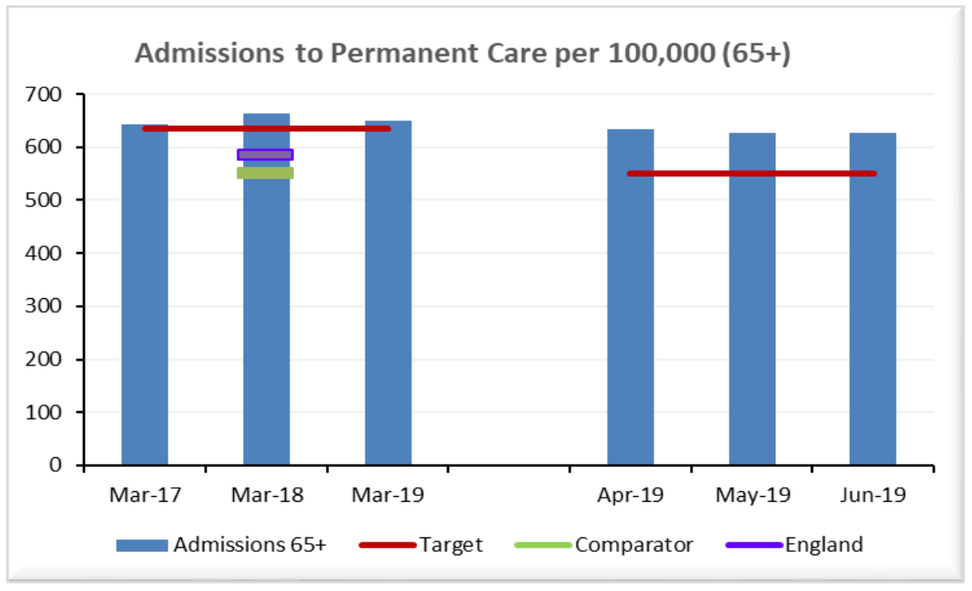
Priority- Sustain the current performance in delayed transfers of care from hospital
Indicator: No of days people are delayed in hospital each month that are a social care responsibility - No of days delayed per month (responsibility of social care, in and out of County) (low is good).
Analysis:
Data on delayed transfers from hospital is published nationally and the results are shown here to Jul-19. The Directorate has worked effectively with health colleagues to ensure that pathways are available to patients coming out of hospital and all delays including social care delays are kept to a minimum. Social care delays in Jul-19 are lower than in the previous month and well below the number in Jul-18

Priority: Prevent, reduce or delay the need for care
Indicator: Annual care package reviews completed - Percentage of people in services for 12 months who had a review completed in those 12 months or whose review is in progress at that point (high is good)
Analysis: This is a local measure that looks at people who have been in receipt of services for a year or more and checks that they have been reviewed in that period. Up until Mar-17 this measure was set at 15 months. DAS have maintained the target 95% whilst reducing the time allowed to 12 months. Performance has improved steadily through the year and is 94% at Mar-19. Performance in Q1 has dropped slightly to 92% with the decrease being largely within the learning disabilityservice. However there is a plan in place to address these picking up reviews on a geographical basis. All reviews , previously carried out by a central reviewing function, have now been passed over to the Area and Learning Disability teams.

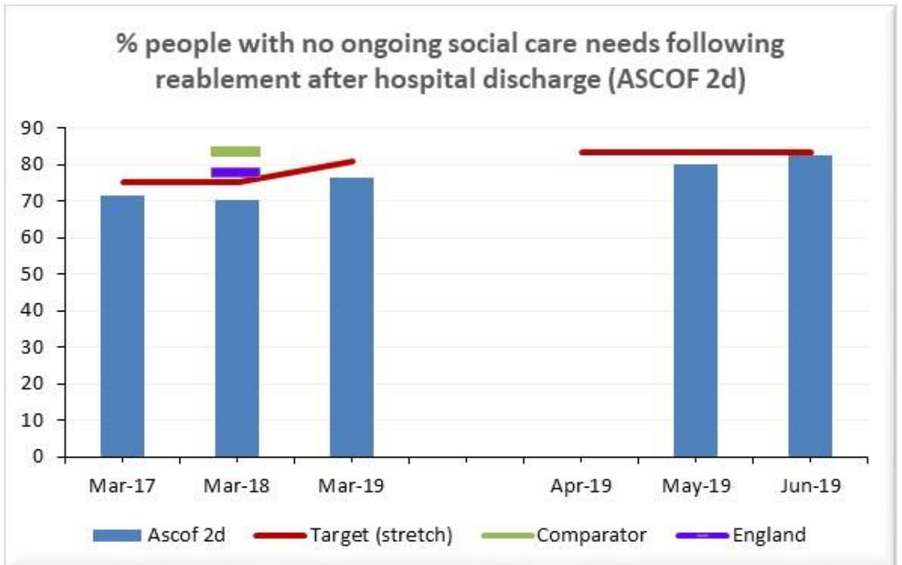
ASCOF 2a(1)



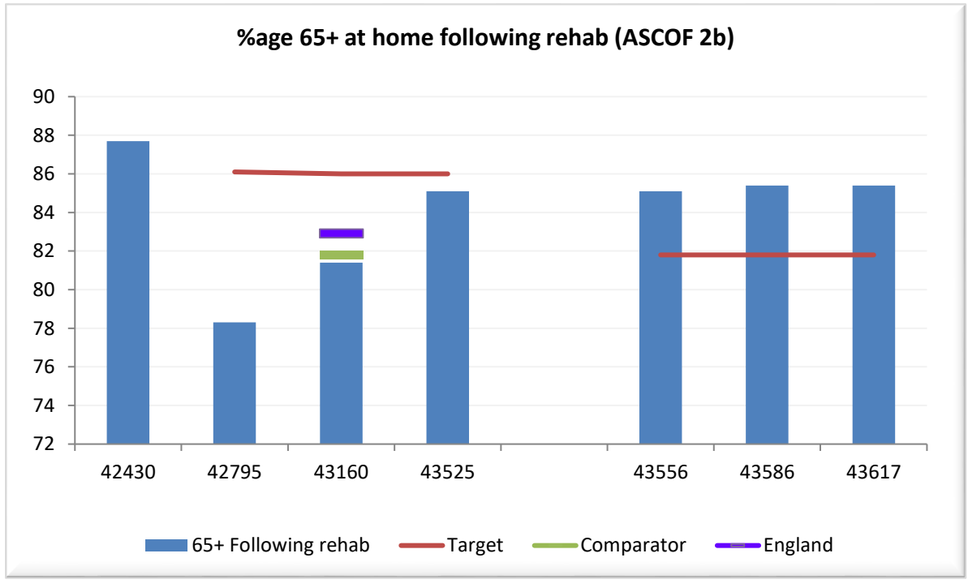
ASCOF 2a(2)



ASCOF 2d

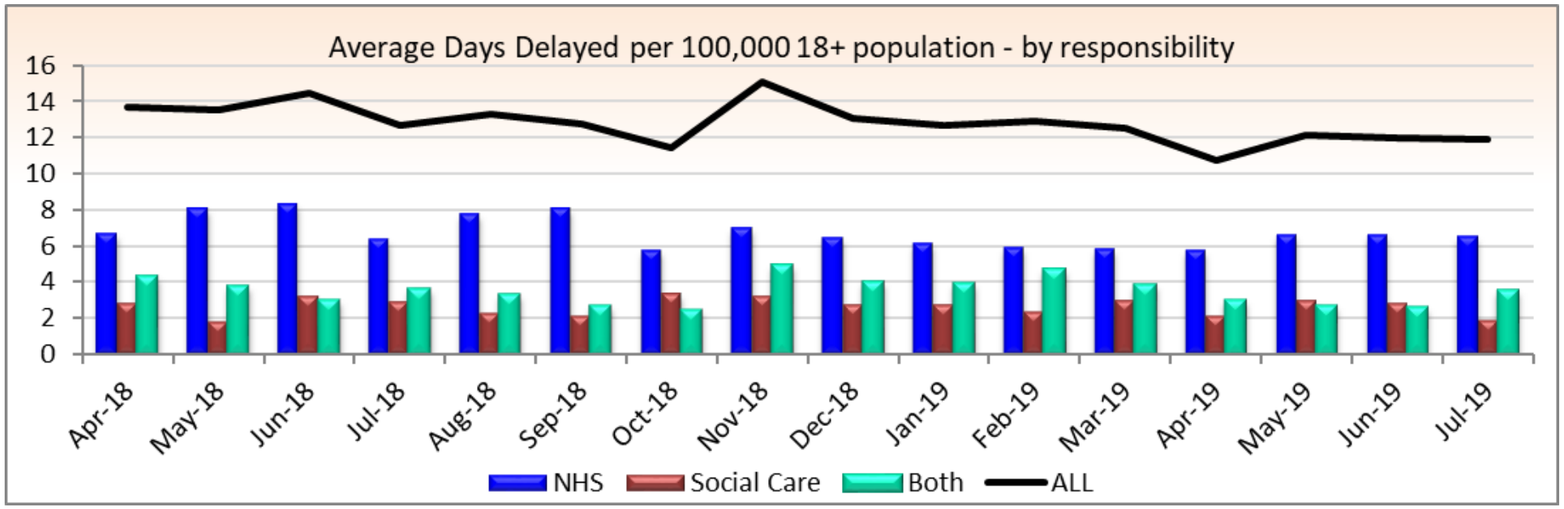


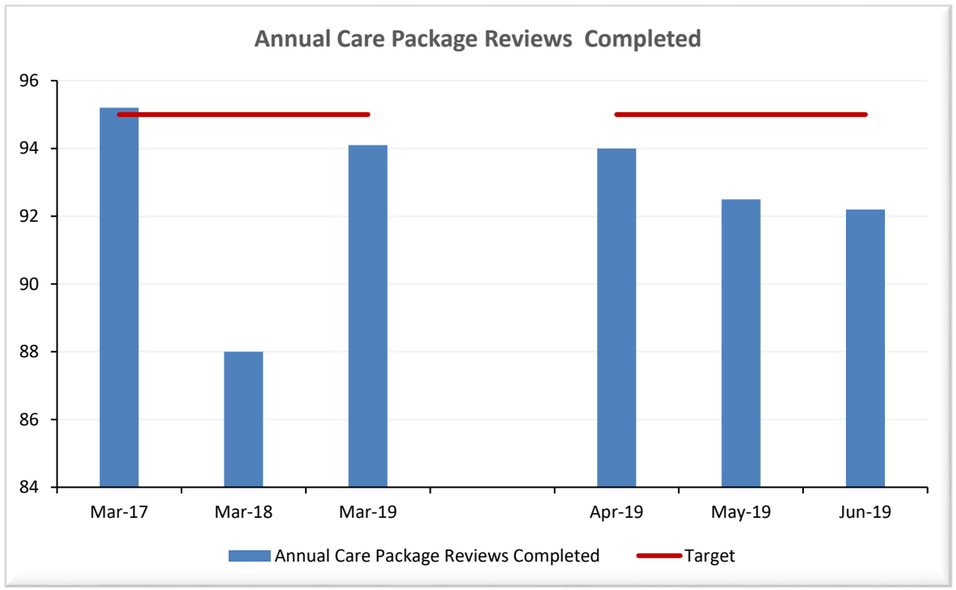
ASCOF 2b



Delayed Transfers of Care

Actual no of days delayed	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	*Ambitions for Mar-19*	*Apr-19*	*May-19*	*Jun-19*	*Jul-19*
All	2806	2057	2079	1919	1960	2027	1839	1921	1785	1653	2109	1891	1841	1689	1810	1755	1500	1784	1699	1746
NHS	1253	1073	1041	937	1171	1164	915	1125	1127	830	973	929	882	774	837	792	801	970	940	961
Social Care	853	476	485	387	255	448	412	326	289	478	450	391	396	306	425	365	290	430	395	278
Joint	700	508	553	595	534	415	512	470	369	345	686	571	563	609	548	598	409	384	364	507




Annual Care Package Reviews Completed
96
94
92
90
88
86
84
Mar-17
Mar-18
Mar-19
Apr-19
May-19
Jun-19
Annual Care Package Reviews Completed
Target

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