

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

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 15.5 (53 young people) in the year to end of Mar-20, compared with 19.3 in the previous year (66 young people). The 2019-20 benchmarking data has just been published and the number of admissions in Worcestershire is above the national average of 14.6 and our comparators average of 14.7) (national and comparator results are shown on the graph in the green and purple blocks).

In Q3 2020-21 the rate is 14.08 (48 young people) (Nov-20). So whilst Covid-19 is impacting this, with the number of admissions being below that of the previous year, in the last 3 months these have slowly begun to rise.

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.

The admission rate per 100,000 of the older population for Worcestershire was 629.1 at the end of Mar-20 based on 855 admissions compared with a rate of 637.9 last year. Comparing to the newly published, 2019-20 national data - this is above the national (584.0) and comparator (553.7) averages.

For Q3 2020-21 the rate has dropped to 453.25 (616 people) and has been significantly impacted by Covid-19. Admissions are counted over a rolling year to end Nov 2020, the number dropping considerably so far this year.

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 increased during 2019-20 and the result for Mar-20 was 84.21%.

In Apr-20 performance dipped to 74%. This was due to increased complexity of people's needs which includes a large increase in the need for double ups required. New hospital discharge models were in place from the start of Covid-19 and have meant that more complex people are being given the opportunity for reablement and leaving hospital via Pathway 1. We have seen a steady improvement to 77% for Dec-20. There is however a caveat on the very recent data in that as pressures have increased across the system it has not been possible to record all discharges so there is a degree of under-reporting within this data (hence the Dec-20 figure on the graph has been marked as provisional).

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 (above the national average 82% and comparator average 84.7%).

For Q3 2020-21 the result is 87.4% so above the 2019-20.

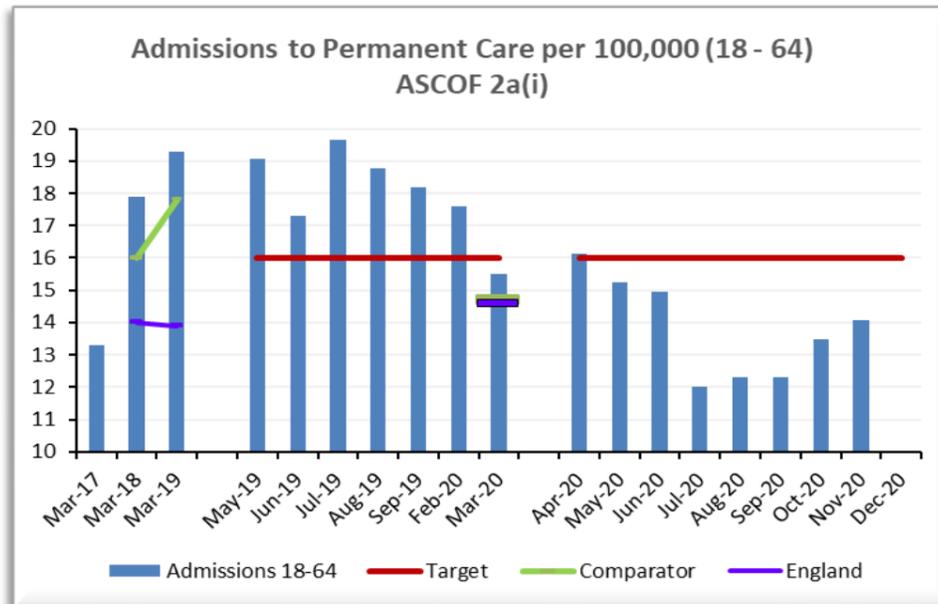
Priority: Prevent, reduce or delay the need for care

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)

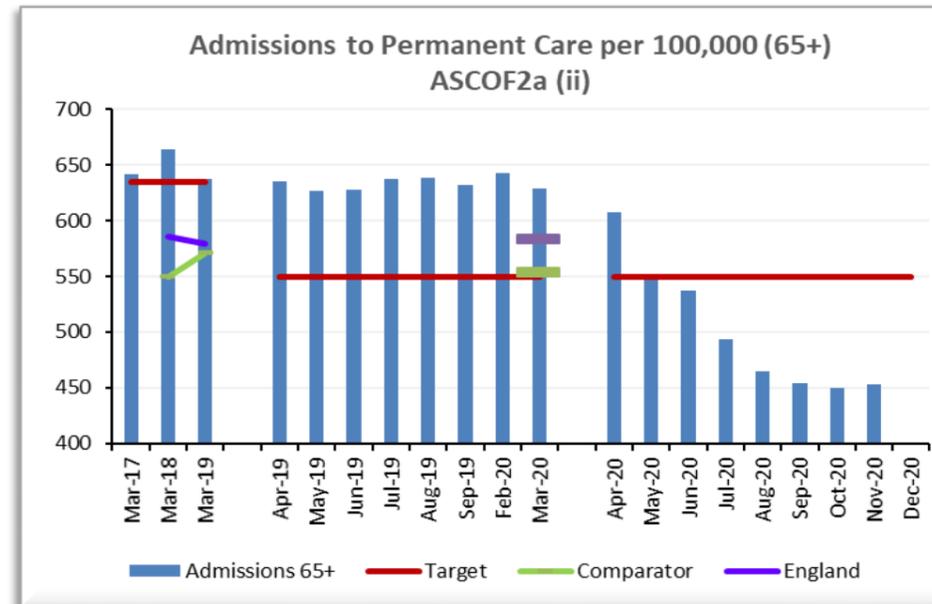
Analysis: This is a local measure that looks at people who have been in receipt of services for a year or more and checks that they have been reviewed in that period. The target is 95%.

Performance at the end of 2019-20 was 85.8%. During Q3 2020-21 performance has dipped to 83.7%. Performance across different services varies with the area social work teams being on target, whilst mental health and learning disability teams are below target and rated as red. However both services have plans in place to improve performance and reporting. In addition to the usual process of annual reviews social workers are also involved in reviewing people who have been funded via Covid special grants. Work is being undertaken where possible to tackle this jointly but it will impact on performance in some cases.

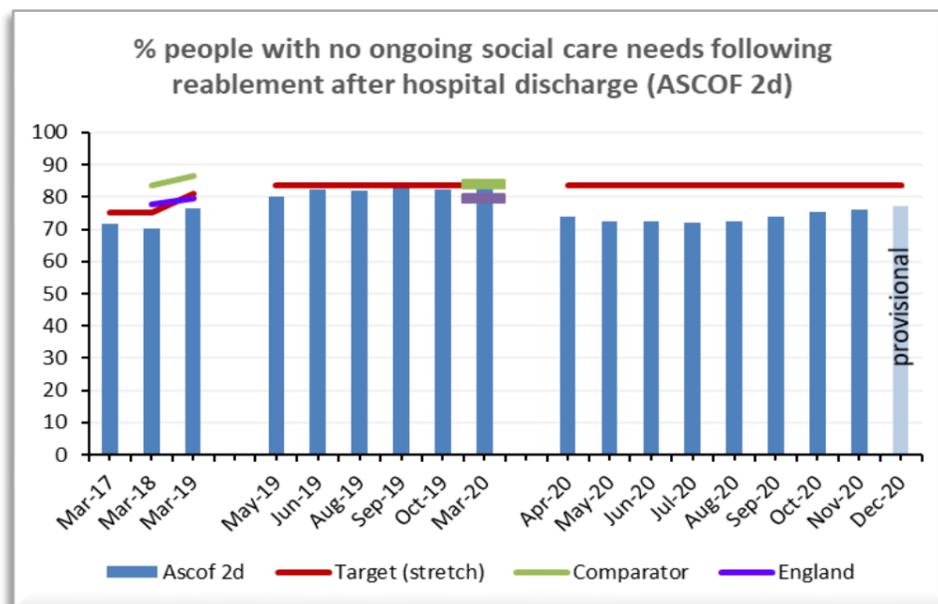
ASCOF 2a(1)



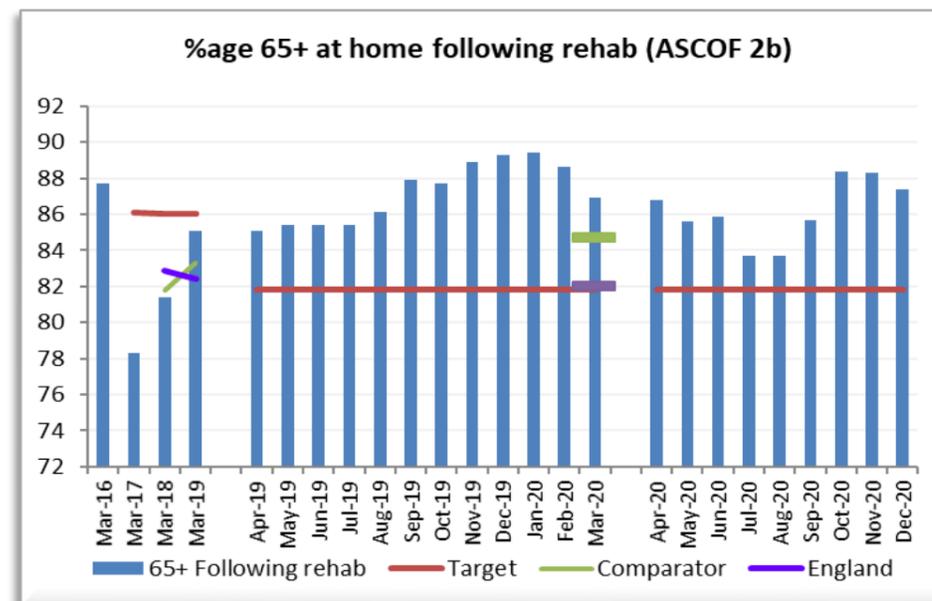
ASCOF 2a(2)



ASCOF 2d



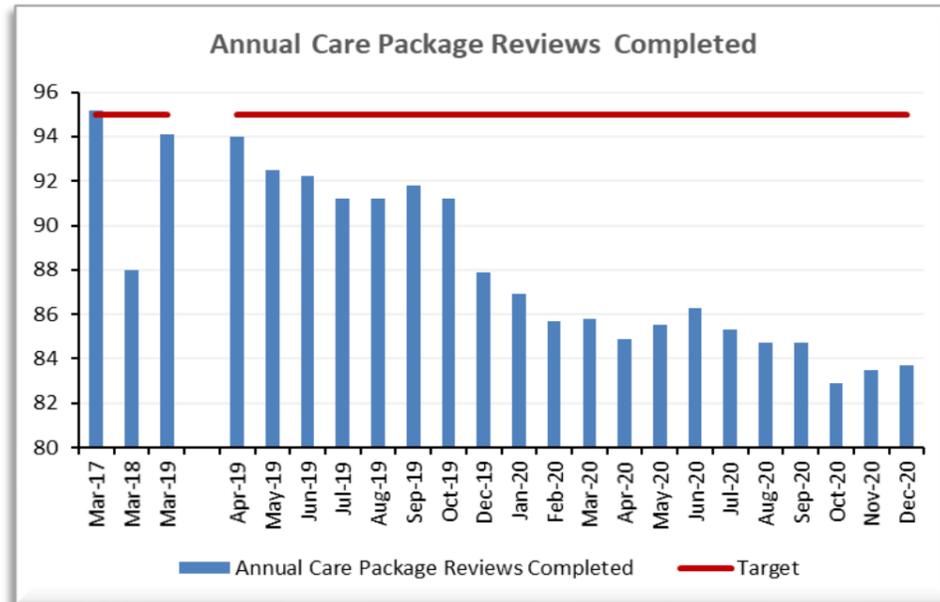
ASCOF 2b



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.

Annual Reviews Completed



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.