Key Priorities DAS business plan 2018-19:

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 **17.9** at the end of Mar-18 - this was above the average for similar authorities (16) and the England average (14). Admissions have risen throughout the year to Q4 - with 70 young people being admitted in comparison to 61 in the year before. As the complexity of service users needs increase the challenge to support them in alternative settings is increasingly difficult. An audit of these cases has been carried out and alternative forms of service were not deemed to have been appropriate.

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 **653.7** at the end of Mar-18 - this was above the average for similar authorities (549.8) and the England average (585.6). At the end of Mar-19 the rate was 662.9. In Mar-18 the number of admissions was 854, compared with 866 for this year. There has been an increase of 12 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. DAS set a stretch target for 2017-18 for this measure at 81%. 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 2016-17 performance.
National results for 2017-18 are now availabe and these are shown on the graph - comparator and England lines. Worcestershire is currently achieving just below the England average 77.8% for this period, whilst the comparator group have increased to 83.5% on average. Performance acheived 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

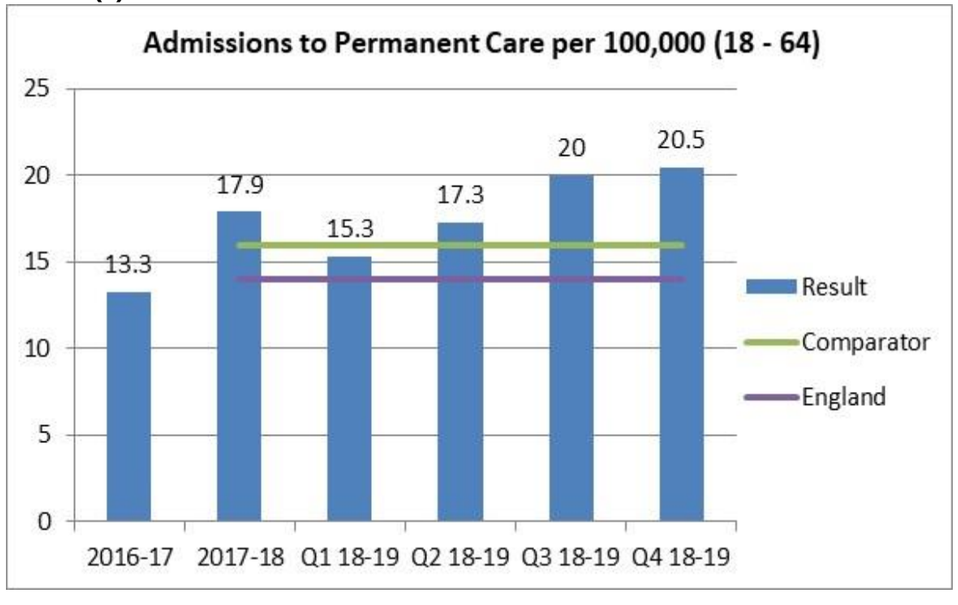
Priority- Increase the number of older people who stay at home following reablement or rehabilitation
Indicator: Older people remaining at home following hospital discharge and a reablement service - Proportion of 65+ who were at home 91 days after discharge from hospital into reablement/rehabilitation 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.
We aim to ensure that people who require our support are helped to remain as independent as possible for as long as possible. Reablement services support people to achieve this where possible. In recent experience the complexity of the needs of people going into these services have increased making it more challenging to ensure that they are at home after 91 days. Over the last quarter we have seen our Acute hospitals under pressure, and an increase in the acuity of patients discharged to our services. This may explain why the performance has reduced this quarter, along with winter pressures.
The target for this indicator is set in the same way as the previous one so DAS set a stretch target for 2017-18 at 86%. 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 2016-17 performance.
National results for 2017-18 are now availabe and these are shown on the graph - comparator and England lines. Worcestershire is currently achieving performance above these two levels.

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 are shown here for Mar-19. The Directorate has worked effectively with health colleagues to ensure that pathways are available to patients coming out of hospital and delays social care delays are kept to a minimum. The result for Mar-19 is up slightly on the previous month but in comparison to Mar-18 delays are down for each area of responsibility.

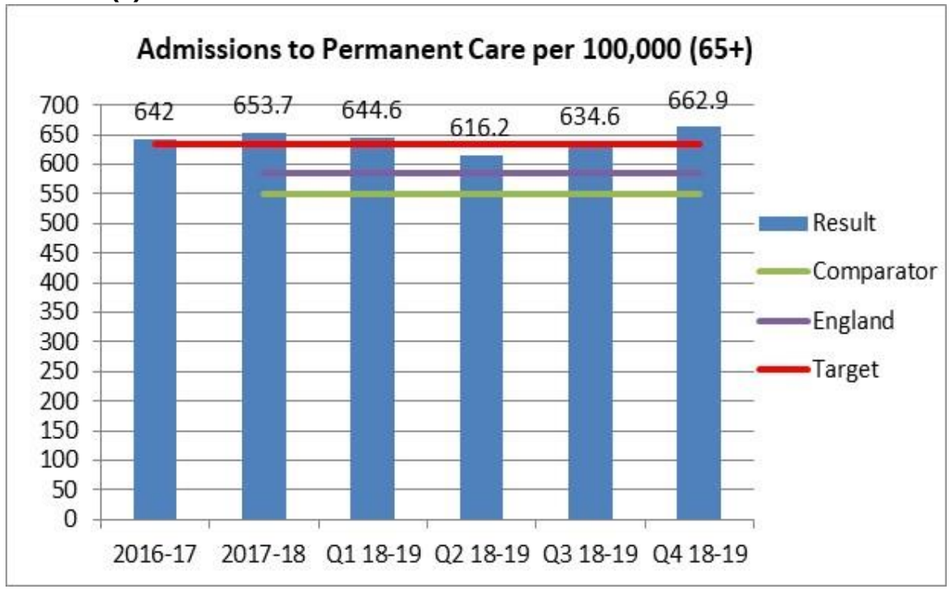
Priority: Prevent, reduce or delay the need for care
Indicator: Annual care package reviews completed - Percentage of people in services for 12 months who had a review completed in those 12 months or whose review is in progress at that point (high is good)
Analysis: This is a local measure that looks 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. All reviews , previously carried out by a central reviewing function, are in the process of being passed to Area and Learning Disability teams.

Priority- Prevent, reduce or delay the need for care
Indicator: Conversion rates - number of new referrals which result in a person receiving long term services (low is good**)**
Analysis: This is a local measure designed to assess the success rate of moving to working on a 3 Conversations model - the aim being, in brief, to work with people in a more local and innovative way to help increase options avilable to people to maintain independence for longer.
The graph shows how area teams perform on this in relation to baseline figures prior to moving to this model of working. This shows a significant reduction in the conversion rate for all teams in comparison to baseline figures. Performance for the most recent month will always be lower as there has been less time for new referrals to progress in this way.

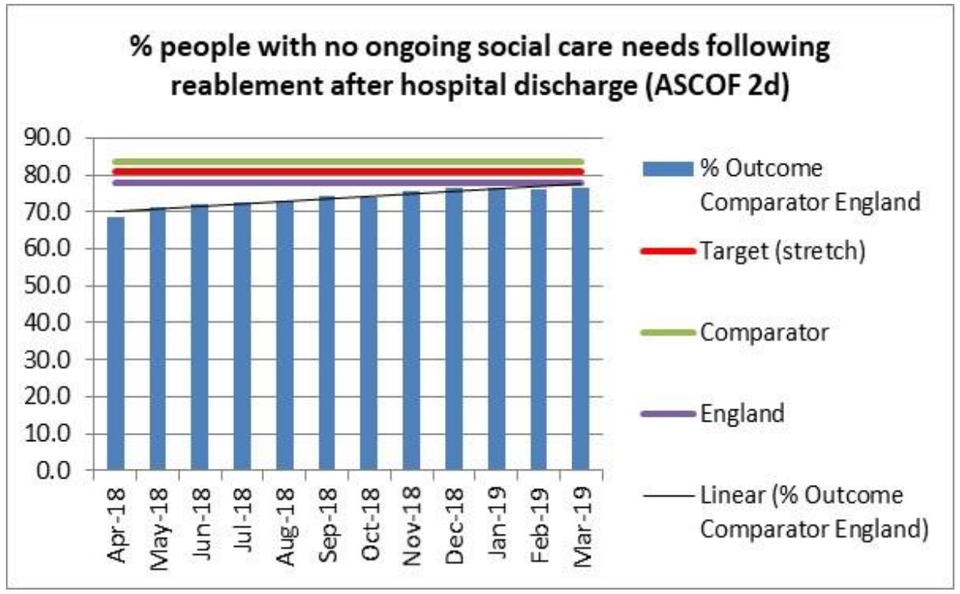
ASCOF 2a(1)



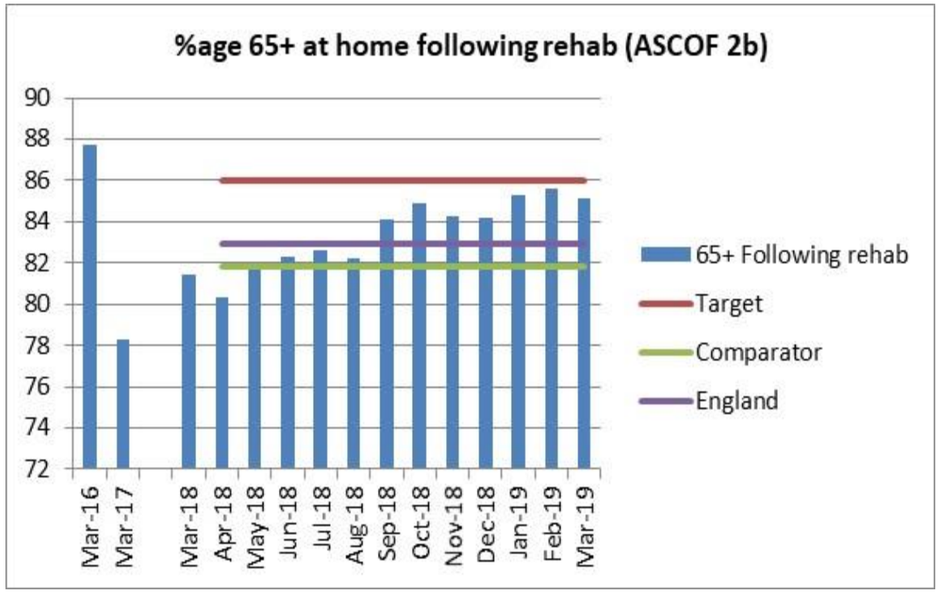
ASCOF 2a(2)



ASCOF 2d

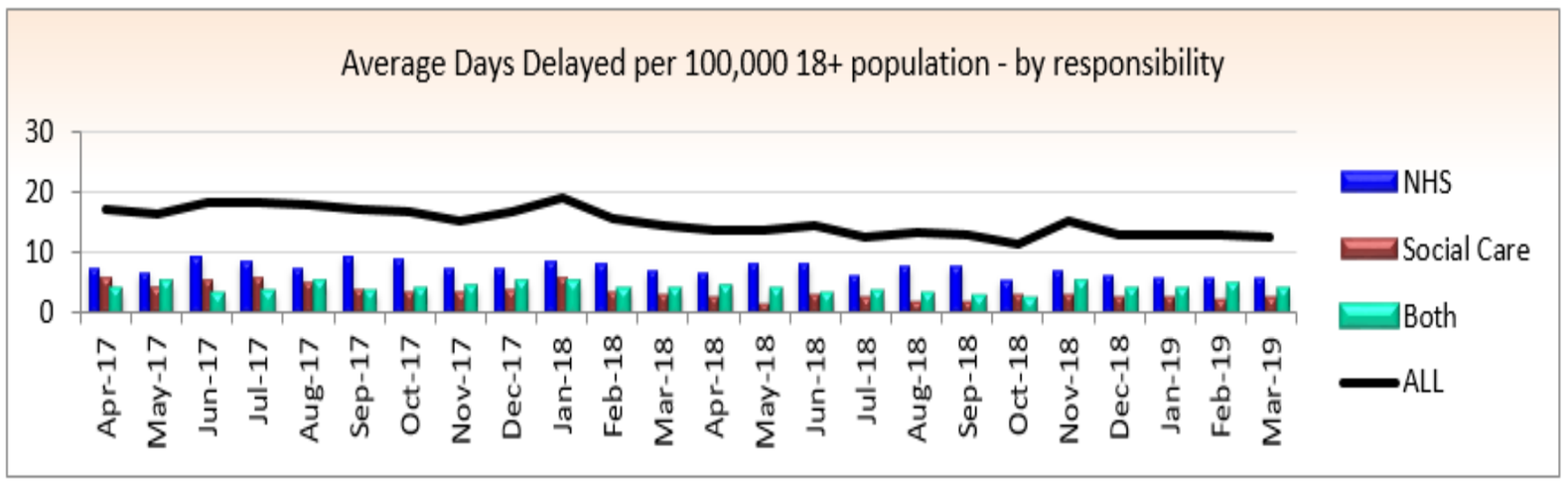


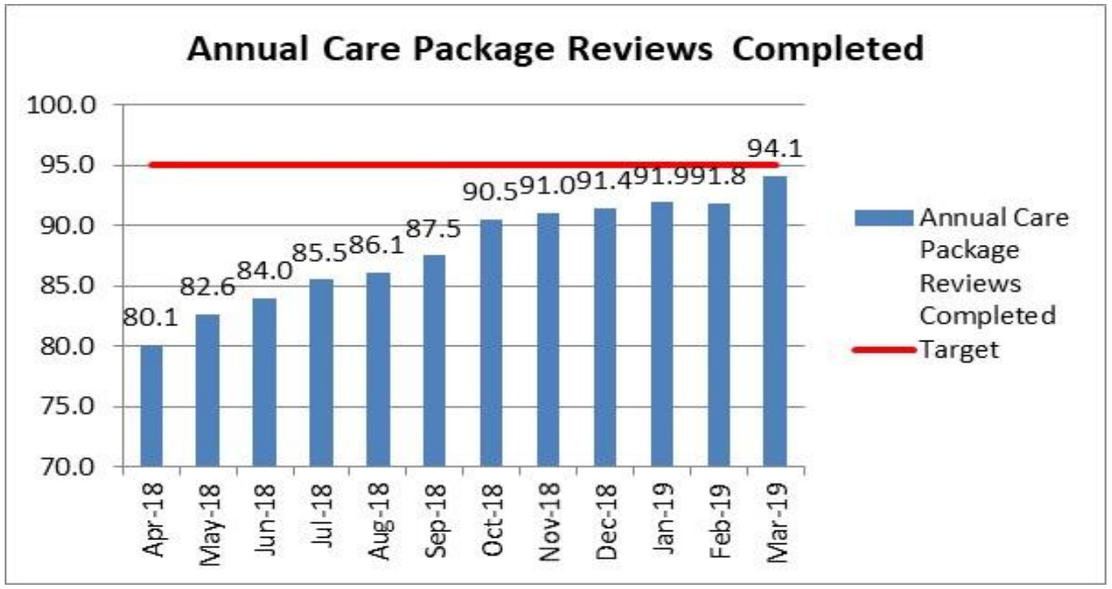
ASCOF 2b

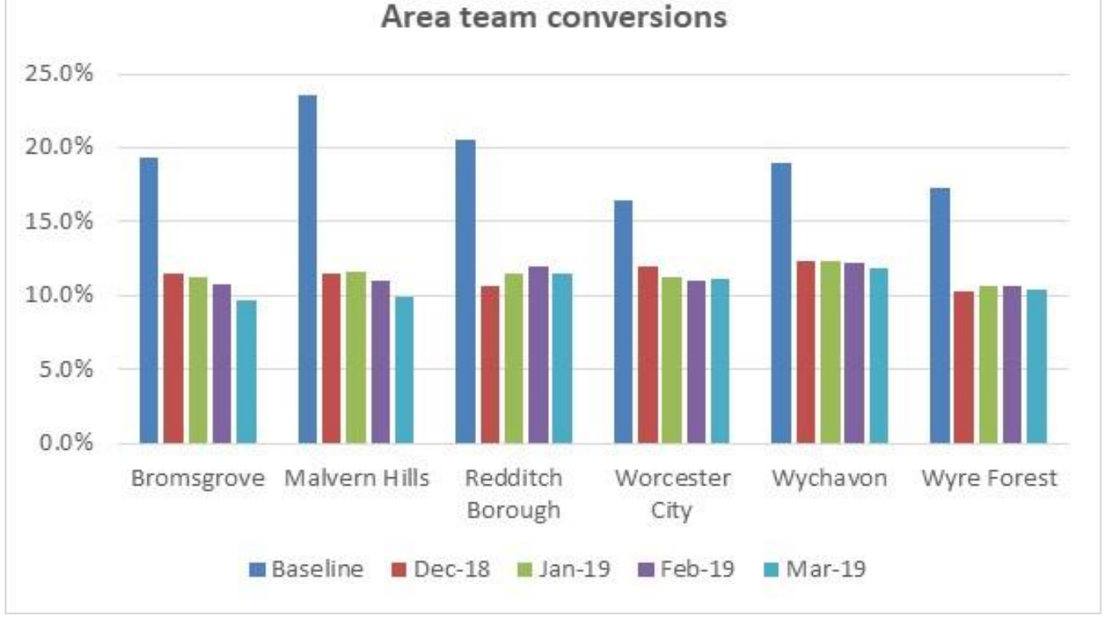


Delayed Transfers of Care

Actual no of days delayed	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	*Ambitions for Sep-18*	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
All	2581	2389	2412	2131	2417	2806	2057	2079	1919	1960	2027	1839	1921	1785	*1794*	1653	2109	1891	1841	1689	1810
NHS	1079	1309	1314	1053	1104	1253	1073	1041	937	1171	1164	915	1125	1127	*810*	830	973	929	882	774	837
Social Care	775	574	554	500	600	853	476	485	387	255	448	412	326	289	*373*	478	450	391	396	306	425
Joint	727	506	544	578	713	700	508	553	595	534	415	512	470	389	*612*	345	686	571	563	609	548




Annual Care Package Reviews Completed
100.0
95.0
90.0
85.0
80.0
75.0
70.0
80.1
82.6
84.0
85.5
86.1
87.5
90.5
91.0
91.4
91.9
91.8
94.1
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Annual Care Package Reviews Completed
Target


Area team conversions
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Bromsgrove
Malvern Hills
Redditch Borough
Worcester City
Wychavon
Wyre Forest
Baseline
Dec-18
Jan-19
Feb-19
Mar-19