

Open Report on behalf of Glen Garrod, Executive Director Adult Care & Community Wellbeing

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	6 September 2017
Subject:	2017/18 Adult Care and Community Wellbeing Quarter 1 Themed Performance Report

Summary:

This report gives a Quarter 1 position statement and narrative on performance measures relating to Hospital Services in Lincolnshire. It gives some context to the aim of the service and the factors affecting performance in this key area. Officers from the relevant operational area and performance team will attend the meeting, to enable the committee to gain further understanding.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Themed Performance Report in Appendix A. A summary of the Directorate's Council Business Plan measures is attached at Appendix B for information.

1. Background

Following the presentation of the Adult Care and Community Wellbeing Quarter 4 performance report to the committee in July 2017, it has been agreed to hold a performance workshop for the Committee. This has been arranged to follow the scheduled committee meeting in October 2017. The aim of the workshop will be to allow the committee to further understand the national reporting requirements for the Directorate and to shape future areas of performance focus for the committee.

This Quarter 1 performance report is submitted prior to the workshop taking place. It is a report which is themed around Hospital Services. This theme has been selected for a focussed performance report as it:

- has a major impact on Lincolnshire residents;
- is the prime government priority area for Health and Social Care; and
- is a priority area for the Council and its NHS partners in terms of budget and activity.

The report focuses on key performance measures for Hospital Services. This includes the performance of Lincolnshire County Council Adult Care teams, commissioned provider services and NHS partners, in preventing unnecessary admissions to, and facilitating safe and timely discharge from hospital. A detailed picture of performance is attached at Appendix A to this report. The narrative in this report will give some context to the performance and for the information of the Committee, a summary of the current Council Business plan measures is contained at Appendix B of this report.

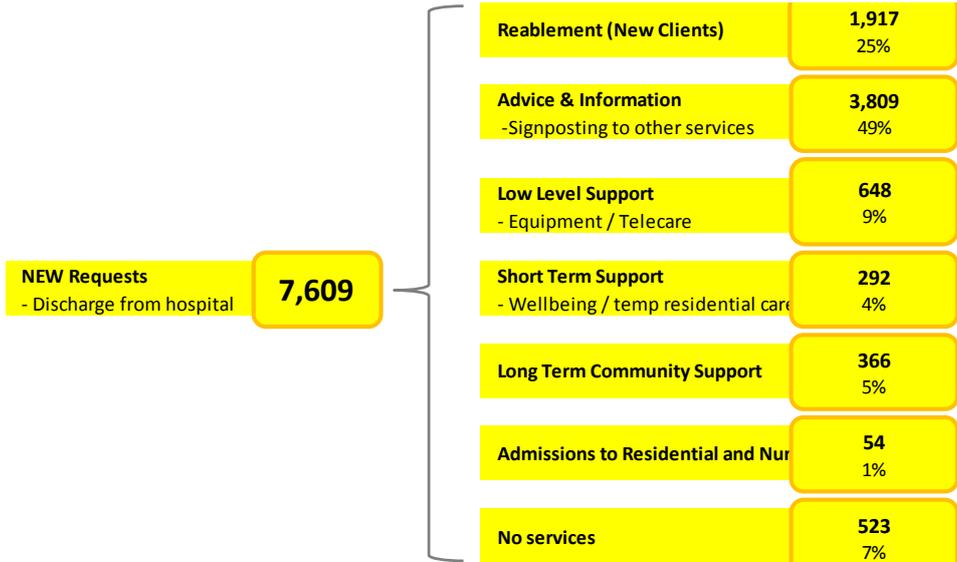
The Lincolnshire Picture

The three acute hospitals in Lincolnshire are each supported by a County Council Adult Care teams on each site. Lincolnshire residents also make up around 25% of patients who are admitted to Peterborough City Hospital, Lincolnshire County Council Adult Care staff based within Peterborough City Hospital provide a dedicated support to this acute hospital. The four hospital based teams also outreach to surrounding acute hospitals to support Lincolnshire residents' safe discharge home, including Scunthorpe, Grimsby and Queen Elizabeth Hospital in Kings Lynn.

There are also four non-acute community hospitals in the county, which are supported by Lincolnshire County Council community-based social work teams.

Demand on these teams is high. In 2016/17 there were 7,609 new requests for support made to the Council as a result of a person's discharge from hospital. These were all requests made from people who were not already known to the Council.

The table below is derived from Lincolnshire County Council's statutory activity return for 2016/17 and shows the sequel to that request for support.



For people who already have a social care package of support, their needs are reviewed following admission to hospital.

In 2016/17 25% of all unplanned reviews were undertaken by the Hospital Social Care teams. That is 770 people during the year having their care and support needs reviewed following a hospital admission.

Performance measures covering Hospital Services are largely those Adult Social Care Outcomes Framework (ASCOF) indicators which make up the Better Care Fund measures – this is the basis of the detailed performance information found in Appendix A.

The narrative in this covering report will summarise the Quarter 1 performance of the following measures:

- **Non-Elective Admissions**
- **People Still at Home 91 days after Reablement**
- **Delayed Transfers of Care**
- **The Performance of the Reablement Service**

Non- Elective Admissions

Across the whole of the county, at the end of Quarter 1, there had been 21,032 individual unplanned admissions to hospitals from people resident in the four NHS CCG [Clinical Commissioning Group] areas in Lincolnshire. This was 2,843 admissions above the planned level for the quarter.

This cumulative indicator shows that the total number of emergency admissions to hospitals in Quarter 1 is 13% higher than the same period in 2016/17. It is also higher than the target set in NHS CCG plans. One area of the county shows better than planned performance – which is continued from 2016/17.

The national picture over the same period, is that there has been a 2.5% increase in Non-elective admissions since the same period in 2016/17.

Proportion of People Still at Home 91 days After Reablement

This indicator is a survey of patients who have returned home after being in hospital and having had reablement or intermediate care services. It is based on a three month sample at the end of the financial year and therefore no update is available for Quarter 1. The end of the 2016/17 year however does provide an opportunity to determine the effectiveness of the providers in terms of people being at home 91 days after their reablement or intermediate care. An analysis of the data has shown that people who received reablement were much more likely to be at home 91 days later than those who had intermediate care.

2016/17 91 day indicator – effectiveness during 3 month sample window

Provider	Number of people receiving the service	Number still at home after 91 days	Percentage
ALL	668	504	75.4%
Allied Healthcare	450	383	85.1%
NHS LCHS	218	121	55.5%

In Lincolnshire, the reablement service is commissioned by the Council and provided by Allied Healthcare, with Intermediate care provided by Lincolnshire Community Health Services.

The annual outturns for 2015/16 and 2016/17 are included for information in Appendix A.

Delayed Transfers of Care

This indicator is viewed by the Government as the principal indication of whether local health and care systems are dealing with demand effectively. The reasons for any delay in leaving hospital are recorded for each patient with the organisation responsible for the delay.

The national picture over the last 12 months is that there has been a 17% increase in the number of delayed days – in Lincolnshire over the same period, we have achieved a 2.3% decrease.

The performance of social care in supporting hospital discharge is very good and is much better than the national picture, as demonstrated by the Quarter 1 performance information. Within Lincolnshire for June, the majority (68%) of delayed days were attributable to Health, with 13% attributable to social care. In the same period, nationally, the picture is that 54% of delays are attributable to Health and 38% to social care.

Overall the total number of delayed days within Lincolnshire has reduced by 21.2% from 2,985 in June 2016 to 2,351 in June 2017. Focusing on delayed days attributable to social care there has been a reduction of 57.2% over this period. Since January 2017 there has been a consistent fall in the number of delayed days attributable to social care from 777 in January to 315 in June.

Reablement Service

The Lincolnshire Reablement Service commissioned by the Council, is a key factor in enabling people with a social care need to leave hospital promptly. The performance of this service is felt to be one of the reasons that delayed transfer of care due to social care is much lower than the national average. The service provided by Allied Healthcare helps people stay at home through visits to provide support to regain skills following a crisis, illness or injury. Allied Healthcare took over this service in November 2015 and has increased its capacity to take on referrals since then. Currently the service makes 560 visits a day and over 300 new people a month receive this service.

The number of contact hours delivered has increased from the same period last year. This measure identifies the number of hours that reablement carers have spent with people who use the service during the month. The rise in the contact hours is consistent with the increased capacity report by the provider to meet increased referrals.

Customer satisfaction with the reablement service has remained consistently high over the contract period. Currently 96% of people who receive the service say they are satisfied or very satisfied with the service they receive.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the performance information shown in Appendix A. The summary report of Council Business Plan measure performance is attached in Appendix B for information.

3. Consultation

a) Policy Proofing Actions Required

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Hospital Services Key Performance measures Q1 2017/18
Appendix B	Council Business Plan measures summary Q1 2017/18

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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