HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE MARCH 2022

1. INTRODUCTION

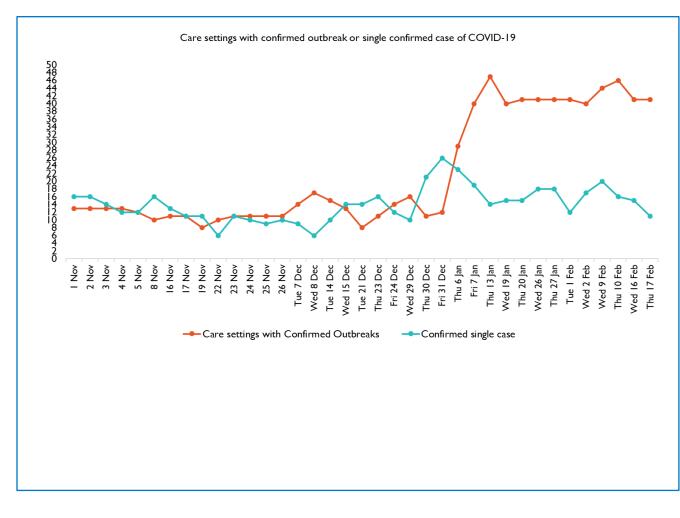
The purpose of this report is to inform members of the latest performance against a number of key indicators that provide a view of how care is being delivered to the people of Plymouth in light of the COVID-19 emergency. The pandemic has had an impact on how performance is reported and this has limited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

The indicators in this report are;

- Care setting outbreaks
- Residential and Nursing Care
- Community Based Care
- Domiciliary Care
- Reablement
- Adult Safeguarding
- Right to Reside and Length of stays
- Referral to Treatment Devon ICS

Performance Indicators

	Thu 27 Jan	Tue Feb	Wed 2 Feb	Wed 9 Feb	Thu 10 Feb	Wed 16 Feb	Thu 17 Feb	Trend
Care settings with confirmed outbreaks	41	41	40	44	46	41	41	• •
Care settings with one confirmed case	18	12	17	20	16	15	11	•



Performance Insights

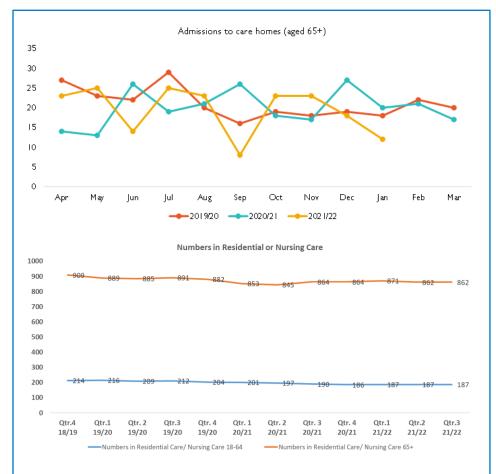
In total there are 97 care homes in Plymouth; those with confirmed or suspected outbreaks of COVID-19 will be closed to new residents and visitors. Local protocols are in place upon notification of an outbreak.

On the 17 February there were 41 care settings in confirmed outbreak. There are 27 older people care homes within outbreak and 8 care homes for under 65's. Please note that where a care setting has one case of the omicron variant this is classed as an outbreak, this has led to a significant increase in outbreak numbers.

Other settings in outbreak include 6 supported living providers but no Dom Care/ Extra Care providers.

Performance Indicators

	July	August	September	October	November	December	January	Trend
Long term admissions to Residential or Nursing Care (18-64)	5	0	4	2	I	0	0	• •
Long term admissions to Residential or Nursing Care (65+)	25	23	8	23	23	18	12	•
	Qtr. 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 21/22	Qtr. 2 20/21	Qtr. 3 21/22	
Numbers in Residential Care/ Nursing Care 18-64	201	197	190	186	187	187	187	• •
Numbers in Residential Care/ Nursing Care 65+	853	848	864	864	869	862	862	▲ ▼



Performance Insights

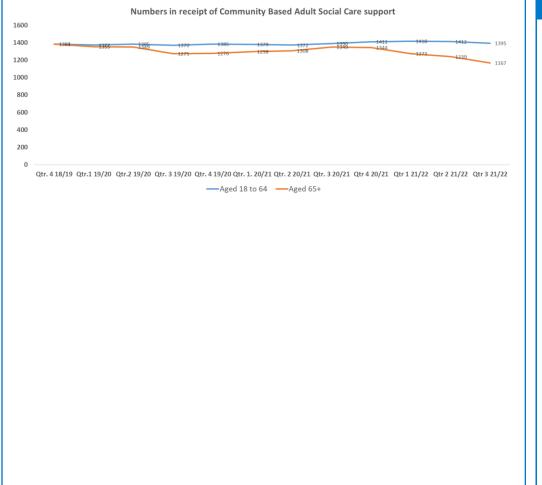
Between I April and 31 January there have been 195 admissions; lower numbers in September means that we are on a trajectory to see slightly lower numbers than 2020/21.

The number of long term admissions of those aged 18 to 64 increased in 2020/21, up from 15 in 2019/20 to 21 in 2020/21. Admissions were low in April, May and June and August, but five in July, three in September and two in October mean we are now on a trajectory to have similar admissions to last year. Numbers can change quickly. Plymouth has historically had a lower rate of younger people being admitted to care homes, and our 2020/21 rate of 13.1 per 100,000 is below the 2019/20 average of 14.6 per 100,000. In January 2022 no younger people have been admitted to long term care in a home.

Overall, numbers of people in care home settings remains static, and in line with national Hospital Discharge guidance a number of people will be in receipt of care within homes but currently funded by the NHS as part of their transition from hospital care. These will not be included in these figures but are being monitored through the Discharge to Assess improvement plan.

Performance Indicators

	Qtr. I. 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 21/22	Qtr. 2 21/22	Qtr. 3 21/22	Trend
Numbers in receipt of Community Based Care (18-64)	1379	1372	1390	4	1418	1412	1395	•
Numbers in receipt of Community Based Care (65+)	1298	1308	1349	1344	1273	1239	1167	•



Performance Insights

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.

During quarter three of 2021/22 there were 2,562 individuals who accessed community based care, this is a slight fall on quarter three of 2020/21 (2,739).

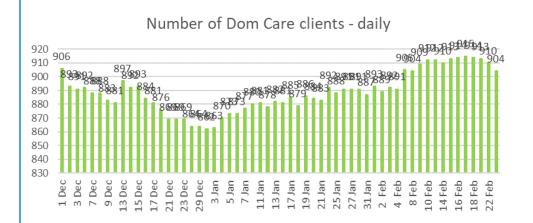
The number of people aged 18 to 64 remains static but the numbers aged 65 and over have dropped in the last three quarters.

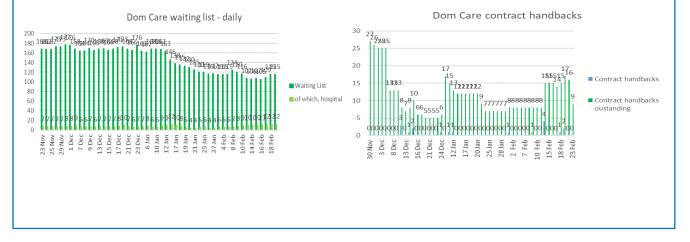
Report for period: 23 February, 2022

Project: Domiciliary Care

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Daily	I4 Feb	I5 Feb	l 6 Feb	I7 Feb	18 Feb	21 Feb	22 Feb	23 Feb	Trend
Number of clients	910	913	914	915	914	913	910	904	▼
Waiting List	106	107	105	109	115	115	115	115	▲ ▼
of which, hospital	10	10	11	12	12	12	12	12	▲ ▼
Contract handbacks	4	0	0	0	I	I	0	2	
Handbacks outstanding	15	15	15	14	15	17	16	9	•





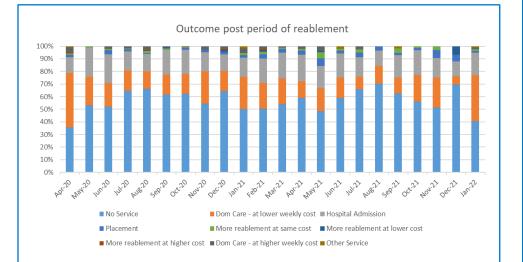
Performance Insights

Domiciliary care metrics are monitored on a daily basis and actions are taken across the system to manage demand.

Daily numbers show that since the turn of the year the numbers of people in receipt of dom care is increasing. This has had a positive effect on the number of people waiting for care. On the 23rd February this waiting list was 115. As recently as the end of November 2021 the waiting list had peaked at 177.

On the 23rd February there were 9 dom care contracts that have been handed back by the provider that remain outstanding. An outstanding handback is when a provider has served notice on provision of care and services are in process of finding alternative care arrangements.

Measure: Reablement



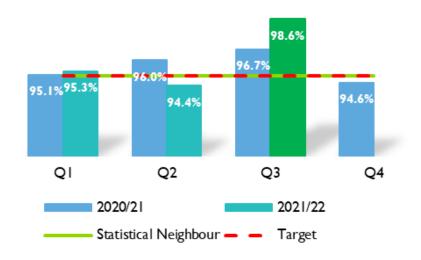
Performance Insights

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.

Due to current system pressure less individuals leaving hospital have access to reablement this is due to staffing challenges and reduced access to Dom Care provision which has resulted in limited flow through the service. A command centre approach has been in place since December to maximise community capacity as well as continuation of local recruitment campaign.

Between April the end of January 2022, 783 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. The percentage leaving with no further care needs has remained steady throughout 2021/22, and is an improvement on the monthly average in 2020/21.

Of those individuals who go on to require long term care, the majority go on to a package that is at a lower cost to any previous package received. On average each month this year 16% of all outcomes will be a package of Domiciliary Care that is at a lower weekly cost. Percentage of closed adult safeguarding enquiries where the desired outcomes have been fully or partially achieved



Performance Insights

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.

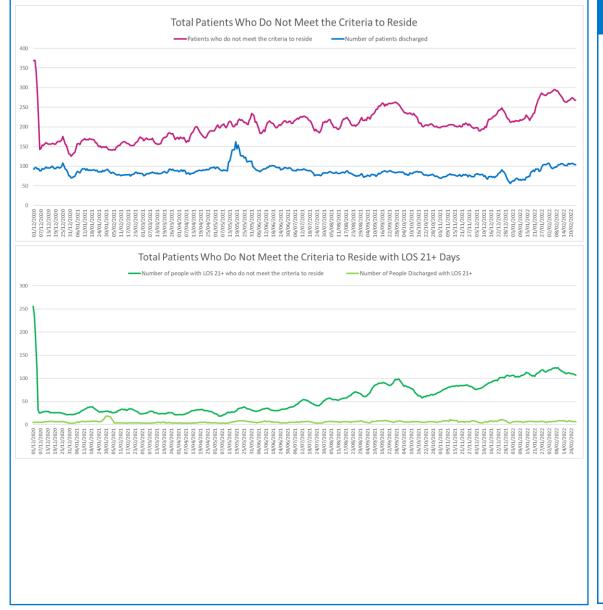
Between 1 October 2021 and 31 December 2021, 211 individuals were the subject of a completed safeguarding enquiry, 139 of which expressed a desired outcome at the start of the enquiry (65.9% compared to 71.7% in quarter two).

The percentage of outcomes that have been either fully or partially achieved increased in quarter three to 98.6% (137), from 94.4% in quarter two. The percentage fully achieved decreased to 66.2% (92) (69.8% in quarter two).

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

Report for period: February 2022

Measure: Right to Reside and Length of stays – University Hospitals Plymouth (UHP)



Performance Insights

Right to Reside and Length of stays – The number of people with a stay in UHP of over 14 days, and over 21 days is on an increasing trend since early 2021. On the 24th February 2022 there were 107 people in hospital with a length of stay over 21 days and who do not meet the criteria to reside.

Since early 2021 the gap between the number of people discharged and the number of people who do not meet the criteria to reside has widened.

Towards the end of February performance is starting to improve with patients delayed reducing, this is following a reduction in COVID outbreaks across the Care Market and an increase in capacity with the opening of a new 16 bedded care facility to support discharge flow.

Performance Key Targets														
			RDEFT			NDHT			UHP			TSDFT		
Indicator	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
Accident & Emergency type 1&2	DECEMBER 2021-22	95%	61%	61%		74%	70%	•				41%	44%	
Accident & Emergency All	DECEMBER 2021-22	95%	73%	74%		74%	70%	•				60%	63%	
Accident & Emergency 12 hour	DECEMBER 2021-22	0	13	18		6	1	•				140	162	
Referral To Treatment - Incompletes	NOVEMBER 2020-21	92%	53%	52%		61%	61%		64%	64%		57%	57%	▼
Referral To Treatment 52+ week waiter	NOVEMBER 2020-21	0	6683	6683		1196	1196		2859	2859		2091	2091	
Diagnostics	NOVEMBER 2020-21	99%	61.1%	64.8%		43.9%	48.2%		70.0%	69.6%	•	66.2%	67.7%	
Cancer 28 day faster diagnostic	NOVEMBER 2020-21	75%												
Cancer 2 Weeks	NOVEMBER 2020-21	93%	68%	68%		81%	76%	•	79%	76%	•	51%	45%	▼
Cancer breast symptomatic	NOVEMBER 2020-21	93%	29%	11%		0%	4%		11%	3%	•	96%	83%	
Cancer 31 Day First	NOVEMBER 2020-21	96%	95%	91%	►	90%	83%	•	92%	94%		98%	97%	
Cancer 31 Day Follow-up Drug	NOVEMBER 2020-21	98%	100%	100%		93%	97%		99%	99%	•	100%	100%	
Cancer 31 Day Follow-up Surgery	NOVEMBER 2020-21	94%	85%	79%		67%	92%		78%	84%		100%	97%	▼
Cancer 31 Day Follow-up Radiotherapy	NOVEMBER 2020-21	94%	100%	97%		100%			99%	99%		98%	100%	
Cancer 62 Day Urgent	NOVEMBER 2020-21	85%	69%	66%	▼	70%	61%	▼	71%	71%		72%	58%	•
Cancer 62 Day screening	NOVEMBER 2020-21	90%	100%	15%		100%	80%		71%	77%		88%	85%	
Cancer 62 Day upgrade	NOVEMBER 2020-21	85%	68%	81%		66%	76%		57%	32%	•	33%	0%	•

The Integrated care system are working to achieve national requirements to stabilise waiting lists. These include;

- Stabilise the waiting lists to levels seen at September 2021
- Hold or reduce the number of patients waiting over 52 weeks
- Eliminate waits of over 104 weeks by March 2022 except where patient choose to wait longer
- Retain remote delivery of 25% of outpatients attendances where clinically appropriate
- Discharging at least 1.5% of Outpatient attendances to PiFU (Patient initiated follow up) pathways by Dec 2021 and 2% by March 2022.