

Key Priorities ASC 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 16.71 (57 young people) in the year to end of Mar-20, compared with 19.3 in the previous year (66 young people). In terms of benchmarking data, the latest available is 2018-19 - based on this data Worcestershire is above the national average of 13.9 (ie our admissions are above this but below the comparator averages (17.8) (national and comparator results are shown on the graph in the green and purple blocks). In Q1 2020-21 the rate has dropped to 14.96 (51 young people). Covid-19 will have impacted on this.

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 included 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. Projects are underway to look at practice in authorities with lower rates of admissions. Compulsory pick ups such as those from continuing health care and self funders also impact on results here. There is a pilot in process where a single worker will complete all self funding pick ups using a risk assessment tool to ensure this is applied consistently.

The admission rate per 100,000 of the older population for Worcestershire was 627.64 at the end of Mar-20 based on 853 admissions compared with a rate of 637.9 last year. Comparing to 2018-19 national data - this is above the national (579.4) and comparator (571.3) averages.

For Q1 2020-21 the rate has dropped to 537.14 (730 people) and has been significantly impacted by Covid-19. Admissions are counted over a rolling year to end June 2020, the number dropped considerably during April and May and although still very low, in June it has started to rise slightly.

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 the result for 2019-20 is 84.21%.

For Q1 2020 the draft results are much lower at 66% for June 2020. This is due to increased complexity of people which includes a large increase in the need for double ups. New hospital discharge model in place since start of Covid-19 has meant that more complex people are being given the opportunity for reablement.

(This is draft data as recording was simplified at the start of the Covid-19 pandemic so work is currently still continuing to ensure ongoing accuracy and completeness of data).

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 was 81.8%

For 2018-19 the result was 85.1 for Worcestershire which was above the family average of 83.3 and the England average of 82.4.

The acute hospitals is under increasing pressure, and there continues to be higher acuity in patients discharged to reablement services. These services support people being discharged to remain independent for as long as possible, and it becomes increasingly challenging to ensure that they are at home after 91 days as the needs of people using these services become more complex. Despite this performance on this measure has increased steadily through 2019-20, and is 86.9% for Q4.

For Q1 2020-21 the result is 85.9% so down slightly on the Q4 result due to the increased complexity of people's needs.

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 Feb-20 (data is currently not being published due to Covid-19). Social care delays are 545 this month. The proportion of social care delays that are delays in acute hospitals is low (16% or 88 days), and of these acute delays the majority (94% or 83 days) are in out of county hospitals. The Directorate has achieved this by worked effectively with health colleagues to ensure that pathways are available to patients coming out of hospital and delays including social care delays are kept to a minimum.

Since the start of the Covid-19 pandemic reporting on delayed transfers of care has been paused. It has recently been announced that reporting will not resume but will be replaced by the requirement to report across a number of metrics included the number of people in hospital, the number discharged and the number awaiting discharge. As further details of this are released and reporting begins this section will be replaced with relevant information.

Priority: Prevent, reduce or delay the need for care

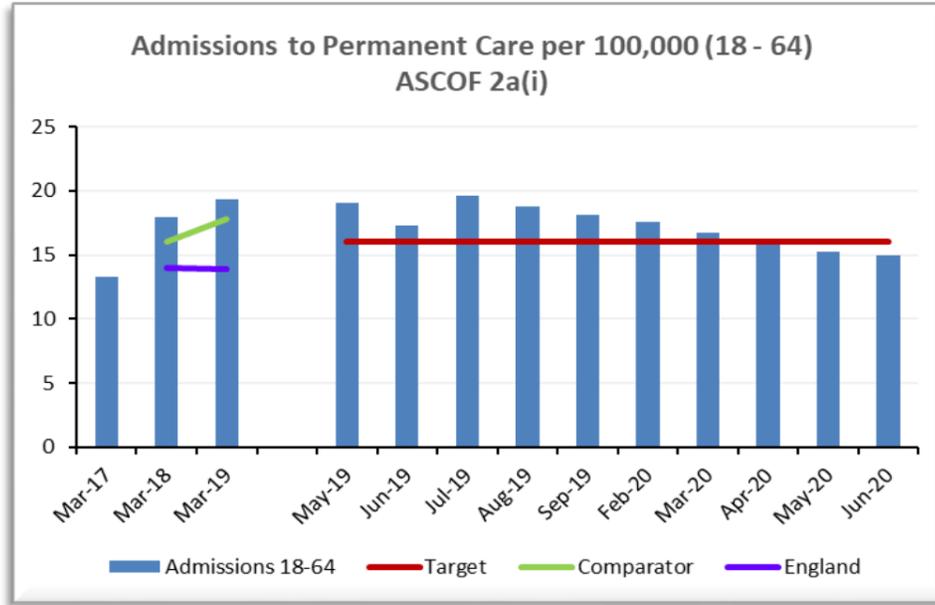
Indicator: Annual care package reviews completed - Percentage of people in services for 12 months who had a review completed in those 12 months or whose review is in progress at that point (high is good)

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. The target has remained at 95% whilst reducing the time allowed to 12 months.

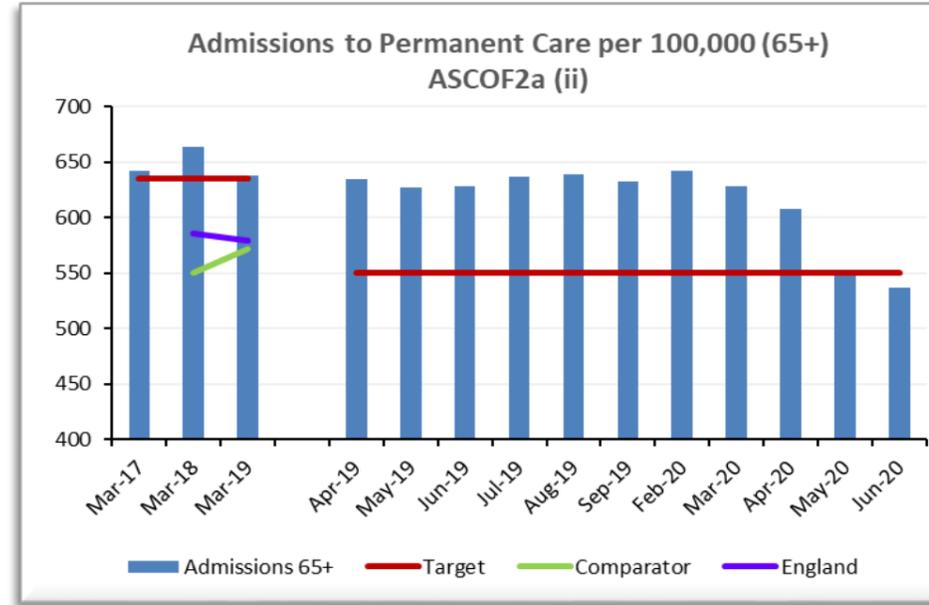
Performance at the end of 2019-20 is 85.8%. During Q1 2020-21 performance initially dipped in April but has since gradually increased each month to 86.3% at June.

Performance across different services varies with the area social work teams being on target, whilst mental health and learning disability teams are well below target and rated as red.

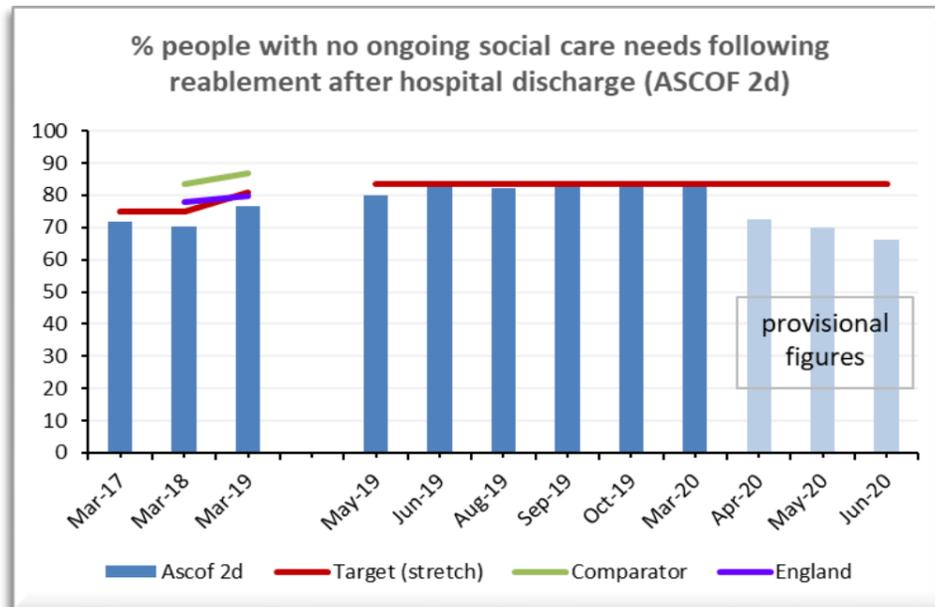
ASCOF 2a(1)



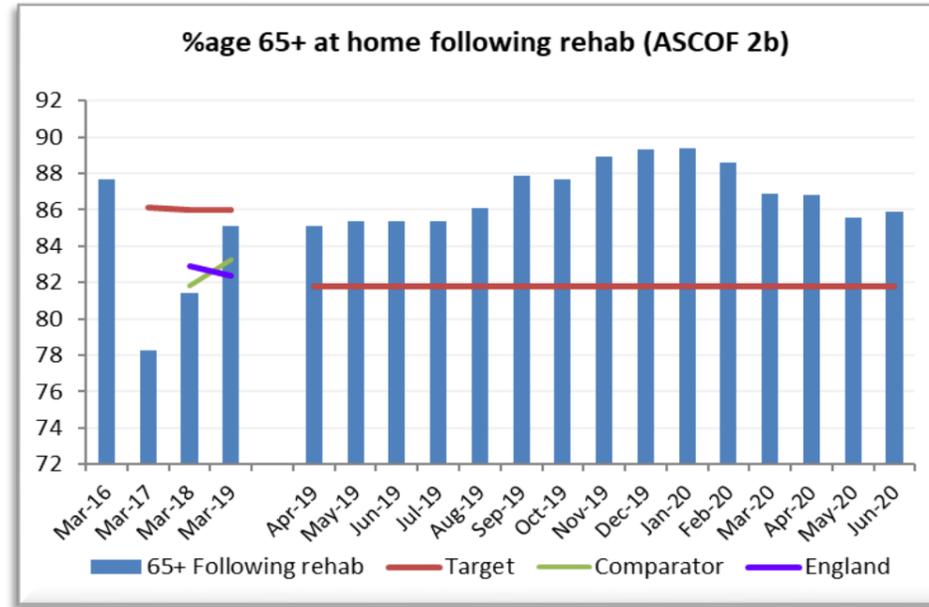
ASCOF 2a(2)



ASCOF 2d



ASCOF 2b

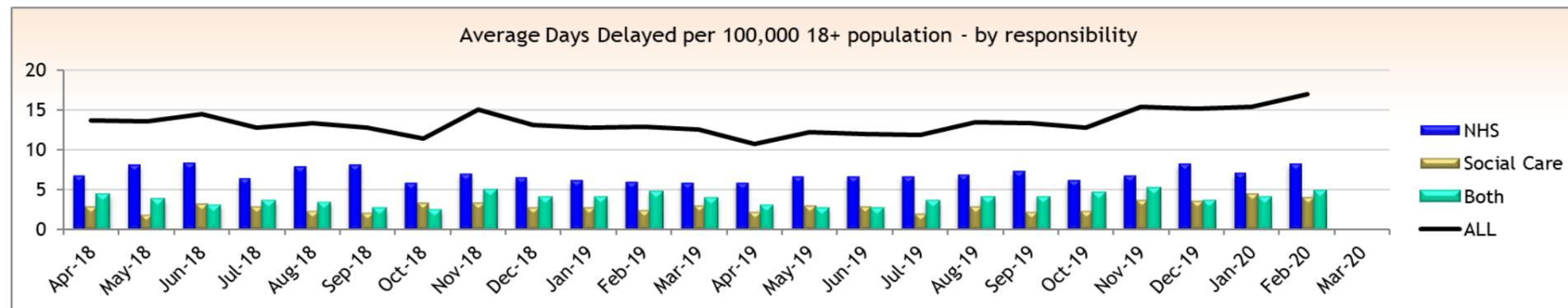


Note: The purple and green blocks are the comparator and England average

Please Note: Where there is a gap in reporting this is due to the move from Frameworki to LAS, when reporting was being re-established.

Delayed Transfers of Care

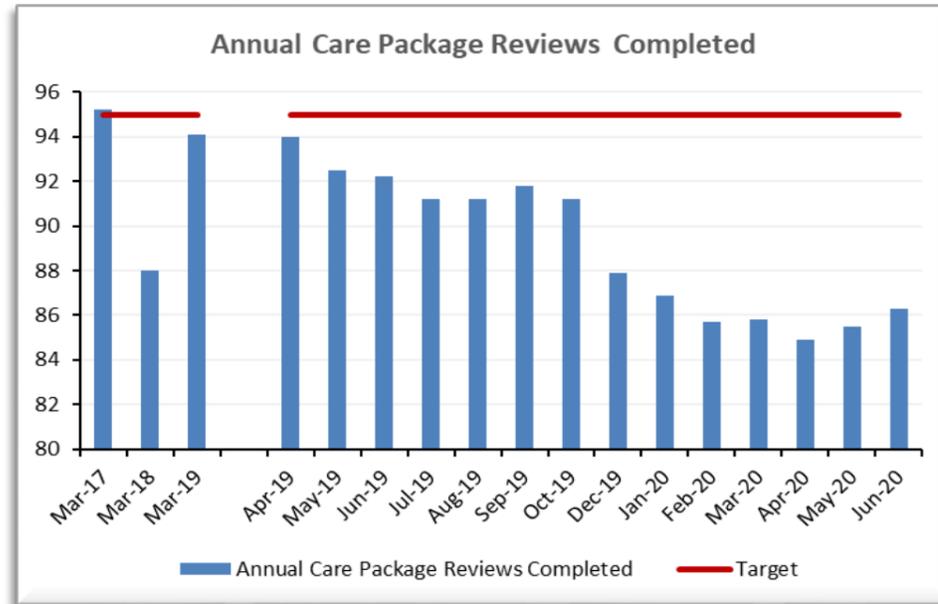
Data	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
NHS	937	1171	1164	915	1125	1127	830	973	929	882	774	837	801	970	940	961	991	1030	903	954	1200	1032	1123
Social Care	387	255	448	412	326	289	478	450	391	396	306	425	290	430	395	278	404	309	322	506	514	646	545
Joint	595	534	415	512	470	369	345	686	571	563	609	548	409	384	364	507	585	561	655	721	506	575	656
Total	1919	1960	2027	1839	1921	1785	1653	2109	1891	1841	1689	1810	1500	1784	1699	1746	1980	1900	1880	2181	2220	2253	2324



(Mar-20 has not been published nationally due to Covid-19)

New reporting requirements have recently been announced - as more details come through and these are set up new data will be provided for this section

Annual Reviews Completed



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