

**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.

The data 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 14.4 (49 young people) in the year to end Mar-21 in comparison to 15.5 (53 young people) in the year to Mar-20, and 19.3 (66 young people) Mar-19.

Comparator data is currently only available to Mar-20 when the national average was 14.6 and comparator authorities 14.7 (national and comparator results are shown on the graph in the green and purple blocks).

**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. Permanent admissions for people over the age of 65 are included in this indicator.

The aim is to support older people to remain living independently, in their own homes, for as long as possible. Measures are in place to ensure that admissions only occur where there is no other option to meet a person's needs. There are audits of all new admissions to ensure they are appropriate and to identify any key trends/themes, and these are reported to the Assistant Director monthly and PDLT quarterly. As the population ages and has increasingly complex needs the pressure on preventing admissions becomes increasingly challenging. There will be an implication of Covid on people's long-term health and well-being that could impact on the need for 24/7 care.

The admission rate per 100,000 of the older population for Worcestershire was 482.69 (656 older people) in the year to end Mar-21 compared to 629.1 (855 people) at the end of Mar-20 and 637.9 Mar-19.

Comparator data is currently only available to Mar-20 when the national average was 584.0 and comparator authorities 553.7.

**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 a reablement service - 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 do not require ongoing services following a reablement service. In Worcestershire this has related solely to services provided by the Urgent Promoting Independence Team (UPI) (which focusses on hospital discharge) but from Oct-21 the new community reablement service is also included. COVID-19 has significantly impacted the cohort of people using these services, particularly for those discharged from hospital where the focus has needed to be on system flow. 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 with the UPI team.

For 2020-21 the result is 76% compared with 84.21% in the previous year.

Comparator data is currently only available for 2019-20 when the national average was 79.5% and comparator authorities 83.9%.

**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 acute hospitals are 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. As before, COVID-19 has significantly impacted this cohort of people.

Despite this, performance on this measure for 2020-21 is 81.8%. This is lower than the previous year's result of 86.9% but a good result in the pandemic.

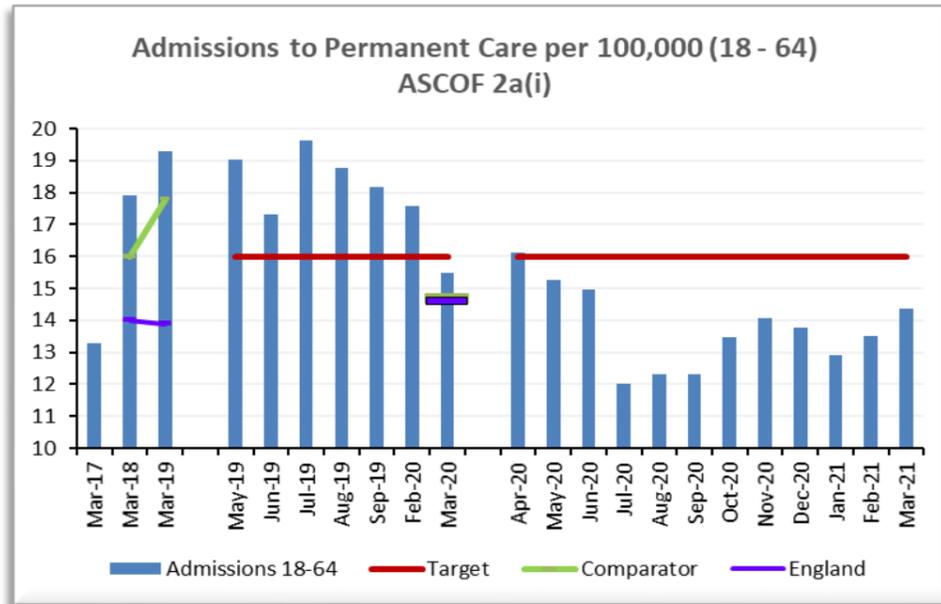
Comparator data is currently only available for 2019-20 when the national average was 82% and comparator average 84.7%.

**Priority: Prevent, reduce or delay the need for care**

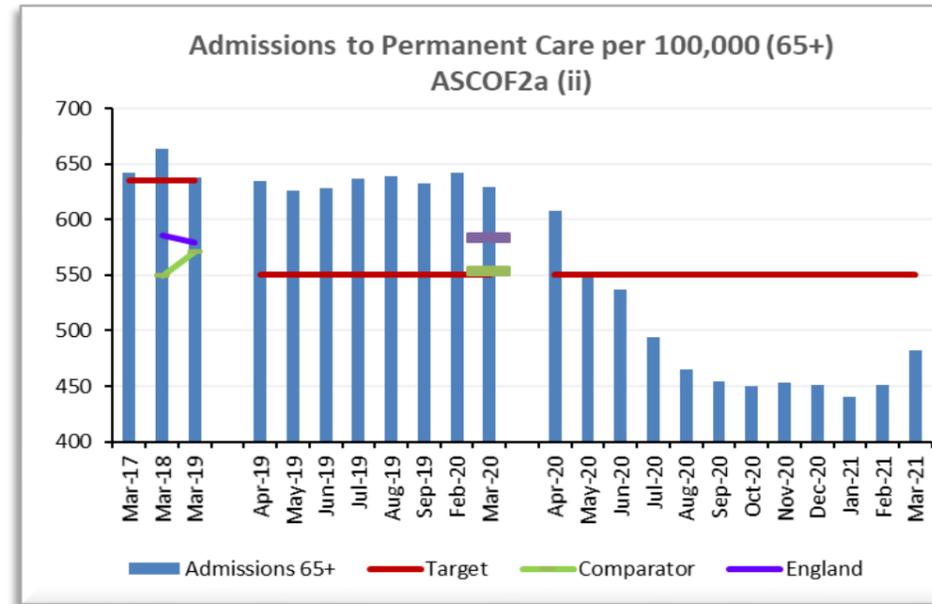
**Indicator: Annual care package reviews completed** - Percentage of people in services for 12 months who had a review completed in those 12 months or whose review is in progress at that point (high is good)

**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 2020-21 was 85.8%. Although this has dipped to lower levels during the year, this is now back to the level reported for 2019-20. Performance across different services varies with the area social work teams being on target. Mental health and learning disability teams are below target and rated as red but action plans are in operation and performance is steadily improving. During the year, in addition to the usual process of annual reviews social workers have also been involved in reviewing people who have been funded via Covid special grants and carrying out a significant number of welfare checks for people living alone to check they have been supported throughout the pandemic. Work is being undertaken where possible to tackle this jointly but it will impact on performance in some cases.

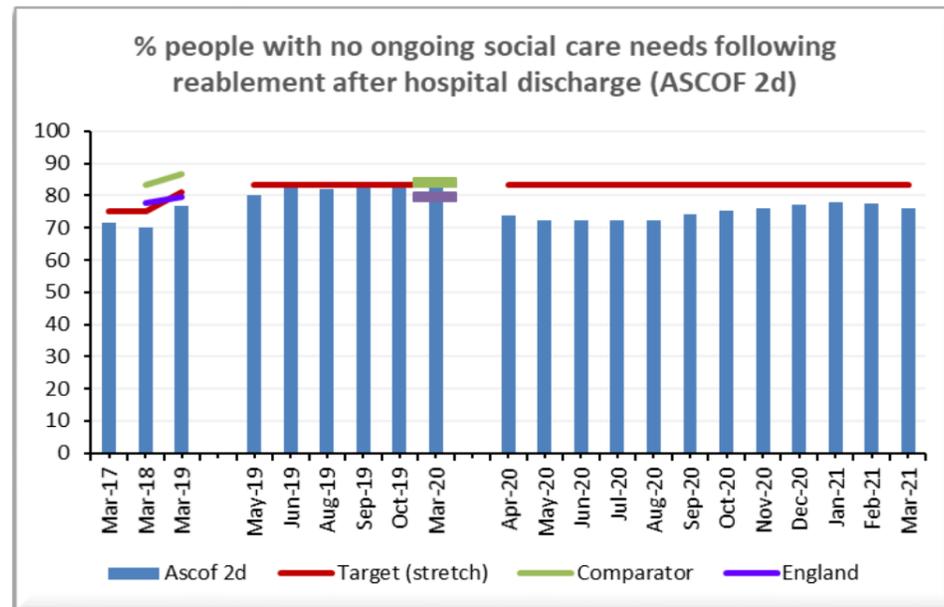
ASCOF 2a(1)



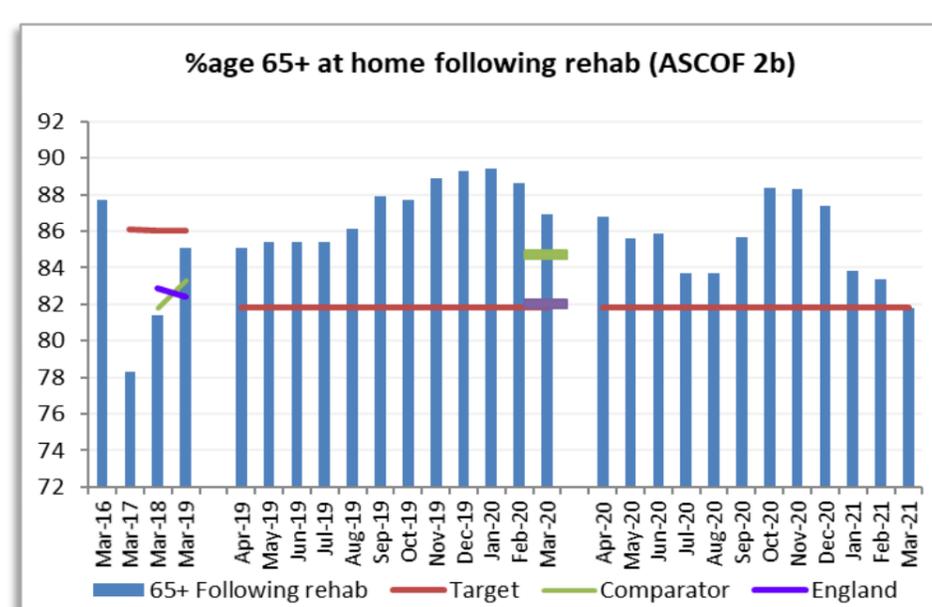
ASCOF 2a(2)



ASCOF 2d



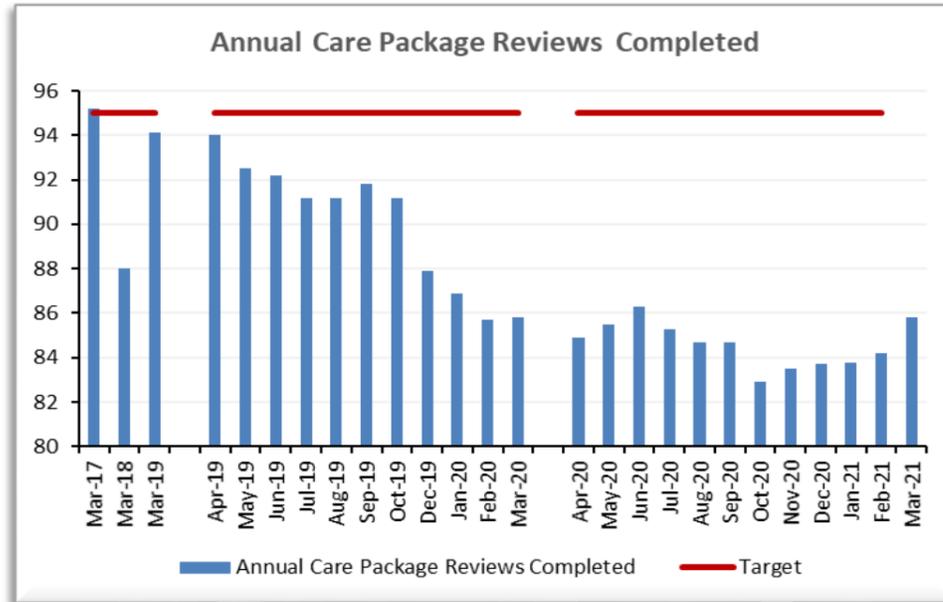
ASCOF 2b



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



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