HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE

JANUARY 2021

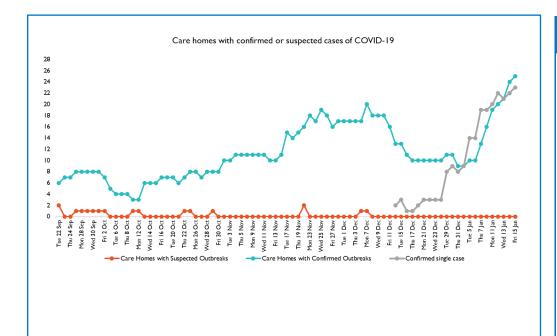
1. INTRODUCTION

The purpose of this report is to inform members of the latest performance against a number of key indicators that provide a view of how care is being delivered to the people of Plymouth in light of the COVID-19 emergency. The pandemic has had an impact on how performance is reported and this has limited the ability to provide benchmarking information like we have done so previously.

The indicators in this report are;

- Number of COVID-19 outbreaks within Care Settings
- Admissions to Residential and Nursing Care Homes
- Community Based Care
- Reablement
- Adult Safeguarding
- Delayed Transfers of Care
- Referral to Treatment

Performance Indicators								
	Thu 7 Jan	Fri 8 Jan	Mon II Jan	Tue 12 Jan	Wed 13 Jan	Thu 14 Jan	Fri 15 Jan	Trend
Total number of care settings	97	97	97	97	97	97	97	▲. ▼
Care settings with suspected outbreaks	0	0	0	0	0	0	0	▲ ▼
Care settings with confirmed outbreaks	13	16	19	20	21	24	25	A
Care settings with one confirmed case	19	19	20	22	21	22	23	A



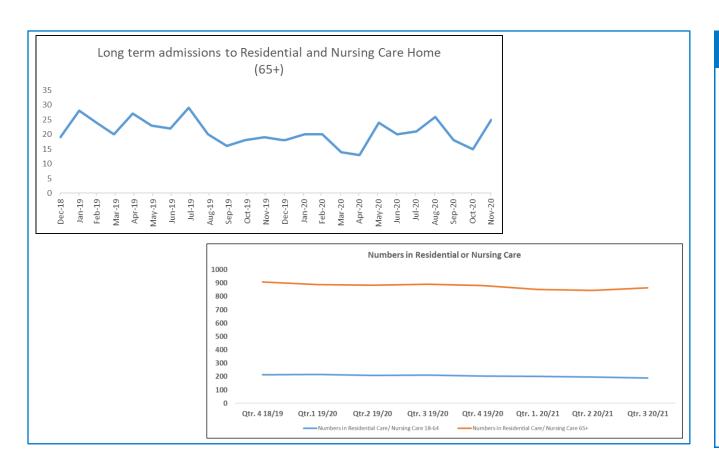
The majority of outbreaks are occurring in care homes, in total there are 97 care homes in Plymouth; those with confirmed or suspected outbreaks of COVID-19 will be closed to new residents and visitors. Local protocols are in place upon notification of an outbreak. The number of outbreaks within care homes increased to 17 on the 15 January. There are no care homes with a suspected outbreak, although there are six further homes with at least one confirmed case. This means that the percentage of care homes with a current COVID-19 positive case is 17.5%.

A care home is declared to be in outbreak when two or more cases are confirmed, whilst a home will also be declared out of an outbreak on the 29th day after the date of the latest positive test.

Five COVID-19 outbreaks have been identified within Domiciliary Care/ Extra Care settings with eight also having identified a single positive case. A further three outbreaks have been identified in Supported Living care settings, with eight settings having identified a single case.

Our care settings support some of our most vulnerable residents and unfortunately during the pandemic a number of these had outbreaks. With partners, the Council provided 'wrap around' support in a coordinated way that ensured residents, care home management and staff are assisted during an outbreak. We have provided access to information on best practice, and supported through weekly bulletins and monthly webinars to ensure that our providers have access to the most up to date guidance.

Performance Indicators								
	June	July	August	September	October	November	December	Trend
Long term admissions to Residential or Nursing Care (18-64)	2	2	I	I	I	3	I	▼
Long term admissions to Residential or Nursing Care (65+)	24	20	21	26	18	15	25	_
	Qtr.1 19/20	Qtr. 2 19/20	Qtr.3 19/20	Qtr. 4 19/20	Qtr. 20/2	Qtr. 2 20/21	Qtr. 3 20/21	
Numbers in Residential Care/ Nursing Care 18-64	216	209	212	204	201	197	190	▼
Numbers in Residential Care/ Nursing Care 65+	889	885	891	882	853	848	864	A

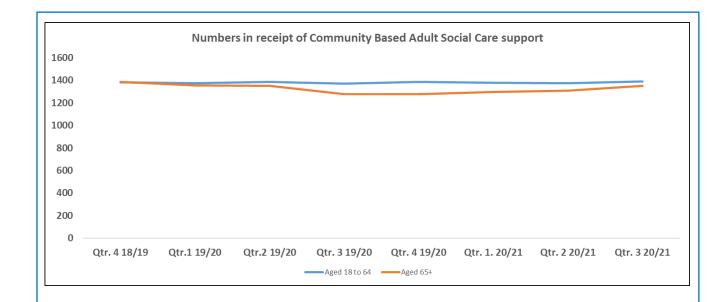


In 2019/20 the number of long term admissions to residential/ nursing care dropped, falling from 305 in 2018/19 to 239 (-66),

The downward trend in admissions has continued into 2020/21. Between April 2020 and the end of December there have been 176 admissions where a completed assessment has been recorded, this is a decrease of 17 over the same period in 2019. Small increases over the past few months means we are on a trajectory to have seen a similar number of admissions to 2019/20 by the end of the year 2020/21.

In line with national COVID-19 Discharge guidance a number of people will be in receipt of care within homes but currently funded by the NHS. These will not be included in these figures but are being monitored.

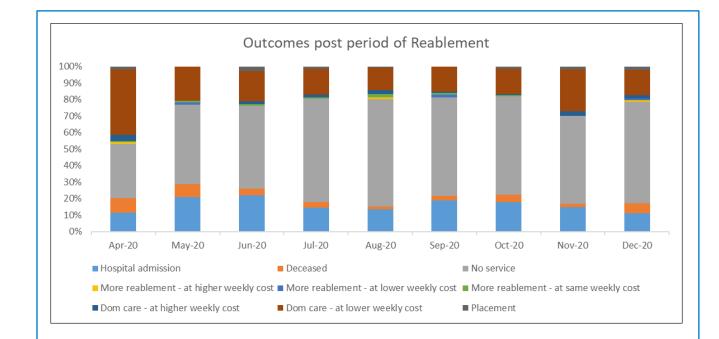
Performance Indicators								
	Qtr.1 19/20	Qtr.2 19/20	Qtr. 3 19/20	Qtr. 4 19/20	Qtr. I. 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Trend
Numbers in receipt of Community Based Care (18-64)	1372	1385	1370	1385	1379	1372	1390	A
Numbers in receipt of Community Based Care (65+)	1355	1349	1275	1276	1298	1308	1349	A



As complexity and need increases, ensuring that demand on services is well managed is a key priority for Adult Social Care.

An approach which includes a strengthened gateway to care with direct links to the community and voluntary sector, Wellbeing Hubs and access to Healthcare has delivered a more integrated model of care. Improved access to advice and information along with timely access to a reablement approach will enable more people to live fully independent lives in their communities without the reliance on long term care. This has enabled us to maintain client levels.

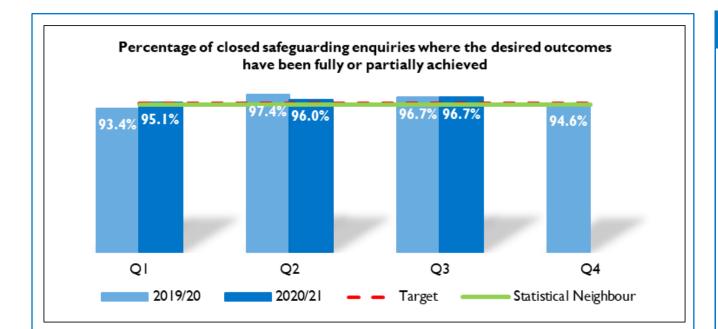
During quarter three of 2020/21 there were 2,739 individuals who accessed community based care, this is higher than Q3 of 2019/20 when we saw reductions. The numbers receiving community based care are also up on last quarter, an increase of 59 (+2.2%) but the longer term steady trend is at present being maintained.



The Independence at Home service monitors its activity and outcomes on a weekly basis and presented here is a monthly breakdown of outcomes to reablement. The increased availability of and better access to reablement packages over recent months has been key to keeping the number of people accessing long term community based support on a static trend in the face of increased complexity of need.

Between April the end of December 1,019 outcomes to reablement have been recorded. On average 55% of these cases the individual in receipt of the reablement has left the service fully independent requiring no further service.

Of those individuals who go on to require long term care, the majority o on to a package that is at a lower cost to any previous package received. On average each month 20% of all outcomes will be a package of Domiciliary Care that is at a lower weekly cost.



Making Safeguarding Personal (MSP) is a person-centred outcome focus to safeguarding work that aims to support people to improve or resolve their circumstances. This is an indication of how well we are meeting the person's desired outcome, but not necessarily a measure of the degree to which they have been safeguarded.

Between I October 2020 and 31 December 2020, 234 individuals were the subject of a completed safeguarding enquiry. 153 of which expressed a desired outcome at the start of the enquiry (65% compared to 73% in Q2), the percentage of people not asked about their preferred outcome increased to 28% (18% in Q2). We will look into this further in our regular meetings with Adult Social Care managers.

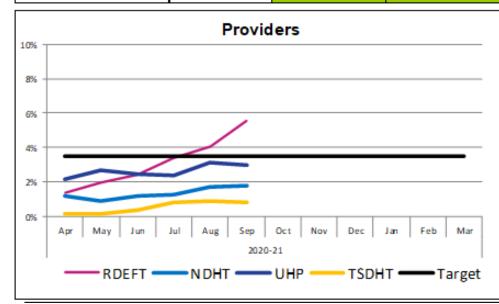
The percentage that has been either fully or partially achieved is 97.0%, this exceeds the 95% target and continues to be above the average of our CIPFA groups of similar local authorities. The percentage fully achieved increased to 71% (65% in Q2).

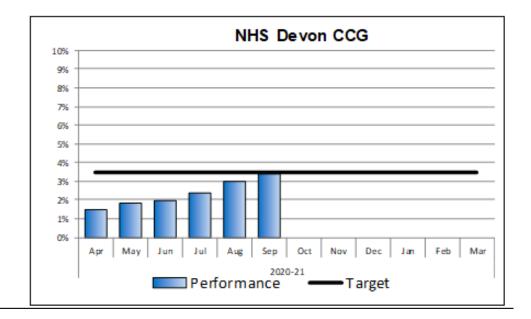
Safeguarding activity, performance and outcomes are monitored on a quarterly basis by the Safeguarding Assurance meetings and the Adult Safeguarding Board.

Acute Delayed Transfers of care

Trust	Target	Septem ber	2020/21
RDEFT	3.50%	5.5%	3.1%
NDHT	3.50%	1.8%	1.3%
UHP	3.50%	3.0%	2.6%
TSDFT	3.50%	0.8%	0.5%

CCG	Target	Septem ber	2020/21
NHS Devon	3.50%	3.40%	2.3%



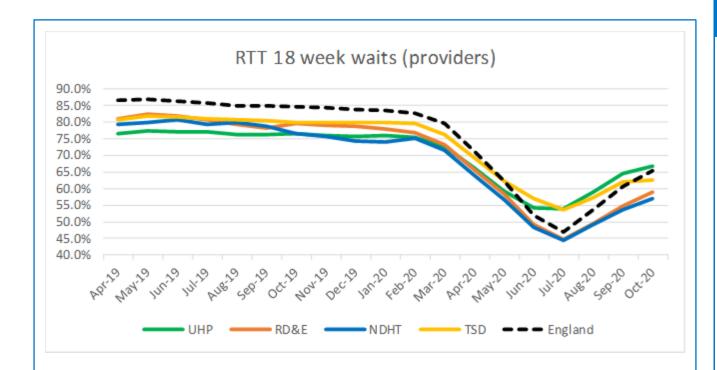


Performance Insights

 $Acute \ trusts \ have \ a \ target \ to \ ensure \ that \ 3.5\% \ or \ less \ of \ available \ bed \ capacity \ is \ lost \ to \ discharge \ delays \ on \ any \ given \ day.$

UHP has been performing on or around this 3.5% figure for some time and has been achieving the 3.5% target since April 2020.

Performance improved in September, down to 3.0%. Year to date in 2020/21 performance is at 2.6%.



October's data shows an improved position for RTT 18-week performance, rising from 58.3% to 60.4% at an STP level, compared to the target of 92% and national performance of 52%.

However, waiting lists have risen in October.

	RD&E	NDHT	UHP	TSD
September	33724	13352	30079	26366
October	37607	13441	30667	27284
Variance	3883	89	588	918

The number of long waiting patients also continues to increase, with numbers waiting over 52 weeks rising quickly at all providers in October, as can be seen in the table below. Breaches are expected to continue to rise in November.

	RD&E	NDHT	UHP	TSD
September	1880	1018	1006	892
October	2373	1195	1261	1143
Variance	493	177	255	251

The majority of the long waiters continue to be in Orthopaedics and Ophthalmology.

Work closely as a network to manage resources. There will be a centrally collated STP waiting list to support provider trusts, all of whom are clinically prioritising their waiting lists to ensure that the patients with the greatest clinically are treated first.