# ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT DATA FOR NOVEMBER / DECEMBER 2017

# **HEADLINE REPORT**



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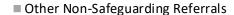
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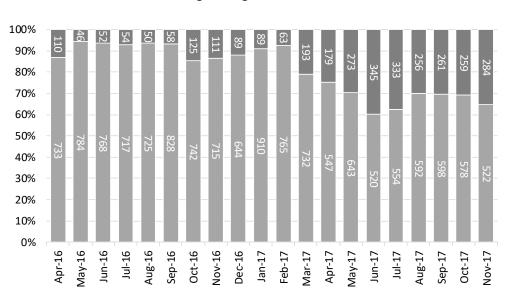
#### **Common Access Point**

The service has been piloting various ways of delivering an effective Multi-Disciplinary Team (MDT) approach, in line with the Western Bay 'optimal model'. In April 2016, 13% of enquiries came in via the Common Access Point. By June 2017, this proportion had increased to 40%. We want to continue to maintain and improve these higher numbers. A new pathway through the Common Access Point / MDT was introduced in December 2017 and should further increase the numbers screened by MDT.

## Progress With Multi-Disciplinary Team Referrals







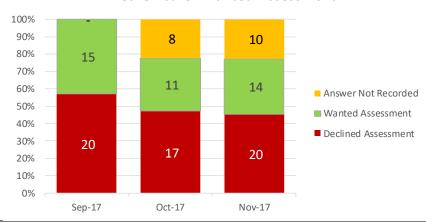
#### Carers Identified and Whether Wanted Carer Assessment

The number of carers identified has been broadly lower since April 2016. Nonetheless, the proportion who do not wish to receive a separate carer assessment has remained steady and represents a small majority of carers.

The improvement (reduction) in the percentage of carers who declined assessment would appear to be due to the unusually high number of occasions on which the relevant data was not entered into the system.

Month	Sep-17	Oct-17	Nov-17	Month Trend	Directio n of Travel
Identified Carers	41	36	44	Ŷ	High
Offered Assessment	35	28	41	Ŷ	High
% offered assessment	85.4%	77.8%	93.2%	•	High
Declined Assessment	20	17	20	4	Low
% declined assessment	57.1%	60.7%	48.8%	1	Low
Wanted Assessment	15	11	14	1	High
% wanted assessment	42.9%	39.3%	34.1%	•	High
Response Not Recorded	-	8	10	•	Low
% response not recorded	0.0%	28.6%	24.4%	1	Low
Received Carers Assessment / Review	54	60	54	•	High

Whether Carer Wanted Assessment



## **Long-Term Domiciliary Care**

The most significant area of concern continues to be the difficulties within the care market which continue to have an impact on the timeliness with which we can start new packages of care.

Month	Sep-17	Oct-17	Nov-17	Month	Direction
Wionth	3cp 17	Oct 17	1407 17	Trend	of Travel
New starters	47	56	51	1	Low
Of which					
In-house	6	11	19	•	Low
External	41	40	32	•	Low
% internal	12.8%	19.6%	37.3%	4	Low
Receiving Care at Month End	1,236	1,229	1,265	•	Low
Of which:					
In-house	125	115	124	4	Low
External	1,111	1,114	1,141	4	Low
% internal	10.1%	9.4%	9.8%	4	Low
Hours Delivered in Month	68,415	66,174	68,956	•	Low
Of which:					
In-house	6,868	6,118	5,326	1	Low
External	61,547	60,055	63,630	•	Low
% internal	10.0%	9.2%	7.7%	4	Low
Average Weekly	12.9	12.2	12.7	4	Low
Hours	12.5	12.2	12.7		LOW
Of which:					
In-house	12.8	12.0	10.0	Ŷ	Low
External	12.9	12.2	13.0	•	Low

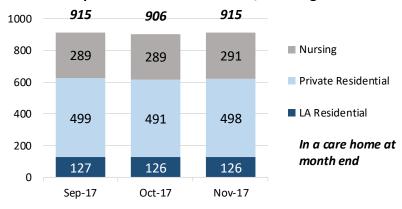
The average number of hours provided by the independent sector each month during 2014/15 was 58,000. We now see 64-68,000 as the norm. In the same year, in-house home care averaged 5,400 hrs/month. During 2016/17 the average increased to 7,000 - 8,000 hrs/month.

## **Residential Care for Older People**

The numbers being admitted to residential care are relatively higher than was anticipated by the Western Bay intermediate care modelling work. For sustainable operation, admissions need to be under [30] each month. Some improvements in recent months.

Permanent Residential Care for People Aged 65+	Sep-17	Oct-17	Nov-17	Month Trend	Directio n of Travel
Admissions	32	23	23		Low
Discharges	35	29	19	•	High
In a care home at					
month end	915	906	915	•	Low
Of which:					
LA Residential	127	126	126	1	Low
Private Residential	499	491	498	•	Low
Nursing	289	289	291	4	Low

## People in Place in Residential / Nursing Care



## **Delayed Transfers of Care (DToCs)**

The impact of the domiciliary care market issues is that it is harder to set care up for people. This has an impact on people waiting in hospital and is evidenced by recent DToCs data.

There was a significant increase of delayed transfers from hospital due to delays in setting up home care packages in August and September 2017. This eased in October, November & December 2017 but is still above historic levels.

Delayed Transfers	Oct-17	Nov-17	Dec-17	Month Trend
Total Delays	47	43	42	Ŷ
Of which				
Health / Other Reasons	27	26	34	4
Social Services Reasons	20	17	8	Ŷ
% social services	42.6%	39.5%	19.0%	Ŷ
Awaiting Package of Care	13	11	7	Ŷ
% of Social Services	CE 00/	64.7%	87.5%	
Reasons	65.0%	04.7%	87.5%	•

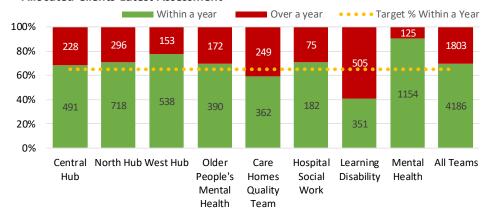
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## **Reviews of Allocated Clients**

Routine reviewing and re-assessing of clients receiving a package of care is a significant requirement placed on social services department. We are working with the Learning Disability service to make progress in reviewing its clients, and we will be setting targets for improvement. We will also consider how to improve performance within CHQT particularly.

Number of Allocated Social Work / Review Cases & Time Since Latest Assessment of Need	Last Assessm Ye	nent Within a ar	Last Assessment Over a Year		
	Number of	% of Clients	Number of	% of	
Team	Clients	% of Cheffts	Clients	Clients	
Central Hub	491	68.3%	228	31.7%	
North Hub	718	70.8%	296	29.2%	
West Hub	538	77.9%	153	22.1%	
Older People's MH Team	390	69.4%	172	30.6%	
Care Homes Quality Team	362	59.2%	249	40.8%	
Hospital Social Work	182	70.8%	75	29.2%	
Learning Disability	351	41.0%	505	59.0%	
Mental Health	1,154	1,154 90.2%		9.8%	
All Teams	4,186	69.9%	1,803	30.1%	

#### **Allocated Clients Latest Assessment**



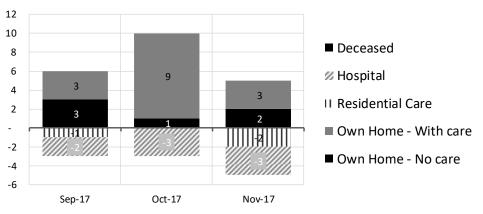
#### **Effectiveness of Reablement**

#### Residential Reablement

The residential reablement service continues to provide effective reablement and the majority of people go home rather than into institutional care. The increase in the length of stay should be noted as it may also reflect issues within the domiciliary care market, which a good proportion of clients require to move on. Reduction in length of stay in October 2017 was not sustained.

Leaving Residential Reablement	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Left Residential Reablement	9	13	10	•	High
Of which					
Own Home - No care	3	1	2	<b>^</b>	High
Own Home - With care	3	9	3	•	High
Residential Care	- 1		- 2	<b>^</b>	Low
Hospital	- 2	- 3	- 3	<b>-</b>	Low
Deceased	-			<b>-</b>	Low
% went home	66.7%	76.9%	50.0%	•	High
Average Length of Stay (Days)	34.5	26.5	34.6	•	Low

# **Status Leaving Residential Reablement**

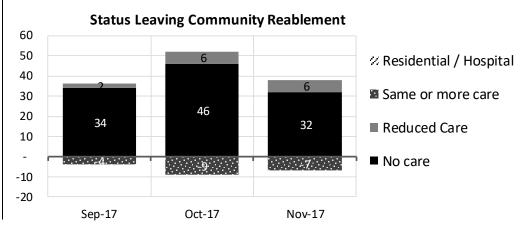


## Community Reablement

The data on community reablement is unfortunately not as robust as data relating to residential reablement and we will be taking action to improve the data quality, coverage and completeness.

Leaving Community Reablement	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Left Community Reablement	41	61	45	•	High
Of which					
No care	34	46	32	4	High
Reduced Care	2	6	6	-	High
Same or more care	- 4	- 9	- 7	•	Low
Residential / Hospital				-	Low
Other	- 1			-	Low
% reduced / no care	87.8%	85.2%	84.4%	<b>→</b>	High
Average Days in Service	46.61	42.65	37.53	1	Low

As with residential reablement, the increase in average length of service is also likely to be indicative of issues within the wider domiciliary care market. Improvements during November 2017 are welcome.

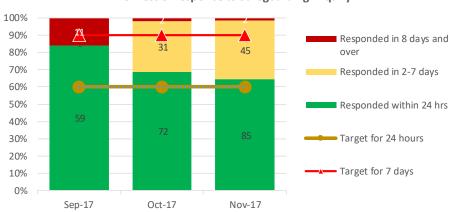


## **Timeliness of Response to Safeguarding Issues**

We are broadly meeting targets for timely response to safeguarding enquiries. Maintaining performance during October 2017 is an achievement as the number of enquiries was high. We continue to seek ways to improve the quality of enquiries so that a larger proportion are thresholded.

Month	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Enquiries Received	92	123	119	4	High
Timeliness of Response					
Responded within 24 hrs	59	72	85	•	High
% responded within 24 hrs	64.1%	58.5%	71.4%	•	High
Responded within 7 days	90	117	117	4	High
% responded within 7 days	97.8%	95.1%	98.3%	•	High
Responded over 7 days	2	2	1	•	Low
Awaiting response	-	4	1	•	Low
% awaiting response	0.0%	3.3%	0.8%	1	Low
Outcome					
Thresholds	98	137	134	<b>-</b>	High
Threshold Met	40	61	42	<b>-&gt;</b>	High
% Threshold met	40.8%	44.5%	31.3%	<b>-&gt;</b>	High
Threshold Not Met	50	53	72	<b>*</b>	Low
% Threshold met	51.0%	38.7%	53.7%	<b>→</b>	Low

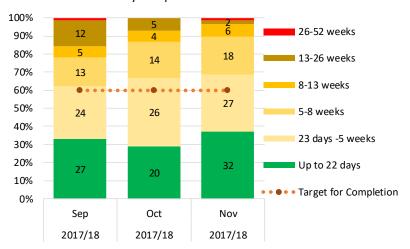
#### **Timeliness of response to Safeguarding Enquiry**



## **Timeliness of Deprivation of Liberty Assessments**

While the overall completion rate for DoLS assessments is just below target, this masks that there is a specific issue with timeliness for the majority of BIA assessments.

Timely Completion of BIA Assessments



Timely Completion of Doctors' Assessments

