

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 17
November 2022

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q2 2022/23**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Adult Social Care Cabinet Committee with an oversight of Adult Social Care activity and performance during Q2 for 2022/23.

Contacts into Adult Social Care and Health (ASCH) increased into Quarter 2 as did the number of incoming Care Needs Assessments; ASCH completed more Care Needs Assessments, Carers Assessments, arranged more new support packages, supported more people with a Mental Health need and reduced the numbers awaiting an annual review.

ASCH are seeing more people accessing a short term residential or nursing bed, and people are staying in them for longer; this in turn is leading to a decrease in those being at home 91 days after discharge from hospital having had enablement services with ASCH and increasing the numbers and rates of older people having their support needs met by admission to long term residential or nursing care as they move from short term to long term.

Of the six KPIs, two were RAG rated Green having met their targets, three are Amber, and one is Red. The KPI RAG rated Red is the measure looking at the percentage of new Care Needs Assessments delivered within 28 days; performance on this measure has not improved. Care Needs Assessments are being delivered however analysis show these include assessments that have been open for a longer amount of time rather than those newly incoming and part of this KPI.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q2 2022/23

1. Introduction

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPI) for Kent County Council's (KCC) Adult Social Care and Health (ASCH) services. It includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).
- 1.2 Appendix 1 contains the full table of KPIs and activity measures with performance over previous quarters and where appropriate against agreed targets.

2. Overview of Performance

- 2.1 ASCH saw over 21,000 people making contact in Quarter 2, which is an expected seasonal increase on the previous quarter; work continues designing and building new approaches and platforms for people to manage their own care needs and be able to self-serve for information where appropriate. The KPI on the percentage of people who re-contacted ASCH, having had a previous contact resolved with advice and information, continues to achieve the target of 9% (RAG rated Green).
- 2.2 There was an increase in the number of new Care Needs Assessments (CNA) to be undertaken in Quarter 2, at 4,926, however this was not at a volume exceeding previous quarters and outside of expectations. Over the last 12 months, the average quarterly number of CNA completions was 4,835, and this includes both those new CNAs as well as those which have been completed from previous quarters.
- 2.3 Of the incoming CNAs for Quarter 1, 75% were completed within 28 days, which is consistent with the previous quarter, and below the floor target of 80% (RAG Rated Red). The time taken to complete a CNA is dependent on the person and their needs, with some people with complex circumstances needing to take months to complete. However, the majority of CNAs can be completed within 28 days (Care Act guidance states that they should be timely)
- 2.4 ASCH continues to prioritise completing CNAs as part of its Performance Assurance Framework with new targets being individualised to each Area which focus on completing those that have been open the longest whilst ensuring new CNAs are worked on and completed in a timely manner. It is anticipated that improvements as a result of this activity will be observed in quarter 3.
- 2.5 There was a 6% increase in the number of Carers' Assessments being delivered in Quarter 2 compared to Quarter 1 and continues the ongoing upward trend. 1,166 were delivered in Quarter 2 by the commissioned Carers' Organisations who deliver these assessments on behalf of KCC ASCH.
- 2.6 Where eligible for support, people receive a Care and Support Plan which details how a person will be supported and the services they may receive. ASCH had 16,667 people with an active Care and Support Plan at the end of

Quarter 2, which is a decrease on the previous quarter. Quarter 1 had the highest number active in this reporting period. Not everyone will go on to need a support package (for example Residential care, Homecare, Supported Living) and ASCH has seen decreasing numbers of new support packages being arranged each quarter, albeit with a slight increase for Quarter 2. The majority of new packages are for Care and Support in the Home (CSiH). ASCH has seen an increase in the number of people receiving a package for over 12 months, so although the new packages are decreasing people are being supported for a longer period of time. Whilst the numbers have decreased overall, the average weekly cost of the newly arranged packages has been increasing, indicating a rise in the cost of care or increases in the complexity of needs.

- 2.7 The number of people requiring an annual review on the last day of Quarter 2 was 4,945 and is a decrease of 39 reviews on the Quarter 1. Work to complete annual reviews are also prioritised as part of the ASCH Performance Assurance Framework; individualised ASCH area targets to increase the number of reviews completed have been set and are being managed at an area team level, with a focus on those most overdue; examples of best practice are being shared amongst teams where actions have led to decreases in those awaiting an annual review. Over 3,000 annual reviews were completed in Quarter 2.
- 2.8 Where people need short-term enablement services, ASCH has the Kent Enablement at Home service (KEaH) which aims to keep people independent and in their home. In Quarter 2 there were 1,546 people actively receiving this support. To address pressures both within the service and those in the wider social care market, KEaH is re-running a recruitment campaign which increased capacity earlier this year.
- 2.9 Some people require residential or nursing care on a temporary basis (either while their longer-term needs or circumstances are assessed, or to provide respite) and ASCH continue to see increasing numbers of people in short term beds, since the pandemic, with 1,418 individuals in Quarter 2. Carer respite includes the use of short-term beds and continues to account for over 400 people this quarter, 31% of the service activity.
- 2.10 ASCH is seeing more people staying longer in a short-term bed, and this in turn is increasing the number, and rate, of people being admitted to long term residential or nursing care as their short-term stay turns to long term. It has also decreased the proportion of older people who were still at home 91 days after hospital discharge having had reablement services (ASCH4). Assessing those who have been referred to a short-term bed is being treated as a priority to ensure individuals receive the support required to limit their need to remain in these temporary arrangements. ASCH work in partnership with acute colleagues and commissioning to find solutions that extend to winter pressures planning.
- 2.11 Long Term Support is provided either through community or residential/nursing care. ASCH have nearly 12,000 people in long term community services each quarter, which include Direct Payments, Day Care, Supported Living and

Homecare. A key priority for ASCH is to enable people to remain independent and in their own homes with clear personal choice of their support. Direct Payments are nationally recognised as an effective way of delivering these aims and for Quarter 2 this measure is Rag Rated Amber with 24%, which it has been for some time.

- 2.12 ASCH had been seeing a decreasing number of people with long term residential or nursing care. However, it should be noted that there is often a delay in an individual being recorded as being in long term residential care and this is often as a result of discussions regarding funding arrangements (whether the individual is self-funding or should be Council funded) or when a person transferred from short term to long term care. As such, Members may observe that data reported for previous quarters changes as these changes are recorded.
- 2.13 The numbers of people accessing support with ASCH who have a Mental Health need continues to increase, with signs of a plateau in the figures earlier this year no longer holding; there were 1,263 people being supported by ASCH with a Mental Health need in Quarter 2. Supporting Independence Services/Supported Living remains the most prevalent service provision, and there was a small increase in the number of people receiving Care and Support in the Home in Quarter 2.
- 2.14 The KPI reporting on the percentage of people in residential or nursing care with a CQC rating of Good or Outstanding, decreased to 80% in Quarter 2 (RAG Rated Green against target). Where providers are rated as Inadequate or Poor, Locality Commissioners provide advice and support to ensure that effective action plans are in place that respond to identified concerns and/or CQC findings and monitor these action plans as required. Where necessary contract suspensions are put in place to prevent further placements whilst improvements are being made, currently 14 care homes.
- 2.15 ASCH report two KPIs that are the National Better Care Fund measures and key national measures for ASC; For those people aged 65 and over, who are still at home 91 days after discharge from hospital, having received enablement, ASCH moved to below the target of 82% in Quarter 1 (RAG Rated Amber). This decrease correlates with the increases in those in short term residential or nursing beds and remaining in them for longer than 6 weeks.
- 2.16 The second measure, the rate per 100,000 of people receiving long term support, aged 65 and over, by admission to residential and nursing care homes was also affected by the increases over the last 2 quarters of people moving from short term to long term beds, and in Quarter 1 was above the target and RAG Rated Amber.
- 2.17 The number of Deprivation of Liberty Safeguards (DoLS) applications received in Quarter 2 decreased to 2,172 and follows an expected seasonal trend; Quarter 2 receives the lowest volume annually, and Quarter 3 and 4 are expected to return to higher numbers and the volume of DoLS applications received continues an overall upward trend. The number of completed applications vary quarter on quarter and is influenced by the capacity of the

team and the volumes of urgent applications, Quarter 2 saw a higher proportion of urgent applications, which accounted for 84%, up from 78% in Quarter 1. There was a decrease in the number of applications completed, with 1,987 in quarter 2 from 2,040 in Quarter 1.

2.18 ASCH had 1,170 Safeguarding Enquiries open on the last day of Quarter 2, which is an increase of 12% on the previous quarter. The Safeguarding Teams had worked on over 2,500 active enquiries during the quarter and saw increasing numbers of Safeguarding concerns being received. However the conversion of these to Enquiries has decreased to 39%; and in Quarter 2 the closure outcome for concerns was mainly due to the Section 42 Criteria not being met or information and advice being provided.

3. Conclusion

3.1 ASCH is continuing to experience high levels of activity, and has prioritised capacity to focus on enablement services, Care Needs Assessments, annual Care and Support Plan Reviews, Deprivation of Liberty Safeguards and Safeguarding.

4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to NOTE the performance of services in Q2 2022/23.
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5. Background Documents

None

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