

HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE

AUGUST 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.

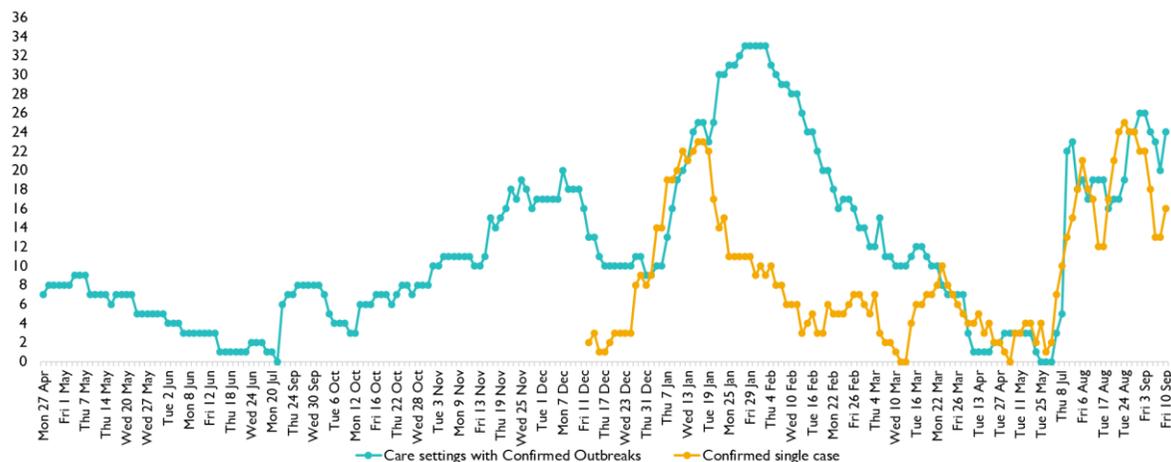
The indicators in this report are;

- Care setting outbreaks
- Residential and Nursing Care
- Community Based Care
- Reablement
- Adult Safeguarding
- Admission Avoidance
- Ambulance handovers
- Hospital Flow

Performance Indicators

	Thu 26 Sep	Wed 1 Sep	Fri 3 Sep	Mon 6 Sep	Wed 8 Sep	Thu 9 Sep	Fri 10 Sep	Trend
Care settings with confirmed outbreaks	24	26	26	24	23	20	24	▲
Care settings with one confirmed case	24	22	22	18	13	13	16	▲

Care settings with confirmed outbreak or single confirmed case of COVID-19



Performance Insights

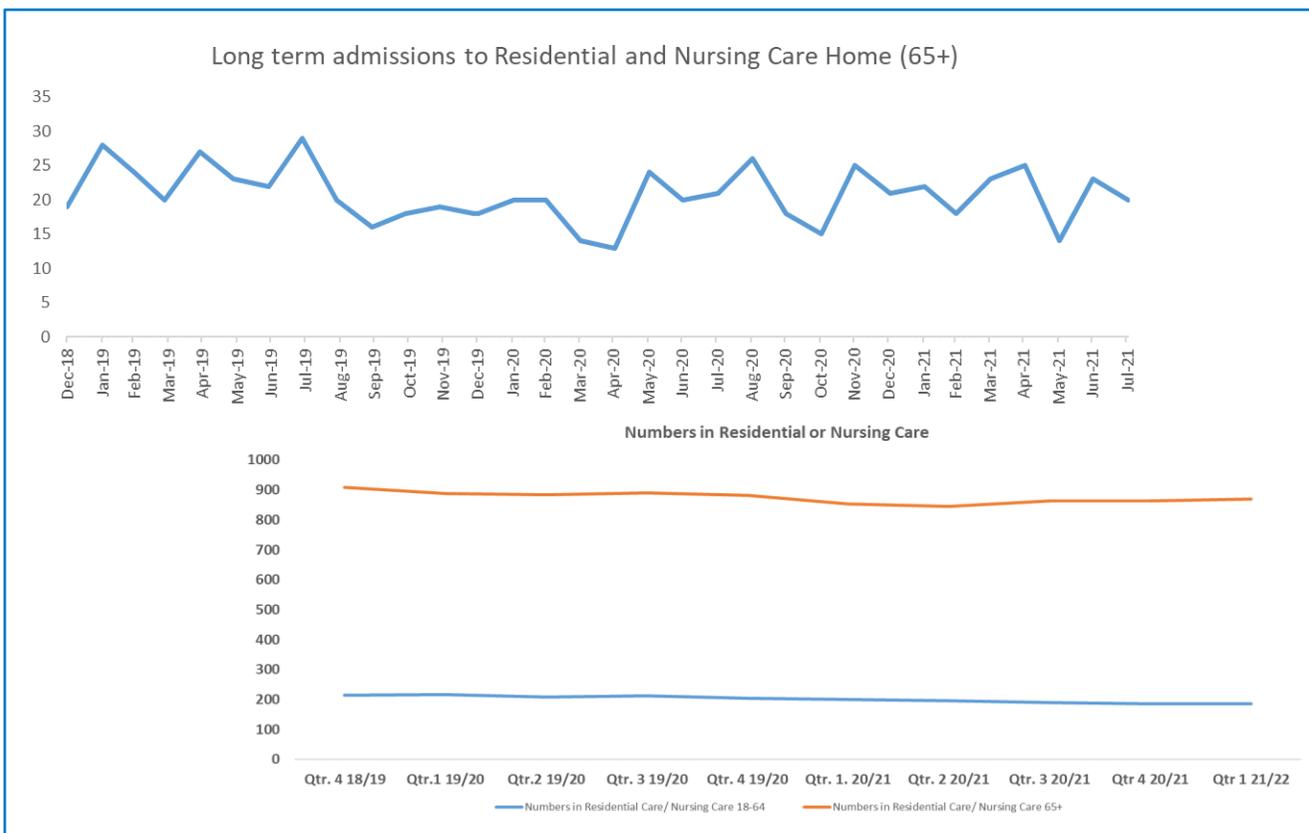
The number of outbreaks within care settings is 24 on 10 September. In addition to this there are a further 16 settings with at least one suspected positive case.

16 of the outbreaks are within care homes for older people (aged 65+), two care homes for younger people (18-64) and the remaining six spread across Supported Living, Domiciliary Care and Day care.

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

	February	March	April	May	June	July	August	Trend
Long term admissions to Residential or Nursing Care (18-64)	2	0	1	1	0	4	0	▼
Long term admissions to Residential or Nursing Care (65+)	22	18	23	25	14	23	20	▼
	Qtr.3 19/20	Qtr. 4 19/20	Qtr. 1 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 1 21/22	
Numbers in Residential Care/ Nursing Care 18-64	212	204	201	197	190	186	187	▲
Numbers in Residential Care/ Nursing Care 65+	891	882	853	848	864	864	869	▲



Performance Insights

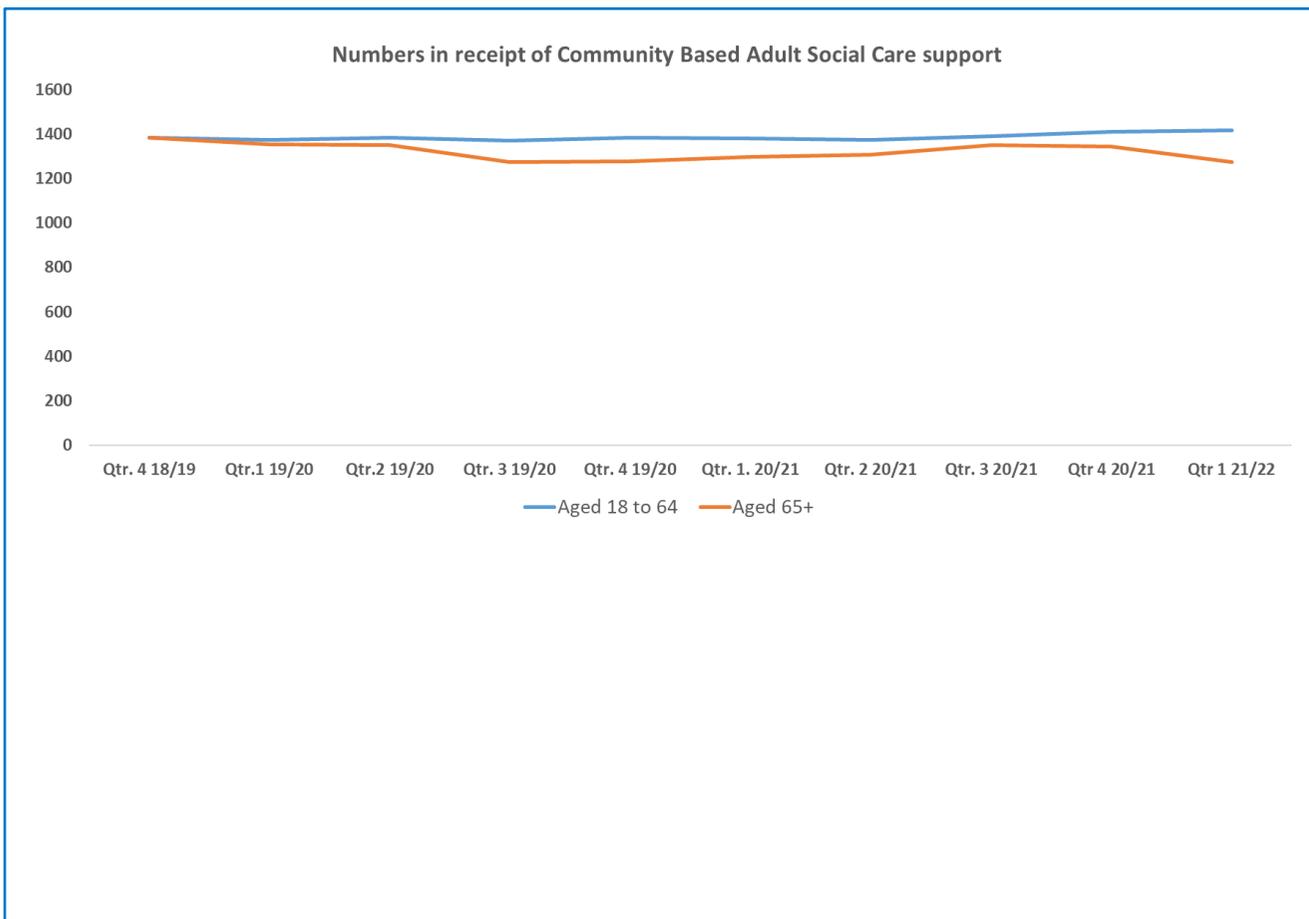
In 2020/21, the number of admissions to residential/nursing care of people aged 65 and over remained relatively static when compared to 2019/20. Last year there were 239 long term admissions, compared to 253 in the previous year. The number has however been on an increasing trend since the beginning of 2021/22 when compared with 2020/21; between 1 April and 30 June 2021 there have been 62 admissions, although there was a small decline in numbers in June (15 compared to 24 in May).

This year we have recorded an increase in the number of long term admissions of those aged 18 to 64, between April 2021 and August 2021 there have been six admissions, compared to 11 over the same period in 2020/21.

Overall, numbers of people in care home settings remains static, and 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. 3 19/20	Qtr. 4 19/20	Qtr. 1. 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Qtr. 4 20/21	Qtr. 1 21/22	Trend
Numbers in receipt of Community Based Care (18-64)	1370	1385	1379	1372	1390	1411	1418	▲
Numbers in receipt of Community Based Care (65+)	1275	1276	1298	1308	1349	1344	1273	▼



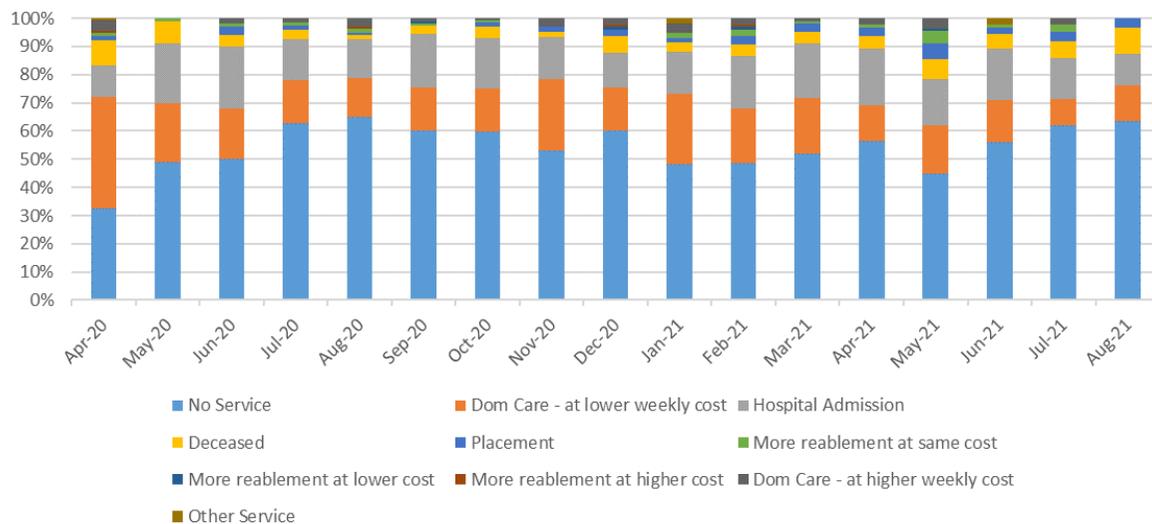
Performance Insights

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 one of 2020/21 there were 2,691 individuals who accessed community based care, this is lower than Q4 of 2020/21.

Outcome post period of reablement



Performance Insights

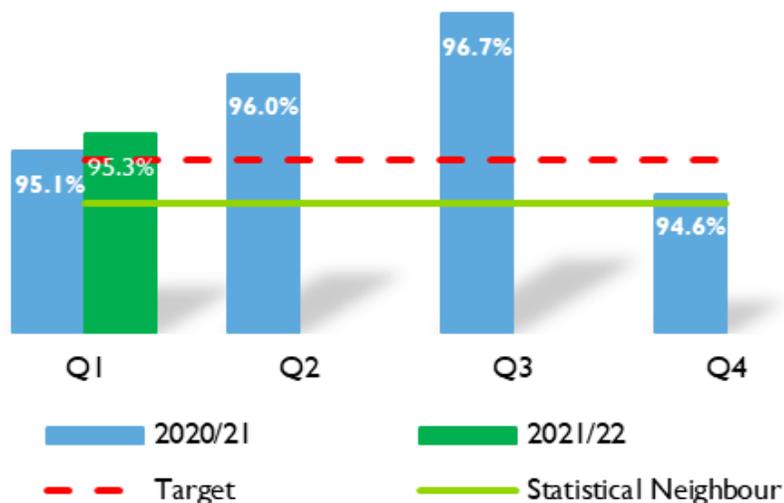
The Independence at Home service monitors its activity and outcomes on a weekly basis and presented here is a monthly breakdown of outcomes to reablement.

Due to current system pressure less individuals leaving hospital have access to reablement due to staffing shortages. Proactive work is underway in partnership with Livewell South West so that capacity can increase before winter.

Between April the end of August 2021 445 outcomes to reablement have been recorded. On average 56% 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 go on to a package that is at a lower cost to any previous package received. On average each month this year 13% 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

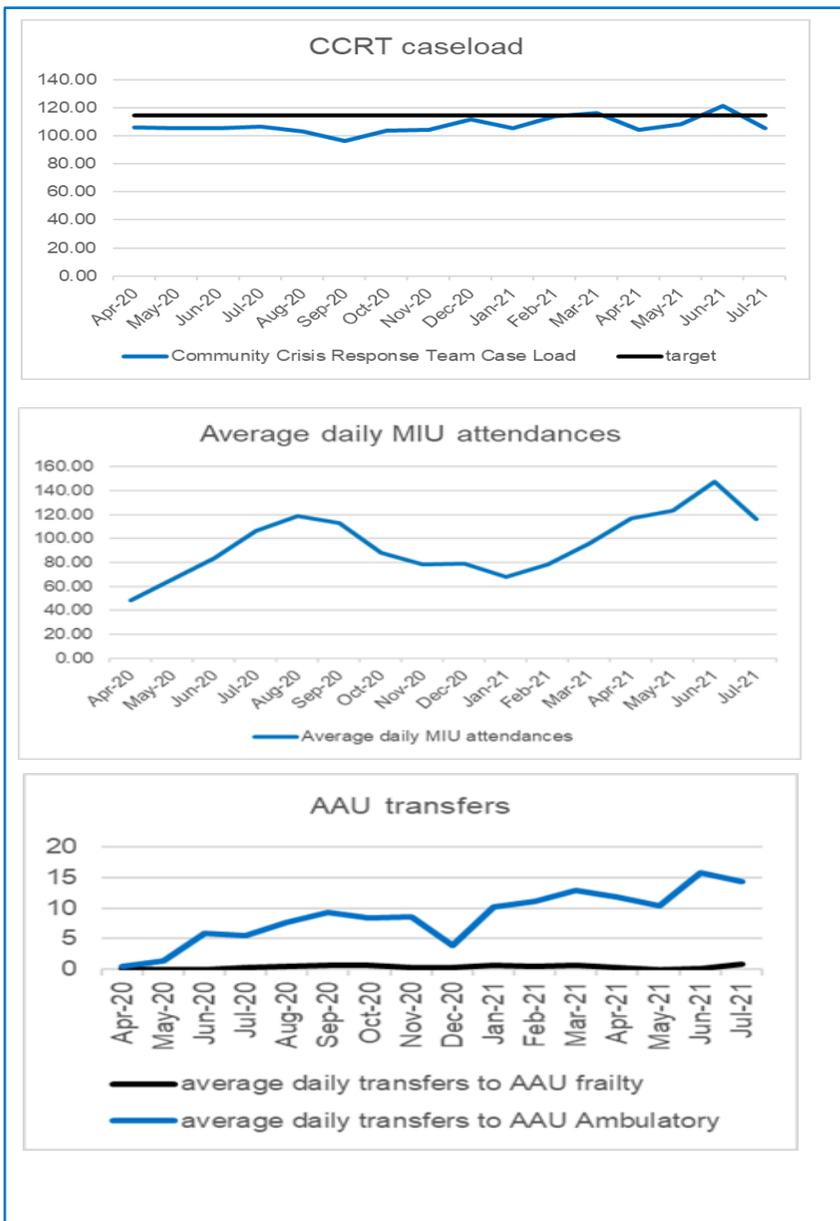


Performance Insights

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 April and 30 June 2021, 201 individuals were the subject of a completed safeguarding enquiry, 148 of whom expressed a desired outcome at the start of the enquiry (73.6% compared to 70.3% in quarter four). The proportion of people not asked about their preferred outcome decreased to 18.4% (23.4% in quarter four). This improvement follows discussions with the provider and further improvement is expected. The percentage of enquiries with outcomes that have been either fully or partially achieved increased in quarter one to 95.3% (141), while those fully achieved decreased slightly to 62.8% (93), compared to 64.6% in quarter four. This continues a declining trend in the percentage of outcomes fully achieved.

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

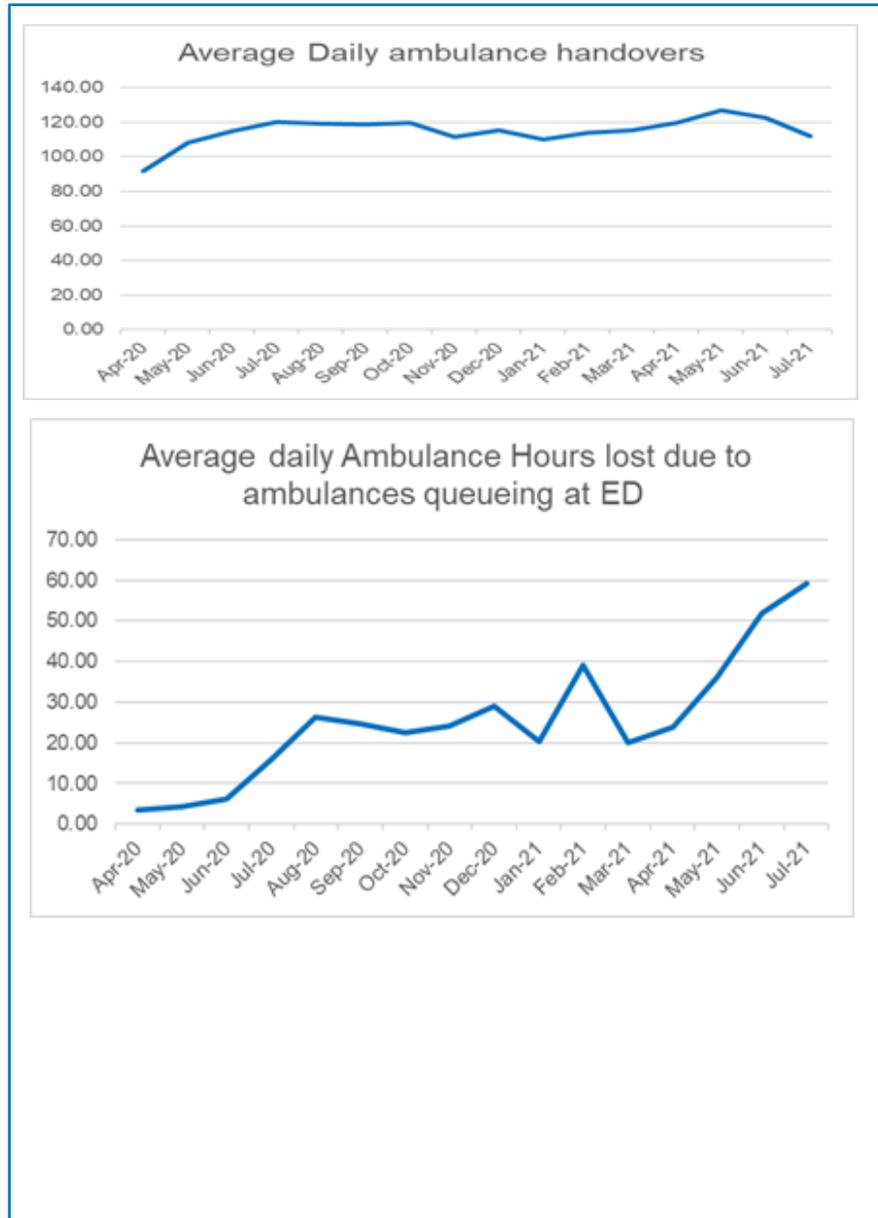


Performance Insights

Community Crisis Response Team (CCRT) Case load: the average daily caseload fell below target in July. Looking to change this measure to number focus on number of referrals as this might be a better measure of demand. As part of the system pressure recovery work for Plymouth there is targeted work underway with SWAST (Ambulance Service) and Primary Care (GP's) to increase the utilisation of the Community Crisis Support offer and thus reduce the number of attendances at the Emergency Department(ED)

Type 3 (Minor Injuries Unit (MIU)/Urgent Treatment Centre (UTC)) attendances: The number across the Cumberland Centre, Kingsbridge and Tavistock fell during July. However it should be noted that all sites experienced periods of closure with Kingsbridge closed for 5% of the time, Cumberland closed for 25% of the time and Tavistock closed for 46.8% of the time, this was due to staffing shortages and high levels of demand. The Hospital is working to develop a sustainable staffing model to reduce the number of closures across these sites to reduce the number of ED attendances.

Acute Assessment Unit (AAU) ambulatory and frailty: Average daily transfers to AAU ambulatory fell slightly in July but the overall trend is an upward one. Transfers to AAU frailty remain very low but the Hospital has a detailed improvement plan which focusses on increasing access to alternative entrance points to the Hospital rather than ED.



Performance Insights

The average daily number of ambulance handovers fell slightly during July. However the number of the ambulance time lost due to delays over 15 minutes / time lost increased significantly. Flow through the hospital and availability of beds has impacted on this.

The Hospital is working closely with NHSE/I and the CCG on work to improve ambulance transfers

Performance Insights

ED attendances: The average daily number of attendances fell slightly during July. However average length of stay in ED rose from 333.04 minutes in June and 377.35 in July. Indications are that this continued to rise through August.

Emergency Admissions: After a period of month on month increase the average daily emergency admissions fell during July and is currently projected to fall further in August

Hospital Length of Stay: During July the % of patients with lengths of stay above 14 and 21 days increased and are above threshold levels. Underlying this is an increase in the number of people in hospital beds who no longer have the right to reside. There have been increasing delays in discharging patients due to the availability of community and care home beds and packages of care across Plymouth, Devon and Cornwall

