From:	Graham Gibbens, Cabinet Member for Adult Social Care
	Anu Singh, Corporate Director of Adult Social Care, and Health
To:	Adult Social Care Cabinet Committee – 9 March 2018
Subject:	**ADULT SOCIAL CARE PERFORMANCE DASHBOARD**
Classification:	Unrestricted
Previous Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: The Performance Dashboard provides Members with progress against targets set for key performance and activity indicators for December 2017 for Adult Social Care.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care Performance Dashboard.

1. **Introduction**

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

"Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

1.2 To this end, each Cabinet Committee is receiving a performance dashboard.

2. **Performance Report**

2.1 The main element of the Performance Report can be found at Appendix A, which is the Adult Social Care Performance Dashboard which includes a description of the indicator and the latest available results for the key performance and activity indicators

2.2 The Adult Social Care Performance Dashboard is a subset of the detailed monthly performance report that is used at team, Divisional Management Team (DivMT) and Directorate Management Team (DMT) level. The indicators included are based on key priorities for the Directorate, as outlined in the current business plans and transformation programme, and include operational

data that is regularly used within Directorate. The Performance Dashboard will evolve for Adult Social Care as the transformation programme is shaped.

2.3 The monthly performance monitoring is based on data derived from the client system (SWIFT/ AIS). This system captures the assessment, needs, services, costs and review data from every service user supported.

2.4 Operational teams have the responsibility for updating the system and have a wide range of reports available to them to be able to manage their performance, including supervision with staff.

2.5 The latest report contains the most up to date indicators with targets, based on the delivery of the transformation programme and statutory responsibilities. This includes ensuring the interdependencies between services are understood and the targets reflect these. For example, a reduction in residential care may mean an increase in home care.

2.6 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.

2.7 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

2.8 Performance results are assigned an alert on the following basis:
   - **Green -** Current target achieved or exceeded
   - **Red -** Performance is below a pre-defined minimum standard
   - **Amber -** Performance is below current target but above minimum standard.

3. Summary of Performance

3.1 There are 13 measures within the Adult Social Care Performance Dashboard which have a RAG (Red, Amber and Green) rating applied.

3.2 For December 2017, nine performance indicators are rated as Green, four as Amber and none as Red.

3.3 In respect of Referrals to Enablement (ASCO3), the overall picture of people being supported in the full range of enabling services is much more positive. A number of schemes commissioned by the Council and the Clinical Commissioning Groups such as Home First, Hilton Nursing's Discharge to Assess and Virgin Care, are delivering intermediate care which is enabling people who would ordinarily have gone through the Kent Enablement at Home (KEaH) service prior to these schemes existence. Hilton Nursing data is now available, and this is included within the Referrals to Enablement indicator. There continues to be pressure on KEaH because not only does the service step in when the homecare market is unable to provide support, but it also prioritises hospital discharges which assists with the management of Delayed Transfer of Care (DToC).

3.4 In respect of the DToC indicator more detailed information can be found below. This is based on local data collection in December 2017.

DToC Bed Days	DToC Days					
	NHS	Social Care	NHS and Social Care	Attributable to Social Care	Total	% Attributable to Social Care
Darent Valley	351	133	14	**140**	498	28.1%
Medway	0	13	0	**13**	13	100.0%
Kent and Canterbury	683	39	0	**39**	722	5.4%
QEQM	306	5	0	**5**	311	1.6%
William Harvey	318	6	1	**6.5**	325	2.0%
Maidstone	157	65	7	**68.5**	229	29.9
Tunbridge Wells	241	52	4	**54**	297	18.2%
Kent Acute Total	**2,056**	**313**	**26**	**326**	**2,395**	**13.6%**
Virgin Care (North)	152	152	0	**152**	304	50.0%
KCHFT (East and West)	118	143	83	**184.5**	344	53.6%
Kent Non Acute Totals	**340**	**336**	**91**	**381.5**	**767**	**49.7%**
Kent Acute, Non Acute and KMPT (Older Person's) Grand Total	**2,396**	**649**	**117**	**707.5**	**3,162**	**22.4%**

3.6 In respect of the Medway figure for December there were no health delays relating to clients in Medway Hospital, all the delays were the responsibility of social care and therefore reported as 100% - this equates to 13 delayed days or 7 people within the whole month. By comparison in November there were 25 delayed days (10 people) which were the responsibility of health.

3.7 Although Maidstone appear to have high social care levels for December (68) this is a much-improved rate from November (145). There is a similar position for Tunbridge Wells where the figures for December (54) were also much improved from November (152). In December, the out- of- hospital beds were coming on line to respond to the additional pressure in Maidstone and Tunbridge Wells. This meant that people could be safely moved out of hospital for assessment and reduce the pressure on social care delays

3.8 National targets have been set which are linked to the Better Care Funding and which require Adult Social Care and the NHS to work together to reduce DToC and deliver better outcomes for people. The task to collect data from

Community Hospitals and from the Kent and Medway Mental Health Partnership Trust (KMPT) has progressed well over recent months. Collection of data on the KMPT older person's delays is being finalised and this will need to be added in. The Kent target is **3172 delayed days**, which was met in December with the data which was available.

3.9   The number of admissions to permanent residential and nursing care is within target but the overall number of people in these placements is not decreasing as predicted this year. This is because people are staying longer in placements and not leaving them as in previous years. In addition, there is some evidence that people are entering these placements at a slightly earlier age. It is anticipated these services will be under further pressure in the coming months because of the impact of the hospital discharges. This is an area which is being focused on as a priority.

3.10   In terms of homecare, the numbers of people receiving the service and their hours is increasing. There are more people being supported in their own home and again, the impact of hospital discharges means more people with higher packages in home care. Again, this is an area which is being focused on as a priority.

3.11   Going forward into 2018-19 the targets for these indicators will be revised based on demand profiles and the impact of Social Care Modernisation.

4.   Recommendations

4.1   Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the Adult Social Care Performance Dashboard.

5.   Background Documents

None

6.   Report Author
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