

# INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Corporate Performance Report: Quarters 1 & 2 (2015/16)
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Policy context:	The report sets out Quarter 1 and Quarter 2 performance for indicators relevant to the sub-committee

SUMMARY

The Corporate Performance Report provides an overview of the Council's performance for each of the strategic goals (Clean, Safe and Proud). All of the indicators relevant to this committee contribute to the achievement of the strategic goal that the people of the borough will be safe, in their homes and in the community.

The report identifies where the Council is performing well (**Green**) and not so well (**Amber** and **Red**). The RAG ratings for 2015/16 are as follows:

- **Red** = more than the 'target tolerance' off the quarter target and where performance has *not improved*.
- Amber = more than the 'target tolerance' off the quarter target and where performance has *improved or been maintained*
- Green = on or within the 'target tolerance' of the quarter target

Where performance is more than the 'target tolerance' off the quarter target and the RAG rating is 'Red', 'Corrective Action' is included in the report. This highlights what action the Council will take to address poor performance.

Also included in the report are Direction of Travel (DOT) columns, which compare:

- Short-term performance with the previous quarter
- Long-term performance with the same quarter the previous year

A green arrow ( $\uparrow$ ) means performance is better and a red arrow ( $\checkmark$ ) means performance is worse. An amber arrow ( $\rightarrow$ ) means that performance is the same.

### **OVERVIEW OF ADULT SOCIAL CARE INDICATORS**

15 Corporate Performance Indicators fall under the remit of the Individuals Overview & Scrutiny sub-committee. These all relate to the Adult Social Care and Commissioning Service.

Q2 2015/16 RAG Summary for Adult Social Care



Of the 15 indicators, all have been given a RAG status for Quarter 2. **10 (67%)** are Green and **5 (33%)** are Red or Amber.

The current levels of performance need to be interpreted in the context of increasing demands on services across the Council. Also attached to the report (as **Appendix 3**) is a Demand Pressure Dashboard that illustrates the growing demands on Adult Social Care services and the context that the performance levels set out in this report have been achieved within.

The feasibility of being able to achieve the targets associated with the following indicators (performance against which is RAG rated as "Red" for Quarter 2) is currently being reviewed in the context of the increasing levels of demand:

- Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)
- Total non-elective admissions into hospital (general and acute), all-age, per 100,000 population

The outcomes of this review will be considered as part of the Council's budget strategy, as well as the corporate and service planning processes for next financial year, as additional budget and / or other resources would need to be allocated to these in order to improve their performance. The Council's draft budget already recognises the demographic pressures illustrated at **Appendix 3** however both the budget and / or the targets will be revised as necessary in light of the review of the level of additional resources required to achieve the targets as they are currently set.

#### Future performance reporting arrangements

In discussion with the Overview and Scrutiny Board and some of the Overview and Scrutiny Sub-Committees, consideration has recently been given to the current performance reporting arrangements and how they might be improved going forward.

Under the current arrangements, the quarterly and annual corporate performance reports are considered by the Cabinet first, then the Overview and Scrutiny Board and finally the various Overview and Scrutiny Sub-Committees. Depending on the meetings schedule in any given quarter, the whole cycle of reporting takes between four and seven months to complete. For Quarter 1 of this year, there is a seven-month time lag between the end of the quarter and the point at which most of the overview and scrutiny sub-committees have had the opportunity to scrutinise the data (so performance during the April to June period is being scrutinised in January).

Going forward, from the new financial year onwards, Cabinet has agreed that the quarterly and annual Corporate Performance Reports will be considered first by the individual overview and scrutiny sub-committees, then the Overview and Scrutiny Board and finally the Cabinet. This will allow the Cabinet reports to reflect any actions or comments the overview and scrutiny committees may be making to improve performance in highlighted areas as well as shortening the overall performance reporting cycle.

RECOMMENDATIONS

Members are asked to review performance set out in **Appendices 1 and 2** and the corrective action that is being taken; and note the content of the Demand Pressures Dashboard attached as **Appendix 3**.

## **REPORT DETAIL**

**67%** (10 of 15) of Adult Social Care indicators were performing within target tolerance at the end of Quarter 2.

### **Highlights:**

- The overall rate of delayed transfers of care from hospital at the end of Quarter 2 was better than target, better than Quarter 1 and better than at the same point last year.
- Part 1 of the delayed discharge indicator monitors the success of partnership working. There has been a reduction in the overall number of patients who are classed as a delayed discharge. To date there have been an average of 5.2 delays per month (2.7 per 100,000 population). This is split evenly across both the acute and non-acute sector. At the same point last year there had been an average of 7.8 delays per month (4.8 per 100,000), this was broken down by an average of 5 delays in the acute sector and 2.8 in the non-acute sector. There has been a significant reduction in the number of delays within the acute sector. There has also been an improvement in the short term direction of travel, from 2.9 delays per 100,000 in Quarter 1 to 2.7 delays per 100,000 in Quarter 2.
- Part 3 of the delayed discharge indicator monitors where Adult Social Care is the main reason for the delay in discharge from hospital. As with part 1 of this indicator there has been continued success in discharging patients from hospital. To date there has been an average of less than 1 delay per month (0.4 per 100,000) where the responsibility was Adult Social Care's. This compares to over 1 delay per month (0.6 per 100,000) at the same stage last year.
- Although there hasn't been an improvement in the number of admissions into long stay establishments, there has, however been relatively sustained performance with 133 admissions, this averages out at around 5 new admissions per week. Of the 133 admissions, 71 (53%) are over the age of 85.

• 88.9% of carers requested information and advice during the first half of the year, against a target of 75%.

### Improvements required:

- Adult Social Care continues to try to improve the outturn in relation to Self-Directed Support (SDS) and Direct Payments. Currently 1,368 (67.8%) service users receive their support via self-direction out of a possible 2,018 service users.
- As with Self Direction, service users receiving a service via a Direct Payment (DP) continues to be a challenge. At present only 738 (36.6%) receive a Direct Payment, however performance has improved slightly from Quarter 1 to Quarter 2. It is particularly challenging for Havering as it is acknowledged that take-up of direct payments is difficult in the 85+ age group. A working group has been established to focus on increasing SDS performance and DP take up.
- The rate of permanent admissions to residential and nursing care homes for 18-64 year olds is currently worse than target however this target is particularly stretching as it only allows for 14 admissions per year. The Adult Social Care service is managing a number of complex cases where clients can no longer be supported in the community. Like the Council, the hospital and other health partners are also experiencing increasing demand, despite working proactively together to put in place a number of demand management initiatives (such as the Joint Assessment and Discharge Team, Community Treatment Teams and Intensive Rehabilitation Service), all of which are running at or near capacity. The Adult Social Care service is aware of upcoming transitions and is monitoring clients in the community who may need moving to residential placements in the near future.
- There are continual challenges for Havering in the area of non-elective admissions. Work is ongoing between the hospital trust and the Clinical Commissioning Group (CCG) to rectify the issues.

# IMPLICATIONS AND RISKS

#### Financial implications and risks:

Adverse performance against some Corporate Performance Indicators may have financial implications for the Council, particularly where targets are explicitly linked with particular funding streams (e.g. the Better Care Fund).

Whilst it is expected that targets will be delivered within existing resources, officers regularly review the level and prioritisation of resources required to achieve the targets agreed by Cabinet at the start of the year.

### Human Resources implications and risks:

There are no specific Human Resource implications and risks arising from this report.

### Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to review the Council's progress against the Corporate Plan and Service Plans on a regular basis.

#### Equalities implications and risks:

The following Corporate Performance Indicators RAG rated as 'Red' or 'Amber' could potentially have equality and social inclusion implications for a number of different social groups if performance does not improve:

- Number of Service Users receiving Self Directed Support
- Proportion of Mental Health Clients in Paid Employment
- Permanent admissions to residential and nursing homes per 100,000 population (18-64)
- Total non-elective admissions into hospital

The commentary for each indicator provides further detail on steps that will be taken to improve performance and mitigate these potential inequalities.

# BACKGROUND PAPERS

The Corporate Plan 2015/16 is available on the website at <a href="http://www.havering.gov.uk/Documents/Council-democracy-elections/Corporate-Plan-on-a-page-2015-16.pdf">http://www.havering.gov.uk/Documents/Council-democracy-elections/Corporate-Plan-on-a-page-2015-16.pdf</a>