

Adult Care and Well-being Scrutiny Panel - Summary Report

Key Priorities ASC Business Objectives:

Reduce the number of older adults and adults aged 18-64 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

1. Admissions to Permanent Care per 100,000 (18-64)

2022-23 Target rate = 16 Worcestershire 18-64, Population = 341,261* estimated

Good Performance = Lower

Definition: Long-term support needs of adults aged 18-64 met by admission to residential and nursing care homes, per 100,000 population. ASCOF 2A(1)

Analysis:

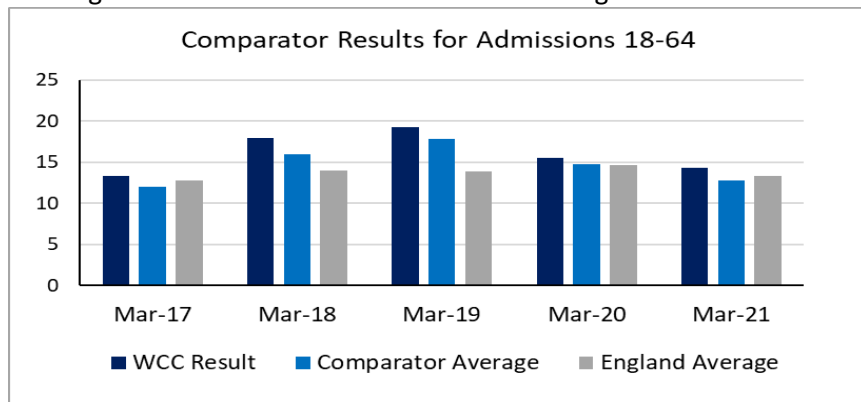
This national indicator looks at planned admissions and as such includes 12-week disregards, so potentially some of those included will eventually become self funders.

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 adults aged 18-64 to remain living independently or with families are considered as a priority.

Comparator Data: (Latest national data available is Mar-21)

Although the WCC rate of admissions for adults aged 18-64 decreased in Mar-21 to 14.4, it was still above the comparator and England average.



Year / Month	WCC Result	Comparator Average	England Average
Mar-17	13.3	12.0	12.8
Mar-18	17.9	16.0	14.0
Mar-19	19.3	17.8	13.9
Mar-20	15.5	14.7	14.6
Mar-21	14.4	12.8	13.3
Mar-22	15.8* estimated		

Month	March 2021	June 2021	September 2021	December 2021	March 2022	June 2022	August 2022
Result and RAG	14.4	17.6	20.5	19.9	15.8	16.4	16.2
Numerator	49	60	70	68	54	56	57

Admissions per Month	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total
No. of Admissions	7	5	7	2	0	4	6	2	8	2	8	6	57

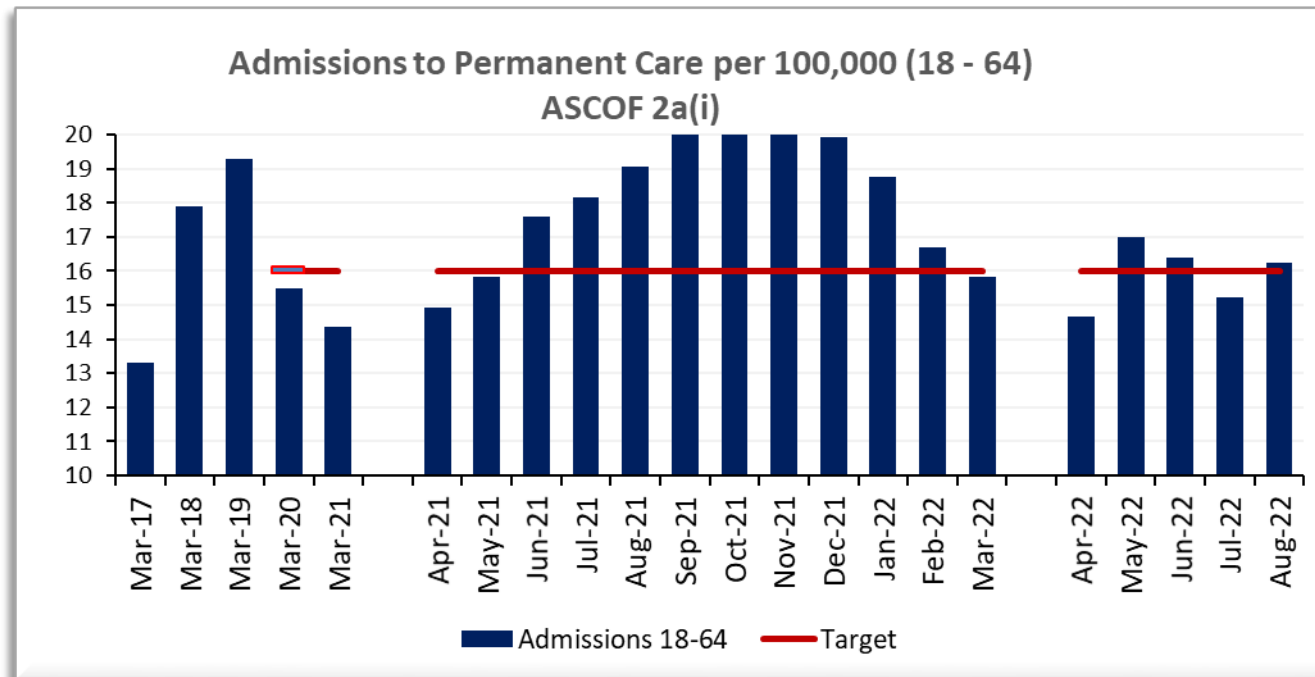
Q2 2022-23 Commentary:

Over the period 2019-21, the rate of admissions for adults aged 18-64 people fell and was particularly low in Mar-21 due to the pandemic. Numbers rose during 21-22, declining towards the end of the year but remaining higher than the previous year.

Please note, the results from Mar-22 are provisional as we are waiting for finalised population figures to be released nationally for the confirmed result.

For August's results the rate is 16.2 (57 people) which has resulted with an Amber rating.

The action plan to focus on demand and spend is now fully established. All placements are routinely scrutinised and alternatives to admission considered as the preferred option. Additional scrutiny of all funding decisions is currently in place to ensure maximum use of prevent, reduce and delay options to maximise people's independence wherever possible. Where long term funded services are required, we are using best value principles and identify any themes/improvement actions.



2. Admissions to Permanent Care per 100,000 (65+)

2022-23 Target rate = 604 Worcestershire 65+, Population = 139,817* estimated

Good Performance = Lower

Definition: 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)

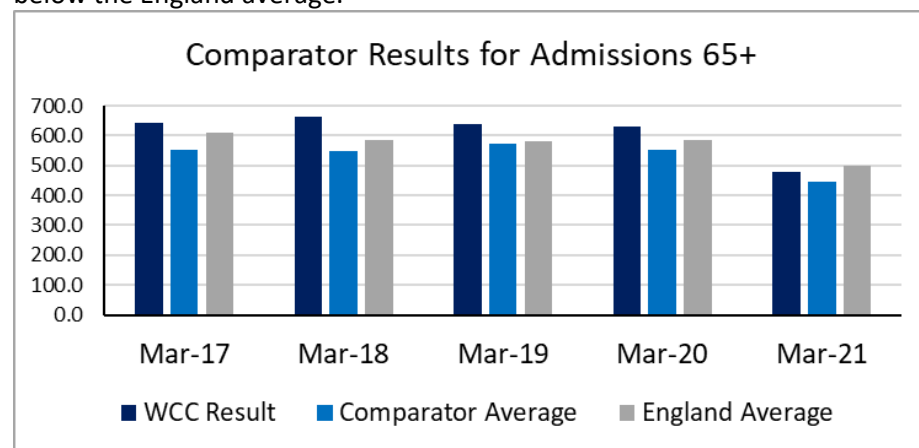
Analysis:

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 new admissions each month to ensure they are appropriate and to identify any key trends/themes. These are reported to the Assistant Director and to PDLT monthly. 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.

Comparator Data: (Latest national data available is Mar-21)

The WCC rate of admissions for 65+ dropped significantly in this period and although still above the comparator average (more admissions than other similar authorities) it is below the England average.



Year / Month	WCC Result	Comparator Average	England Average
Mar-17	642.0	552.2	610.7
Mar-18	663.9	549.8	585.6
Mar-19	637.9	571.3	579.4
Mar-20	629.1	553.7	584.0
Mar-21	475.8	447.2	498.2
Mar-22	585* estimated		

Worcestershire Results (Reporting Method: Rolling 12 months, Q2 = September 2021 to August 2022)

Month	March 2021	June 2021	September 2021	December 2021	March 2022	June 2022	August 2022
Result and RAG	475.8	595.2	659.1	639.6	585.0	533.6	505.7
Numerator	654	818	906	879	804	746	707

Admissions per Month	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total
No. of Admissions	69	55	71	61	58	66	71	53	68	49	34	52	707

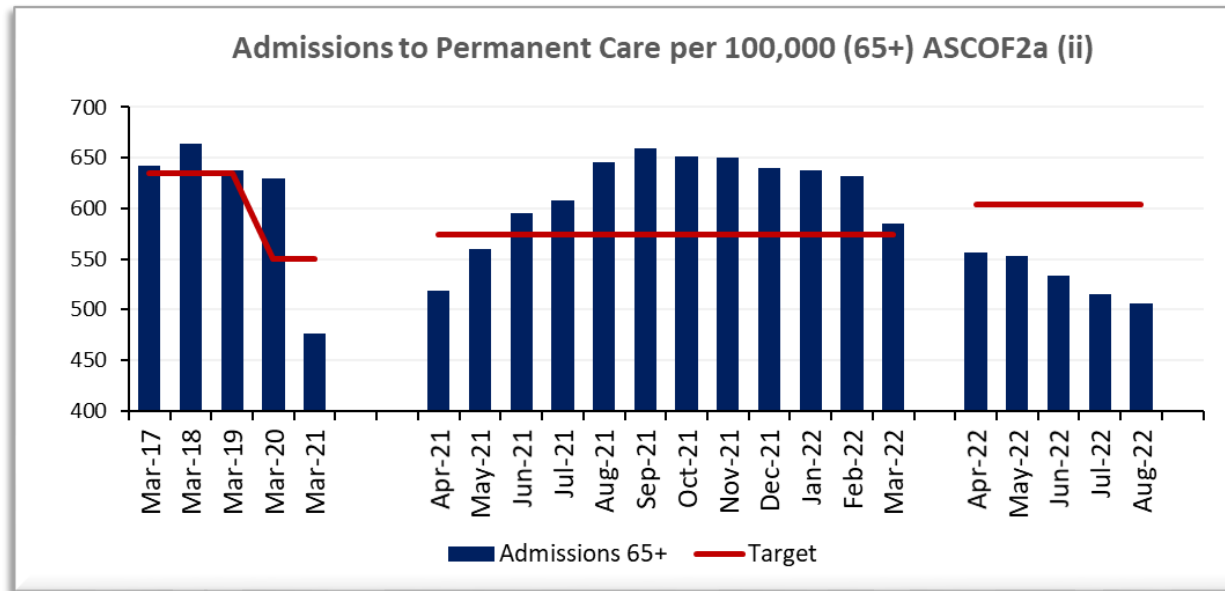
Q2 2022-23 Commentary:

Since 2018 the rate of admissions for older people has been falling - this dropped significantly in Mar-21 due to the pandemic, and although it rose in Mar-22 it was still below the rate in Mar-20. It has continued to drop throughout 2022-23.

Please note, the results from Mar-22 are provisional as we are waiting for finalised population figures to be released nationally for the confirmed result.

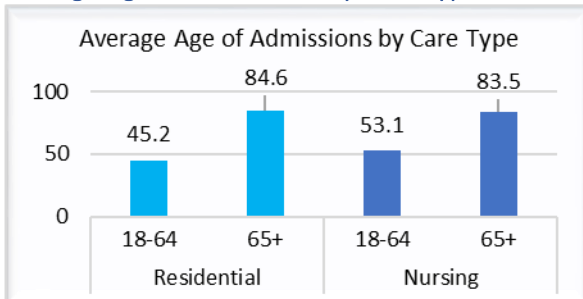
For August the result has continued to decrease to a rate of 505.7 or 707 admissions (rated green).

Work streams to address this are ongoing. An action plan has been established to focus on demand and spend. High-cost packages, authorisations and actions post review are being scrutinised as part of this. Ongoing work with Commissioners looking at extra care provision, Continuing Health care decisions continues as does the scrutiny of all new placements. Additional scrutiny of all funding decisions is being completed to ensure maximum use of prevent, reduce and delay options to maximise people’s independence wherever possible. Where long term funded services are required, we are using best value principles and identify any themes/improvement actions. The conclusion of a recent audit of admissions revealed high levels of confidence that staff are avoiding long term care that placements made could not have been further delayed.

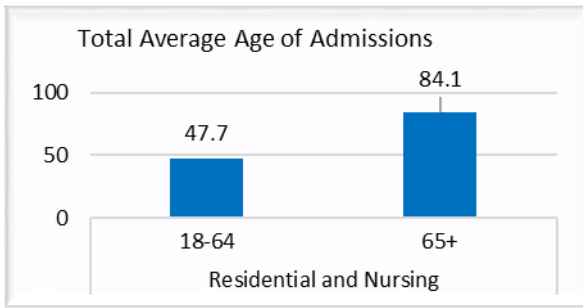


Profile of People Admitted to Long Term Care (Reporting Method: Rolling 12 months, Q2 = September 2021 to August 2022)

Average Age of Admissions by Care Type



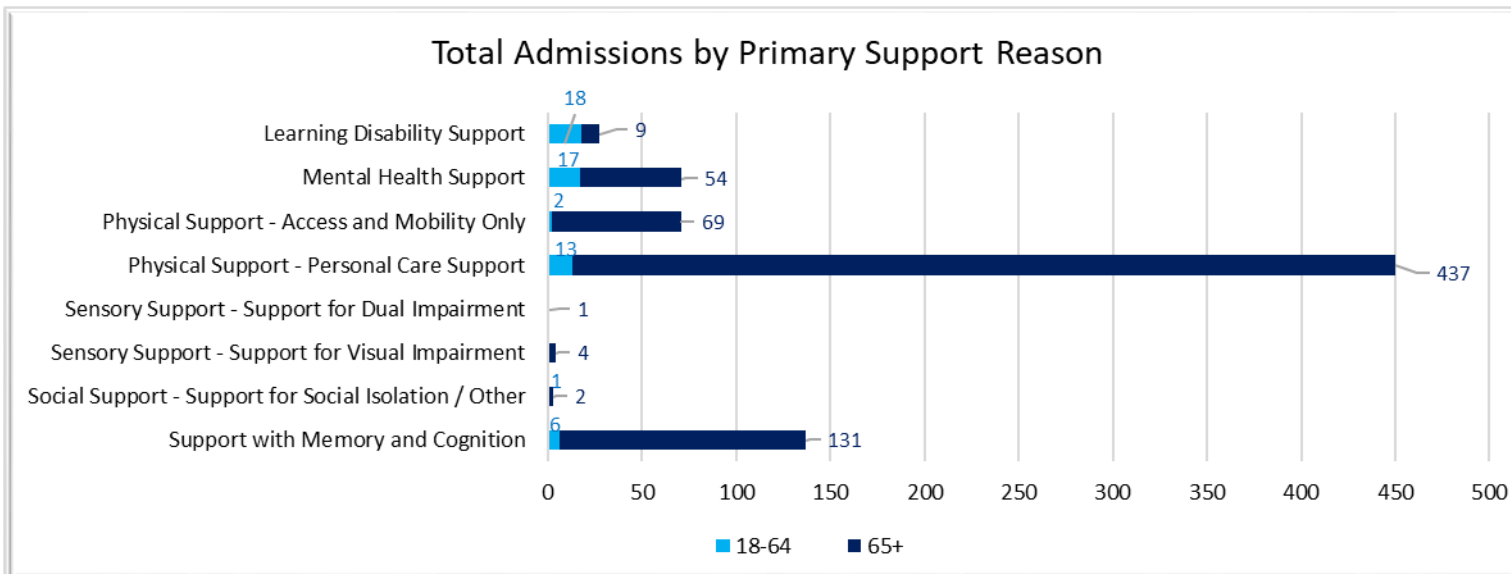
Type of Care	18-64	65+
Residential	45.2	84.6
Nursing	53.1	83.5



Type of Care	18-64	65+
Residential and Nursing	47.7	84.1

Admissions by Primary Support Reason – Residential and Nursing

Primary Support Reason	18-64	65+	Total
Learning Disability Support	18	9	27
Mental Health Support	17	54	71
Physical Support – Access and Mobility Only	2	69	71
Physical Support – Personal Care Support	13	437	450
Sensory Support – Support for Dual Impairment	0	1	1
Sensory Support – Support for Visual Impairment	0	4	4
Social Support – Support for Social Isolation / Other	1	2	3
Support with Memory and Cognition	6	131	137
Grand Total	57	707	764



3. Outcomes of Short-term Services

2022-23 Target rate = 83.5%

Good Performance = Lower

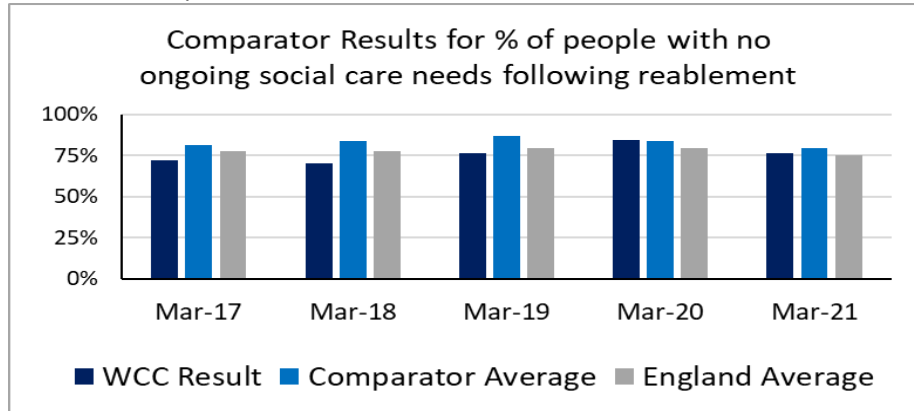
Definition: Proportion of people with no ongoing social care needs following a reablement service - sequel to short term services to maximize independence. (ASCOF2d)

Analysis:

This is a national ASCOF indicator which measures rehabilitation success rates for people (all ages 18+) , 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) (focusing on hospital discharge) but from Oct-21 the new community reablement service is also included. The community team have assisted with hospital discharges at various stages within the pandemic. 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.

Comparator Data: (Latest national data available is 2020-21)

The latest comparator data available is 2020-21. The result for WCC was 76% - which is higher than the England average but below comparators.



Year / Month	WCC Result	Comparator Average	England Average
Mar-17	71.7%	81.2%	77.8%
Mar-18	70.1%	83.5%	77.8%
Mar-19	76.6%	86.7%	79.6%
Mar-20	84.2%	83.9%	79.5%
Mar-21	76.0%	79.1%	74.9%
Mar-22	78.4%		

Worcestershire Results (Reporting Method: Q2 = April to September 2022, monthly data, cumulative)

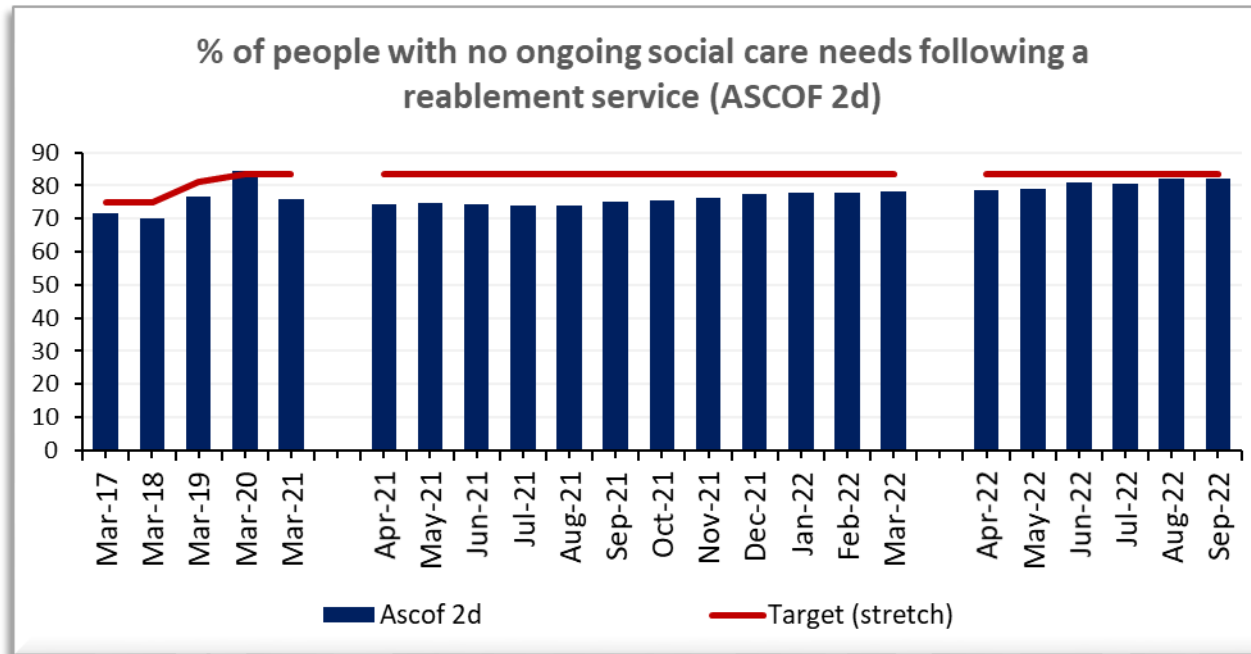
Month	Mar-22	Apr-22	May-22	Jun-22	Sept-22
Result and RAG	78.4%	78.6%	78.9%	80.8%	82.1%
Numerator	1135	110	220	341	623

Q2 2022-23 Commentary:

For 2020-21 the result was 76% compared with 84.2% in the previous year. This decrease is linked to pressures during the pandemic meaning people with more complex needs were discharged from hospital through pathway one to facilitate hospital discharge and flow across the whole system.

In 2021-22 the result has gradually increased to 78.4% at Mar-22. There continues to be pressures across the system, so any increase shows how well the service are doing.

For Q2 2022-23 the monthly results are still increasing from 78.6% in April to 82.1% in September.



4. People Aged 65+ at home following Rehabilitation

2022-23 Target rate = 82.0%

Good Performance = Lower

Definition: Older people remaining at home following hospital discharge and a reablement service - Proportion of 65+ who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. (ASCOF 2b)

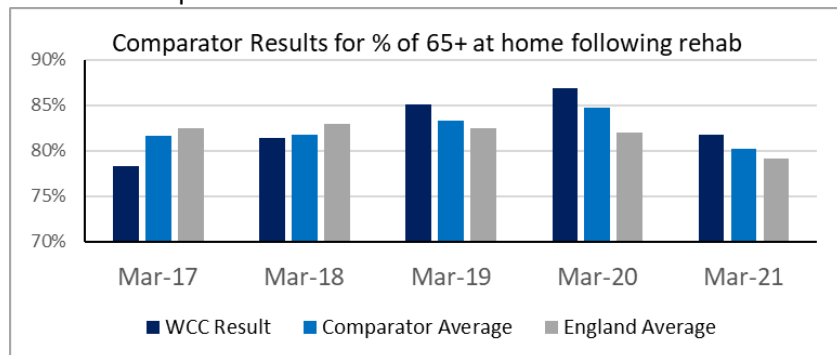
Analysis:

This is a national indicator that measures the percentage of older people who have completed 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.

Comparator Data: (Latest national data available is 2020-21)

The latest comparator data available is 2020-21. The result for WCC was 81.8% - above both the national and comparator averages.



Year / Month	WCC Result	Comparator Average	England Average
Mar-17	78.3%	81.6%	82.5%
Mar-18	81.4%	81.8%	82.9%
Mar-19	85.1%	83.3%	82.4%
Mar-20	86.9%	84.7%	82.0%
Mar-21	81.8%	80.2%	79.1%
Mar-22	80.8%		

Worcestershire Results (Reporting Method: 3 months running total, Q2 = July to September 2022)

Month	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022
Result and RAG	80.8%	81.2%	81.3%	82.4%	83.9%	84.6%	86.6%
Numerator	497	558	548	548	546	590	625

Q2 2022-23 Commentary:

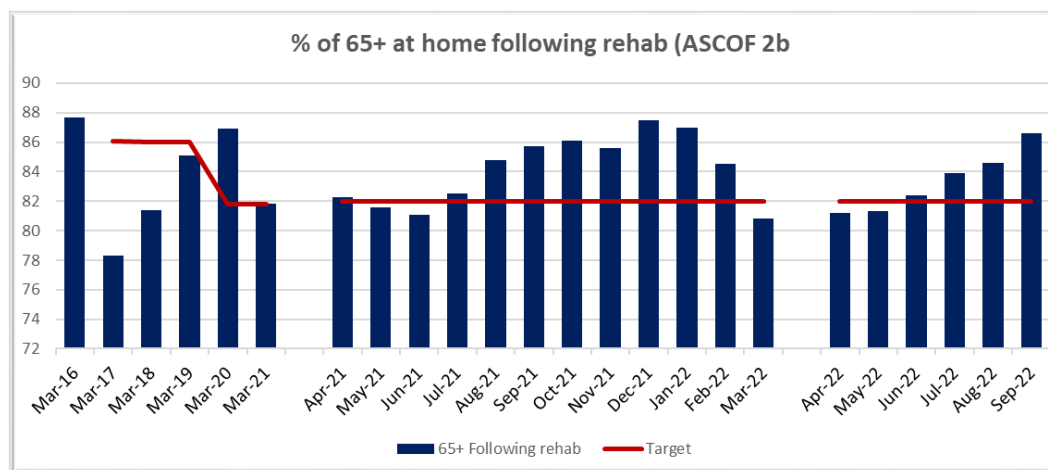
Despite the pressures across the health and social care system due to Covid, performance on this measure for 2021-22 was 80.8%. This was lower than the pre-pandemic level in Mar-20 of 86.9% but a good result considering pressures on the system and acuity of need.

For 2021-22 the monthly results have varied considerably and been impacted by levels of COVID and hospital system pressures.

There has been a historic trend for results to fall through the winter months as the focus needs to be on hospital flow to alleviate pressures across the system. From January to March 2022 there were less positive returns from nearly all teams which made the result for year-end decrease to 80.8%.

For Q2 2022-23 the result from July to September has improved to 86.6%.

A steady increase over the last few months. Good results from the neighbourhood teams for July and August has helped improve results for this quarter.



5. Annual Care Package Reviews Completed

2022-23 Target rate = 95.0%

Good Performance = Higher

Definition: Percentage of people in services for twelve months who had a review completed in those twelve months or whose review is in progress at that point.

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.

Worcestershire Results (Reporting Method: Rolling 12 months, Q2 = October 2021 to September 2022)

Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22
Result and RAG	86.2%	86.8%	87.5%	87.2%	88.4%	87.3%	85.7%	86.3%	86.0%	85.7%	86.1%	84.6%
Numerator	4128	4154	4156	4143	4222	4184	4109	4149	4149	4045	4063	4003

Q2 2022-23 Commentary:

Performance for Q2 2022-23 has decreased to 84.6% with small variances between October 2021 and August 2022. Mental health teams have improved performance significantly and are now GREEN at 97% - improving from 78% when they returned to WCC in April 2021.

An external provider is now set up to support completion of reviews for Learning Disability teams, with further consideration across other teams where resource allows.

