

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care Cabinet Committee – 15 March 2023

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q3 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 Q3 for 2022/23.

Quarter 3 saw varying changes in activity and delivery for Adult Social Care and Health (ASCH) however activity levels have remained high. There were decreases in those making contact with ASCH, in the number of incoming Care Needs Assessments, decreased numbers of Carers Assessments completed, less people with an active Care and Support Plan and fewer support packages arranged. There were increases in the numbers of Care Needs Assessments and annual Reviews completed, more people accessing ASCH who have a Mental Health need, and Deprivation of Liberty Safeguards applications received.

ASCH did see a decrease in the number of people in short-term beds and people going into long term residential and nursing services in Quarter 3, however where people are in residential or nursing care there has been a decrease of those in a Care Quality Commission (CQC) rated Good or Outstanding care home.

Of the six Key Performance Indicators (KPIs) , one was RAG rated Green, four were Amber, and one was Red. Care Needs Assessments delivered within 28 days remains below the floor target (for Quarter 2) and actions taken in Quarter 3 have led to increases in the numbers of Care Needs Assessments completed; these do however 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 Q3 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 continue to have over 21,000 people making contact each 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, helping to manage ongoing contact demands. 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 a decrease in the number of Care Needs Assessments (CNA) to be undertaken in Quarter 3, a reduction of 6%, at just over 4,600; there was also a decrease in the number of people requiring their CNA to be completed on the last day of the quarter, which was due to the increase in the number of CNAs completed following a series of targeted actions implemented as part of ASCH's Performance Assurance. These completions included both new CNAs as well as those from previous quarters.
- 2.3 Of the incoming CNAs for Quarter 2, 70% were completed within 28 days, which is a decrease on 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, however the majority of CNAs can be completed within 28 days (Care Act guidance states that they should be timely). ASCH continues to prioritise completing CNAs as part of its Performance Assurance Framework and have already seen the highest number completed in Quarter 3 compared to the previous five quarters.
- 2.4 There were 955 Carers' Assessments completed in Quarter 3, which is a decrease on the previous quarter. ASCH continue to encourage carers and the people they care for to be assessed. Partner agencies are asked to promote carers' assessments where they identify people who are caring. Carers' assessments remain a delegated authority and can be completed by contracted organisations who often provide the required support as an outcome of their assessment.
- 2.5 Where eligible for support, people receive a Care and Support Plan (C&SP) which details how a person will be supported and the services they may receive. ASCH had 16,211 people with an active C&SP at the end of Quarter 3, which is a decrease on the previous quarter. Not everyone will go on to need a

support package and ASCH has seen varying numbers of new support packages being arranged each quarter. ASCH has seen an increase in the number of people receiving a package for over 12 months, so although new packages have decreased, people are being supported for a longer period of time. 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.

- 2.6 ASCH increased the number of annual reviews completed in Quarter 3 by 2% leading to a 2% decrease in the number of people requiring an annual review on the last day of the quarter. This reflects the work prioritised as part of ASCH's Performance Assurance, where individualised targets were given to each operational area, with a focus on those most overdue. 3,200 annual reviews were completed in Quarter 3.
- 2.7 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 3 there were 1,570 people actively receiving this support.
- 2.8 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); ASCH saw its first decrease in the numbers of people in short-term beds since before the pandemic, with 1,462 individuals in Quarter 3. Decreases were seen amongst most person groups, but most notably for those with Carer respite, and Older People.
- 2.9 ASCH continue to see fewer people at home 91 days after discharge from hospital having had reablement services, (81% in Quarter 2). The increase in Quarter 2 of those in short-term residential or nursing beds and with people remaining in them for longer than 6 weeks continues to affect this KPI, which remains RAG Rated Amber. Assessing those who have been referred to a short-term bed is 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.
- 2.10 Long Term Support is provided either through community (Homecare or Direct Payments for example) or residential/nursing care. 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 3 this measure is RAG Rated Amber at 24%, which it has been for some time.
- 2.11 Quarter 2 saw a decrease in older people who had their long term support needs met by admission to residential or nursing homes (RAG Rated Amber) and Quarter 3 saw a decrease in the overall numbers in residential or nursing.
- 2.12 The number of people accessing support who have a Mental Health need continues to increase, there were 1,274 people being supported by ASCH with a Mental Health need in Quarter 3. Supporting Independence Services/ Supported Living remains the most prevalent service provision.

- 2.13 The KPI reporting on the percentage of people in residential or nursing care with a Care Quality Commission (CQC) rating of Good or Outstanding decreased for another quarter to 78% and is now RAG Rated Amber, falling below 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. Where necessary contract suspensions are put in place to prevent further placements whilst improvements are being made, currently these are in place for 16 care homes.
- 2.14 The number of Deprivation of Liberty Safeguards (DoLS) applications received in Quarter 3 increased to 2,395 and follows the expected seasonal trend and pattern of activity. The number of completed applications vary quarter on quarter and is influenced by the capacity of the team and the volumes of urgent applications, there were 1,993 completed in Quarter 3 and was a small increase on the previous quarter.
- 2.15 ASCH had 1,144 Safeguarding Enquiries open on the last day of Quarter 3, a decrease on the previous quarter. The Safeguarding Teams worked on 3,929 concerns and 2,539 enquiries in Quarter 3.

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 Q3 2022/23.
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5. Background Documents

None

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