

ADULT SOCIAL CARE ACTIVITY AND PERFORMANCE REPORT

September 2024



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Glossary

ASC	Adult Social Care
CQC	Care Quality Commission
LCP	Local Care Partnership
LGO	Local Government Ombudsman
NCTR	No Criteria to Reside
SALT	Short and Long Term
P1	Home – Continuing Reablement
P2	Short Term Care – Bed Package
P3	Long Term Care – Nursing/Residential

Introduction

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities. This report aims to show the position against some key activity and performance measures from across the health and social care system and will be provided to the Health and Adult Social Care Oversight and Scrutiny Committee on a quarterly basis. The contents of the report will be flexible and can be changed in line with changing priorities if required.

The provision of data and performance information remains critical to delivery, even more so as the [Health and Care Act 2022](#) gives the Care Quality Commission (CQC) new powers to provide a meaningful and independent assessment of care at a local authority and integrated care system level.

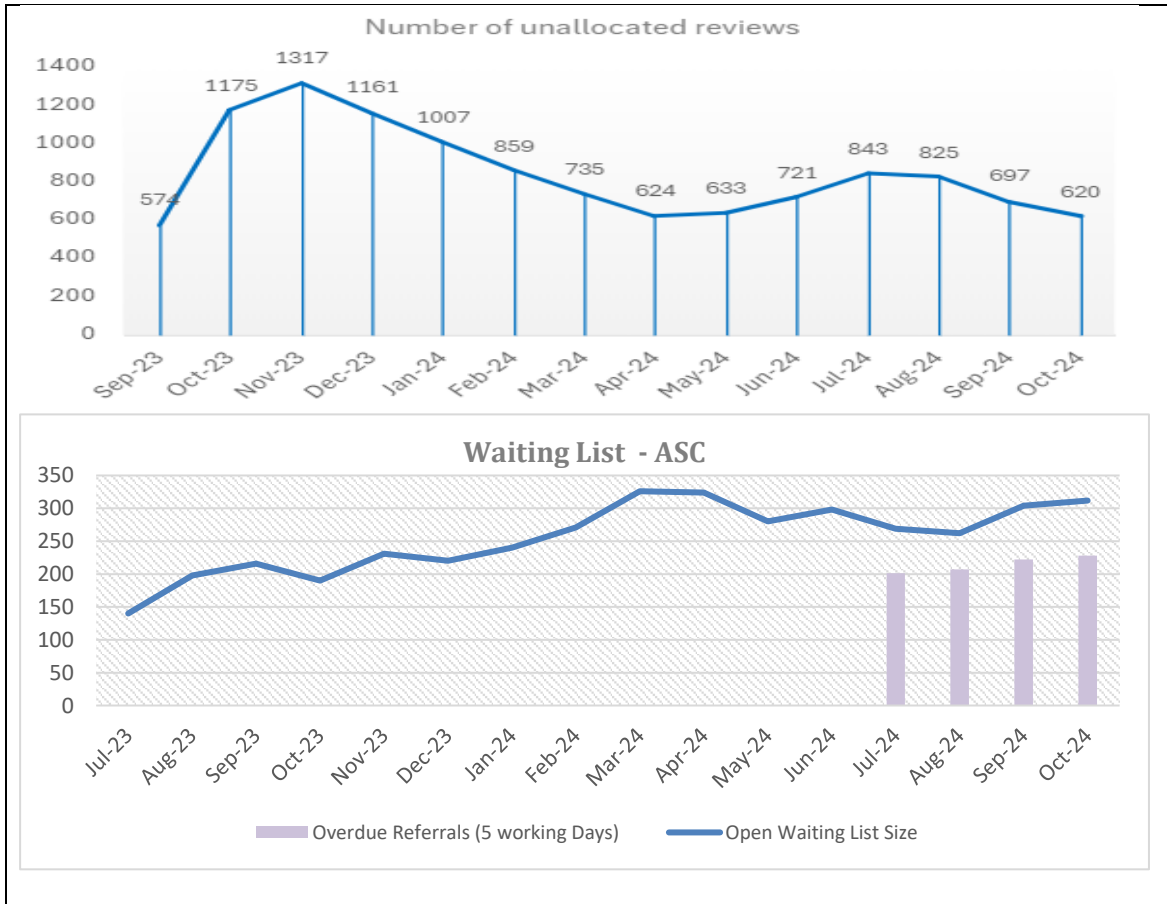
Plymouth City Council has the statutory responsibility for the delivery of all Adult Social Care (ASC) services in Plymouth and will be subject to a CQC assessment by the end of 2025. The Council's partners are playing a significant role in how we prepare for the new assessment framework, including Livewell Southwest, who are commissioned by the Council to provide statutory Adult Social Care services, including assessments and reviews. Meanwhile we are participating in a peer review from the Local Government Association to review our performance and prepare for CQC inspection and this will take place in November 2024.

Below are some key delivery statistics in relation to Adult Social Care in Plymouth
In 2023/24

- 8008 requests for support from new clients
- 3449 people accessed long term adult social care support.
- 966 people received care in a Residential or Nursing Care
- 2483 people received care in a Community Based Setting
- 5227 safeguarding referrals received, leading to 874 safeguarding concerns and 393 section42 enquiries.
- 1786 Carers Assessments undertaken.
- 629 individuals received social care support via a Direct Payment

Waiting Lists

KPI	April	May	June	July	August	September	October	Direction
New referrals awaiting response (Livewell contact centre)	324	280	298	269	262	304	312	▲
Number of Overdue Assessments (30+ days)	1033	800	762	738	732	721	720	▼
Number of unallocated Assessments	931	646	592	590	605	620	614	▲
Number of reviews undertaken	382	285	307	365	274	216		▼



Narrative

Whilst referral demand has remained stable the number of referrals awaiting a response is increasing after a previous reduction. Livewell are addressing this and trying to reduce the waiting time with a planned focused day in December 2024 to reduce the number of overdue referrals over the 5-day target.

The number of overdue continues a positive downward trajectory due to a focus on improving data quality and focus on reducing any backlog. The number of reviews undertaken varies from month to month and the total number of outstanding reviews has reduced.

There is a workstream focusing on waiting lists management, led by Livewell which is developing a Waiting Well protocol to ensure that people are supported if they need to wait for an assessment.

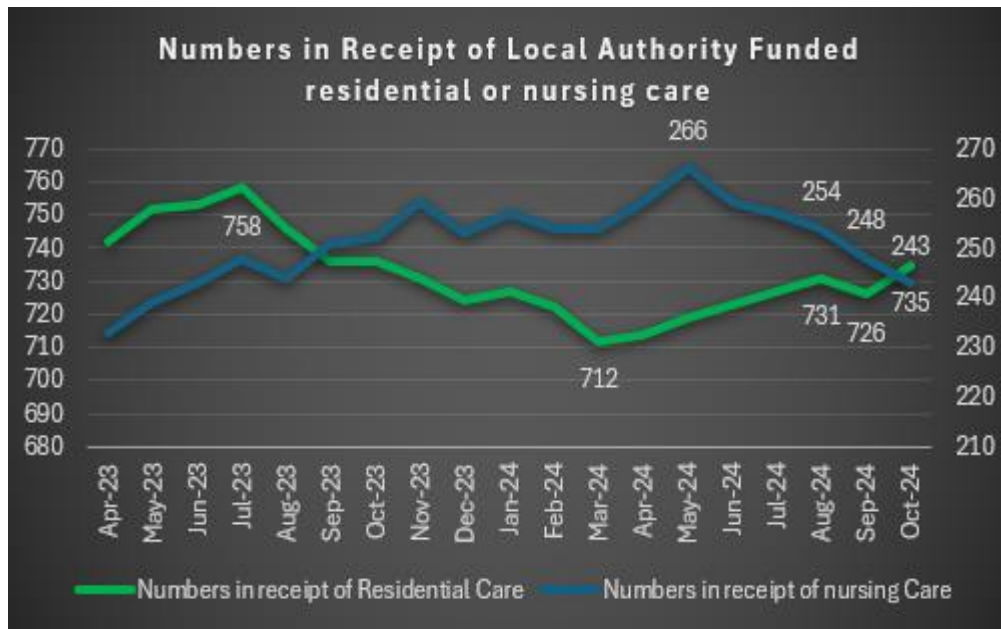
Residential and Nursing Care

KPI	April	May	June	July	August	September	October	Direction
Adults aged 65+ whose needs are met by admission to residential/nursing care homes (per 100,000 population)	55.6	70.1	51.5	61.8	37.1	35	53.5	▲
Adults aged 18-64 whose needs are met by admission to residential/nursing care homes (per 100,000 population)	1.9	3.7	5.6	5.6	5.6	5.6	6.2	▲
Adults 65+ whose needs are met by admission to nursing care homes (per 100,000 population)	20	28	37	44	47	47	53	▲
Numbers in receipt of Nursing Care	259	266	259	257	254	248	243	▼
Numbers in receipt of Residential Care	714	719	723	727	731	726	735	▲

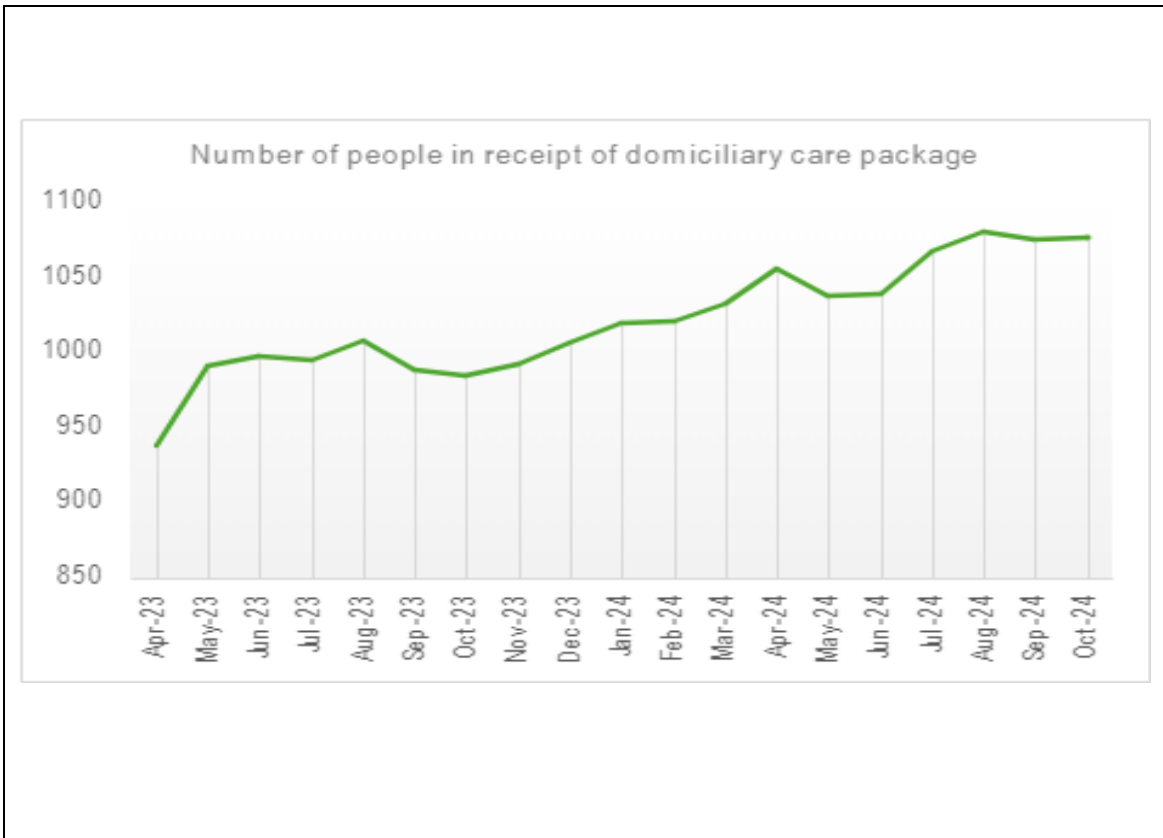
Narrative

There is a positive reduction in the total number of people in receipt of Nursing care meaning that we are supporting more people to remain living independently at home. However, the number of people in residential care has been increasing, we have increased challenge to appropriate considerations before agreeing LT residential placements.

We are working closely with our NHS partners to ensure that people leaving hospital are supported to have the choice to return home and can live independently wherever possible. However, anecdotally we can see a build-up in DTA of ELoS cases so over coming weeks we should expect this area to fluctuate as work is prioritised to support.



Domiciliary Care								
KPI	April	May	June	July	Aug	Sept	October	Direction
Number of people in receipt of domiciliary care	1057	1039	1040	1068	1081	1076	1077	▲
Of which in Intermediate Placements - <i>New</i>							80	
Percentage of Domiciliary Care package opened within one week	94.3%	94.4%	89.9%	90.2%	88.6%	90.1%	87.8%	
Number of Domiciliary Care packages started	235	158	161	256	214	201	209	



Narrative

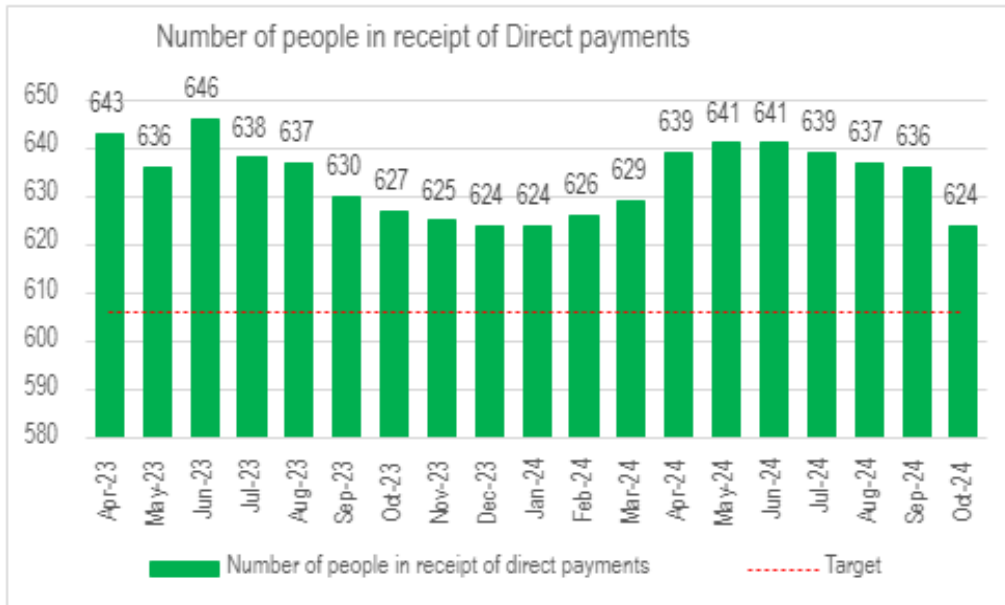
The number of people receiving domiciliary care at home has increased slightly over recent months meaning that we are supporting more people at home instead of in a care home. We have undertaken further analysis to support understanding and have noted that 7.4% of people in receipt of domiciliary care are Intermediate placements.

We will commence engagement with providers in December 2024 to support our development of plans, for the future commissioning model. This will support maximising our choice for people who use our services and build and understanding of 'local' provision.

Direct Payments

KPI	April	May	June	July	August	Sept	October	Direction
Number of people in receipt of direct payments	639	641	641	639	637	636	624	▼

Narrative



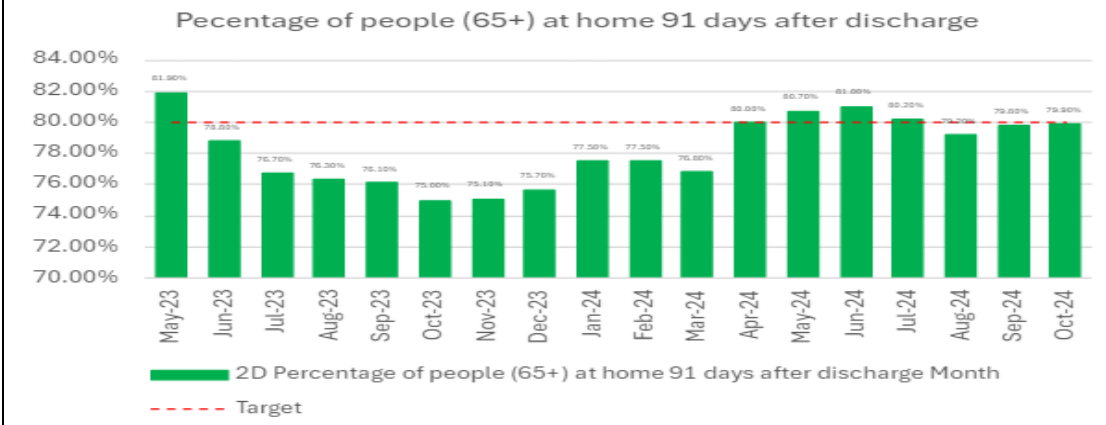
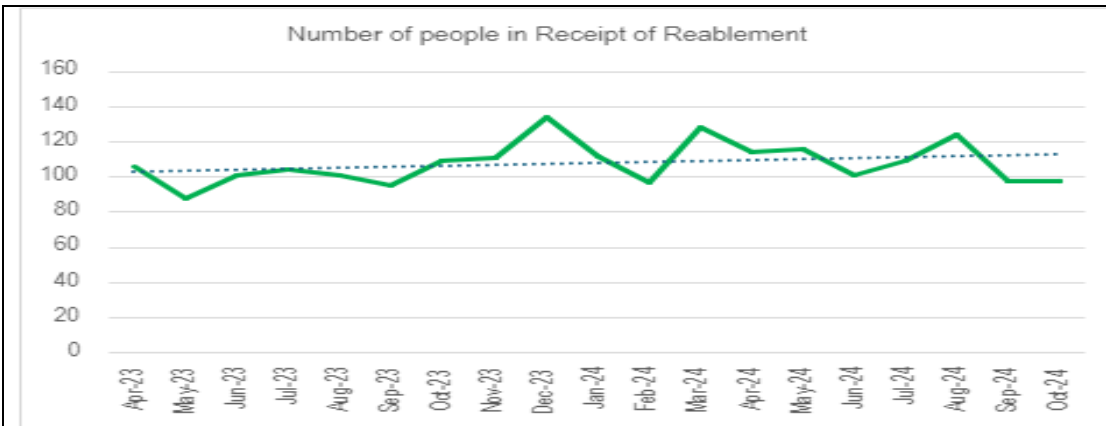
Direct Payments numbers have reduced recently due to budget containment work and investigation into Direct Payments where there has been no spend for more than 3 months. A number of these Direct Payment accounts have been closed as clients have advised that they are no longer required.

The trend for 2024 matches the general pattern of 2023. The difference between April and October is 15, moving in the right direction.

Mandatory direct payment training for all Advanced Practitioners - Livewell Southwest staff will commence January 2025. With the plan to increase the DP numbers and improve the confidence of staff when discussing the option of using Direct Payments.

Reablement

KPI	April	May	June	July	August	Sept	October	Direction
Number of people in receipt of reablement	114	116	101	109	124	98	98	▲ ▼
Percentage of people (65+) at home 91 days after discharge	80%	81%	81%	80%	79%	79.8%	79.9%	▲ ▼
Number of reablement packages started in period	113	121	85	110	105	84	90	▲
Number of reablement hours delivered in period (predicted)	3429	3570	3144	3626	4651	3902	3966	▲
Average Length of Time in receipt of Reablement (In weeks)							5.7	



Narrative

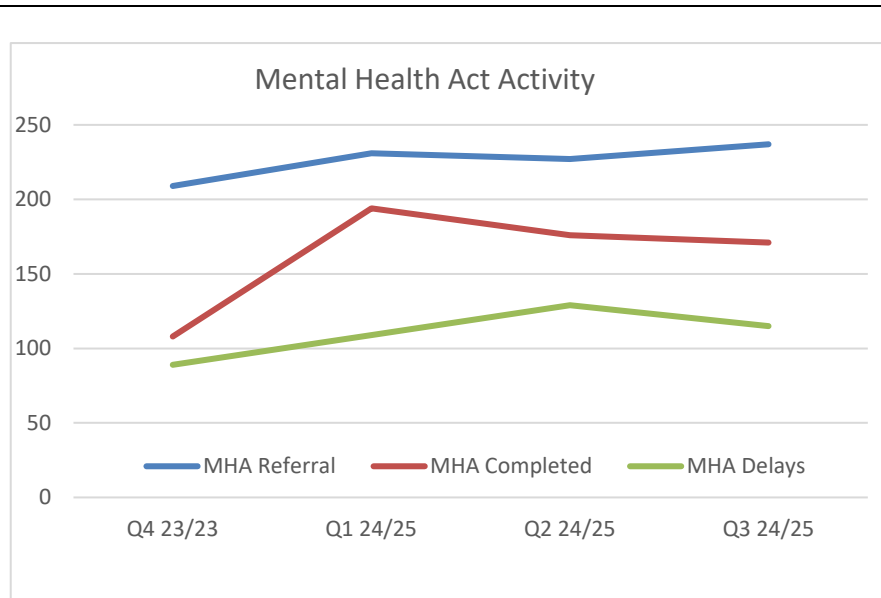
The number of people in receipt of reablement has been relatively stable but has dropped slightly this month due to less referrals. Currently the Reablement service only supports people following an admission to hospital, but we have plans to open up the service to community referrals to avoid unnecessary hospital admissions for those who can remain safely at home.

New: The Average Length of Time in Reablement is a new measure that will be tracked monthly.

Adult Mental Health

Owner: Gareth Benjamin

KPI	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Direction	Target
Mental Health Referrals	209	231	227	237		▲	
Mental Health Assessments completed	108	194	176	171		▼	
Percentage of Mental Health Assessments experiencing a delay	82.4%	55.6%	73.3%	67.3%		▼	
Social Supervision Metric			14	18		▲	



Outside of S136 assessments, there is no guideline for the time from referral to completion for MHAAs. Delays have been locally defined as “Delay: unavailability of service or professional causing the AMHPs to be unable to proceed with or complete a MHAA”

Analysis

We have seen a steady increase in MHAA referrals, despite this MHAA completed has reduced. Indicating increasing referrals being managed via alternative, less restrictive, interventions.

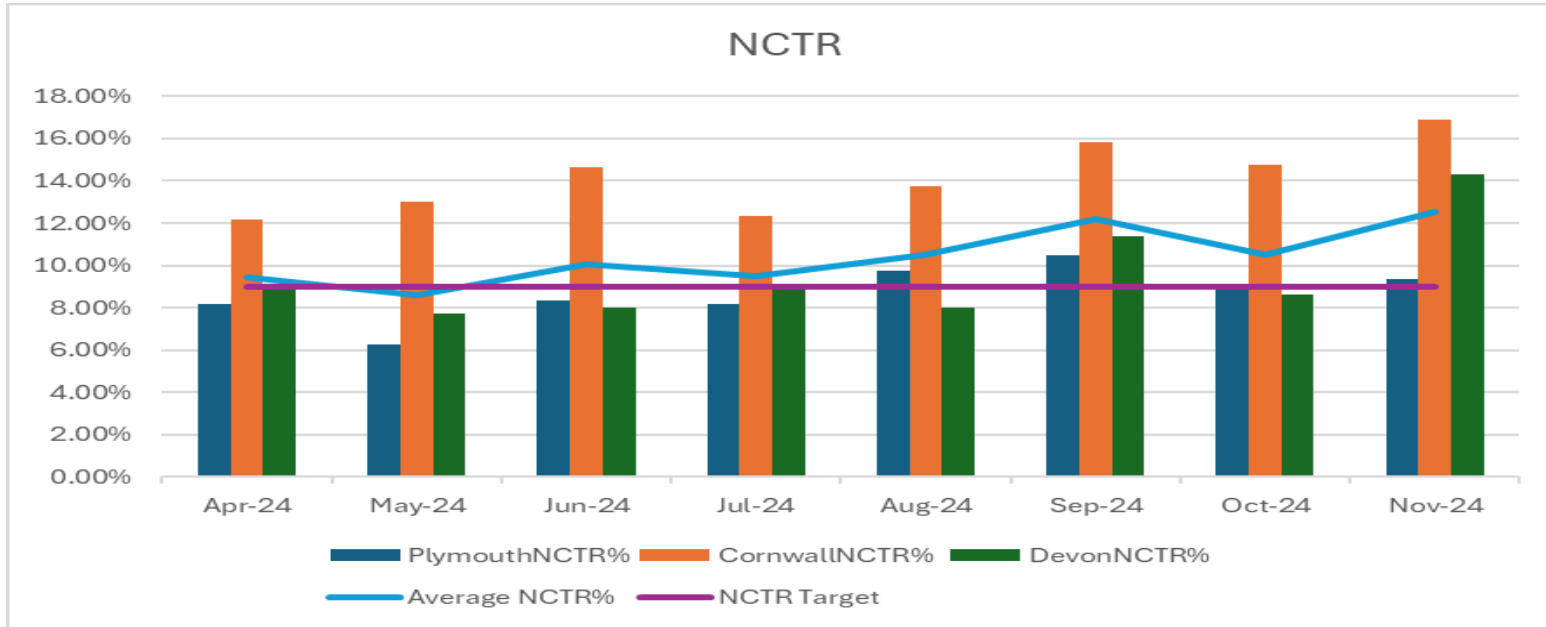
The increase in delays is primarily attributed to delays in accessing suitable beds, which reflects the national picture and does not indicate a delay in “interviews” taking place.

Narrative and Plan

Number of allocated Social Supervision cases has not been monitored historically; this will be monitored moving forward.

The AMHP Service has recently trained two new AMHPs (yet to be warranted) and is out to advert. This is aligned to longer term staffing planning to ensure we can respond to demand.

The AMHP service also regularly completes Social Circumstance reports and attends Mental Health Act Tribunals (not captured above).



For November so far, NCTR has deteriorated in all localities. These increases have impacted the average NCTR position which is currently at 12.55% for November.

- Plymouth is achieving 9% against a target of 9.36%.