Adult Care and Well-being Scrutiny Panel - Summary Report

Q3: December 2022

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 = 347,701, population updated November 2022

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)

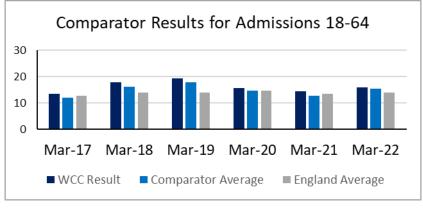
Analysis:

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)

The WCC rate of admissions for adults aged 18-64 increased in Mar-22 to 15.8 and is also 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	15.3	13.9

Worcestershire Results (Reporting Method: Rolling 12 months, Q3= January 2022 to December 2022)

Month	Mar-21	Jun-21	Sept-21	Dec-21	Mar-22	Jun-22	Sept-22	Dec-22
Result and RAG	14.4	17.6	20.5	19.9	15.8	16.1	16.1	16.7
Numerator	49	60	70	68	54	56	56	58

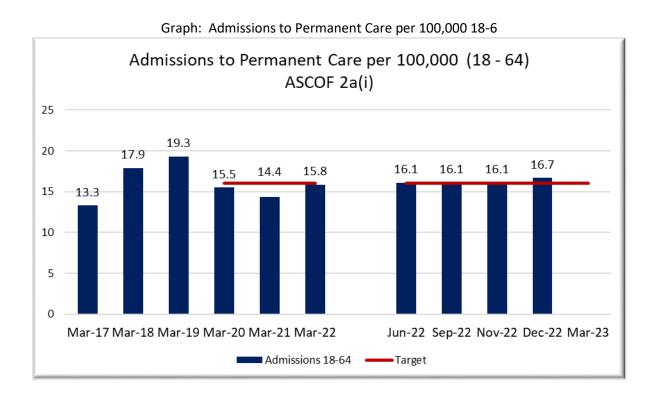
Admissions per Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
No. of Admissions	0	4	6	2	9	1	9	8	5	7	5	2	58

Commentary:

Over the period 2019-2021, 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. National results for 21-22 show Worcestershire just over the comparator average and higher than the national average (where good performance is low).

Through 2022-23 the rate has been at 16 – for Q3 the rate is 16.7 or 58 people (amber).

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.



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

2022-23 Target rate = 604

Worcestershire 65+, Population = 138,036, population updated November 2022

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)

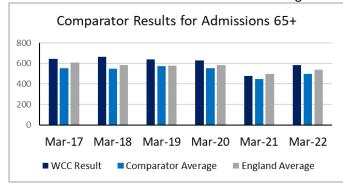
Analysis:

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+ increased significantly in this period and is still above the comparator and 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	585.0	498.6	538.5

Worcestershire Results (Reporting Method: Rolling 12 months, Q3= January 2022 to December 2022)

Month	Mar-21	Jun-21	Sept-21	Dec-21	Mar-22	Jun-22	Sept-22	Dec-22
Result and RAG	475.8	595.2	659.1	639.6	585.0	540.4	495.5	517.26
Numerator	654	818	906	879	804	746	684	714

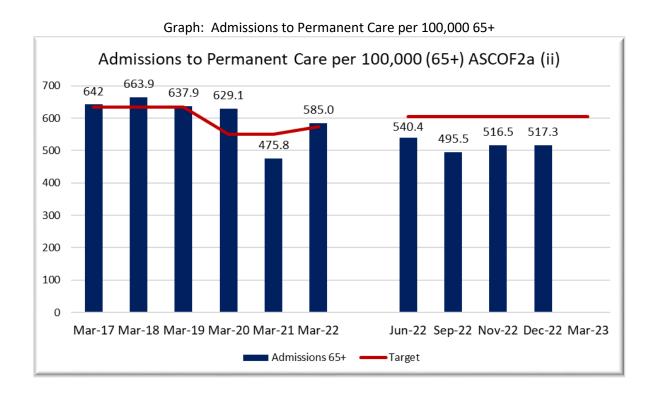
Admissions per Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
No. of Admissions	58	67	71	53	76	51	42	62	53	53	75	53	714

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 remained below this through 2022-23.

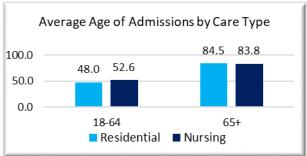
For December the result has increased to a rate of <u>517.26</u> or 714 admissions (rated green).

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. Decisions relating to Level 4/critical incident levels within acute hospitals are likely to impact on numbers requiring long term care home placements.

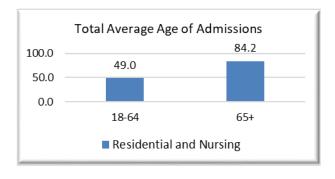


Profile of People Admitted to Long Term Care (Reporting Method: Rolling 12 months, Q3= January to December 2022)

Average Age of Admissions by Care Type



Type of Care	18-64	65+
Residential	48.0	84.5
Nursing	52.6	83.8

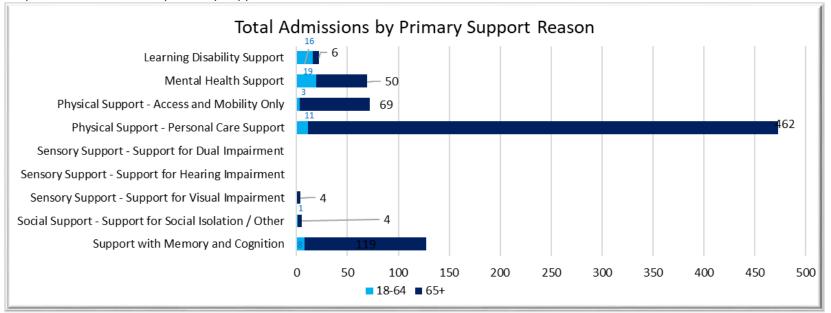


Type of Care	18-64	65+
Residential and Nursing	49.0	84.2

Admissions by Primary Support Reason – Residential and Nursing

Primary Support Reason	18-64	65+	Total
Learning Disability Support	16	6	22
Mental Health Support	19	50	69
Physical Support - Access and Mobility Only	3	69	72
Physical Support - Personal Care Support	11	462	473
Sensory Support - Support for Dual Impairment	0	0	0
Sensory Support - Support for Hearing Impairment	0	0	0
Sensory Support - Support for Visual Impairment	0	4	4
Social Support - Support for Social Isolation / Other	1	4	5
Support with Memory and Cognition	8	119	127
Grand Total	58	714	772

Graph: Total Admissions by Primary Support Reason



3. Outcomes of Short-term Services

2022-23 Target rate = 83.5%

Good Performance = Lower

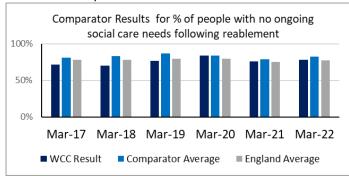
Definition: Proportion of people with no ongoing social care needs following a reablement service - sequel to short term services to maximize independence. (ASCOF2d)

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 2021-22. The result for WCC was 78.4% - 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%	82.7%	77.6%

Worcestershire Results (Reporting Method: Q3 = April to December 2022, monthly data, cumulative)

Month	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
Result and RAG	78.4%	78.6%	78.9%	80.8%	80.6%	81.9%	82.1%	81.8%	82.1%	82.6%
Numerator	1135	110	220	341	432	530	623	762	892	1012

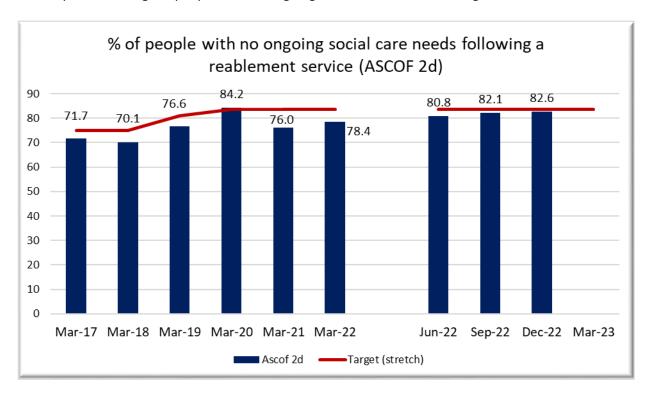
Commentary:

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 and have continued to steadily increase despite continued pressures across the system, more people using the services and having more complex needs.

For Q3 2022-23 the monthly results have gradually increased from 78.6% in April to 82.6% in December 2022.

Graph: Percentage of people with no ongoing social care needs following a reablement service.



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)

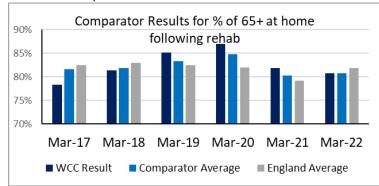
Analysis:

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 2021-22. The result for WCC was 80.8% - the same as comparator average but lower than England average.



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%	80.8%	81.8%

Worcestershire Results (Reporting Method: 3 months running total, Q3 = October to December 2022)

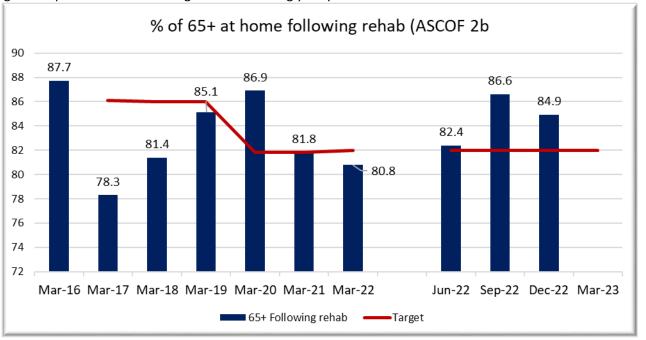
Month	March 2022	June 2022	September 2022	December 2022
Result and RAG	80.8%	82.4%	86.6%	84.9%
Numerator	497	548	625	631

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 and in line with comparators.

For Q3 2022-23 the result has dropped to 84.9% compared to 86.6% last quarter. The level of positive outcomes remained constant for Neighbourhood team results, but due to higher acuity of those with the Reablement Team more people had died or returned to hospital in Q3.

Graph: Percentage of 65 plus at home following rehab. Showing yearly results from March 2016 to March 22. Then Quarterly for 2022-23.



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	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Result and RAG	87.2%	88.4%	87.3%	85.7%	86.3%	86.0%	85.7%	86.1%	84.6%	85.2%	84.6%	84.1%
Numerator	4143	4222	4184	4109	4149	4149	4045	4063	4003	3997	3974	3964

Commentary:

Performance for Q3 2022-23 has decreased to 84.1%. Increased demand (more contacts and more people receiving services) is impacting on reviewing capacity as are staffing issues. Processes are being reviewed to identify efficiencies. Overtime has been agreed to target reviews. The Learning Disability service results continue to improve using the

support of an external provider. For mental health teams results have been impacted by a previous project last year with one large provider meaning a number of reviews carried out there are now due again. Plans are in place to prevent this happening next year.

Graph: Annual Care Package Reviews Completed. Showing yearly results from March 17 to March 22. Then Quarterly for 2022-23.

