

**Report to:** **SINGLE COMMISSIONING BOARD**

**Date:** 14 March 2017

**Reporting Member / Officer of Single Commissioning Board** Angela Hardman – Executive Director, Public Health and Performance

**Subject:** **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – GOVERNING BODY PERFORMANCE UPDATE**

**Report Summary:** This paper provides the Single Commissioning Board with a draft quality and performance report for comment.

Assurance is provided for the NHS Constitutional indicators. In addition CCG information on a range of other indicators are included to capture the local health economy position. This is based on the latest published data (at the time of preparing the report). This is as at the end of December 2016.

The format of this report will include elements on quality from the Nursing and Quality directorate. As this report evolves.

This report also includes a selection of Adult Social Care indicators.

In Addition included in this month's report is a summary of the Greater Manchester Health and Social care Partnership commissioned report from Institute of Excellence (SCIE), "GM Baseline and best practice review" As a result of the GM review four business areas are being prioritised for focus within the analysis, relating to: Care at Home; Residential and Nursing Care; Carers; and Learning Disability.

This evolving report will align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports.

The following have been highlighted as exceptions:

- Diagnostic standard improving but still failing the standard.
- A&E Standards were failed at THFT.
- Cancer 62 day upgrades.
- Ambulance response times were not met at a local or at North West level.
- Improving Access to Psychological Therapies (IAPT) performance for Access and Recovery remain a challenge
- 111 Performance against KPIs
- MRSA

Attached for info is the Draft GM Partnership dashboard and the latest NHS England Improvement And Assessment Framework (IAF) Dashboard.

<b>Recommendations:</b>	<p>The Single Commissioning Board are asked:</p> <ul style="list-style-type: none"> <li>• To note the contents of the performance and quality report, and comment on the revised format.</li> <li>• For those indicators where we are deemed to be in the lowest quartile performance we seek the Board's view on how these should be reported as exceptions within the performance and quality report.</li> </ul>
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	<p>As the system restructures and the different constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to account and understanding best where to focus resources and oversight. This report and framework continues to be developed to achieve this.</p>
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	<p>Should provide check &amp; balance and assurances as to whether meeting strategy.</p>
<b>How do proposals align with Locality Plan?</b>	<p>Should provide check &amp; balance and assurances as to whether meeting plan.</p>
<b>How do proposals align with the Commissioning Strategy?</b>	<p>Should provide check &amp; balance and assurances as to whether meeting strategy.</p>
<b>Recommendations / views of the Professional Reference Group:</b>	<p>This section is not applicable as this report is not received by the professional reference group.</p>
<b>Public and Patient Implications:</b>	<p>The performance is monitored to ensure there is no impact relating to patient care.</p>
<b>Quality Implications:</b>	<p>As above.</p>
<b>How do the proposals help to reduce health inequalities?</b>	<p>This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.</p>
<b>What are the Equality and Diversity implications?</b>	<p>None.</p>
<b>What are the safeguarding implications?</b>	<p>None reported related to the performance as described in report.</p>

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

There are no Information Governance implications. No privacy impact assessment has been conducted.

**Risk Management:**

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2016/17

**Access to Information :**

The background papers relating to this report can be inspected by contacting

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## 1. INTRODUCTION

- 1.1 The purpose of this report is to provide the Board with a draft quality and performance report for comment. The new quality and performance report format aims to provide a dashboard view of indicators and provide exception reporting as appropriate. This evolving report will align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports.
- 1.2 The format of this report will include further elements on quality from the Nursing and Quality Directorate as this report evolves.
- 1.3 It should be noted that providers can refresh their data in accordance with national guidelines and this may result in changes to the historic data in this report.

## 2. CONTENTS – QUALITY AND PERFORMANCE REPORT

- 2.1 NHS Tameside & Glossop CCG: NHS Constitution Indicators (December 2016).
- 2.2 Adult Social services indicators (Quarter 3, 2016/17). These will be further expanded on in future iterations of this report.
- 2.3 Exception Report - the following have been highlighted as exceptions:
  - Diagnostic standard improving but still failing the standard;
  - A&E Standards were failed at Tameside Hospital Foundation Trust;
  - Ambulance response times were not met at a local or at North West level;
  - Improving Access To Psychological Therapies (IAPT) performance for Access and Recovery remain a challenge;
  - 111 Performance against Key Performance Indicators;
  - MRSA Bacteraemia;
  - Cancer 62 day upgrades.

The exception reports in future reports will evolve as clarity is provided on the comparators.

- 2.4 Greater Manchester Combined Authority (GMCA)/NHS Greater Manchester (NHSGM) Performance Report:
  - Better Health;
  - Better Care;
  - Sustainability;
  - Well Led.
- 2.5 NHS England Improvement and Assessment Framework (IAF) dashboard.
- 2.6 There are a number of indicators where the CCG is deemed to be in the lowest performance quartile nationally. We seek the Board's view on how these should be reported as exceptions within the performance and quality report. These indicators have been highlighted in light orange on the dashboard and are as follows:

### **Better Health**

- Maternal Smoking at delivery;
- People with diabetes diagnosed less than a year who attend a structured education course;
- Utilisation of the NHS e-referral service to enable choice at first routine elective referral;
- People with a long-term condition feeling supported to manage their condition(s);
- Inequality in emergency admissions for urgent care sensitive conditions;
- Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions;

- Quality of life of carers;

#### **Better Care**

- One-year survival from all cancers;
- Proportion of people with a learning disability on the GP register receiving an annual health check;
- Choices in maternity services;
- Emergency admissions for urgent care sensitive conditions;
- Delayed transfers of care per 100,000 population;
- Population use of hospital beds following emergency admission;
- Management of long term conditions.

#### **Sustainability**

- Digital interactions between primary and secondary care.

### **3. KEY HEADLINES**

3.1 Below are the key headlines from the quality and performance dashboard.

#### **Referrals**

3.2 GP referrals have decreased this month compared to last month and have continued to decrease overall and have decreased compared to the same period last year. Other referrals have decreased compared to last month and have slightly increased compared to the same period last year. YTD GP referrals have decreased by 9.2% compared to the same period last year and other referrals have decreased by 0.6% compared to the same period last year for referrals at T&G ICFT. Referrals to all providers have decreased by 5.7% compared to the same period last year and other referrals have decreased by 3.5%.

#### **18 Weeks RTT Incomplete Pathways**

3.3 Performance continues to be above the national standard of 92%, currently achieving 92.6% during December. The specialties failing are Urology 89.37%, Trauma and Orthopaedics 89.27%, Neurology 88.24%, Plastic Surgery 77.23% and Cardiology 91.34%. There were no patients waiting longer than 52 weeks during December.

#### **Diagnostics 6+ week waiters**

3.4 This month the CCG failed to achieve the 1% standard with a 1.85% performance. Of the 89 breaches 38 occurred at Central Manchester (echocardiography, flexi sigmoidoscopy, gastroscopy and MRI). 33 at T&G ICFT (audiology assessments, colonoscopy, CT scans, gastroscopy and NOUS). 13 at Pioneer Healthcare (Neurophysiology) 3 at Stockport Trust (Gastroscopy and urodynamics), 1 at Salford Trust (Gastroscopy) and 1 at Pennine Acute (colonoscopy). Central Manchester performance is due to an ongoing issue with endoscopy which GM are aware of. T&G ICFT performance is primarily due to audiology struggling with capacity.

#### **A&E waits Total Time with 4 Hours at T&G ICFT**

3.5 The A&E performance for December was 76.22% which is below the target of 95% nationally and below the local target of 90%. Quarter 3 has also failed the 90%. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need.

#### **Ambulance Response Times Across NWAS area**

3.6 In December the North West position (which we are measured against) was not achieved against the standards. Locally we also did not achieve any of the standards. Increases in

activity have placed a lot of pressure on NWS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

## **111**

3.7 The North West NHS 111 service is performance managed against a range of KPIs reported as follows for Dec:

- Calls Answered (95% in 60 seconds) = 64.7%
- Calls abandoned (<5%) = 10.8%
- Warm transfer (75%) = 31.3%
- -Call back in 10 minutes (75%) = 33.5%

The benchmarking data shows that the North West NHS 111 service was ranked 42<sup>nd</sup> out of 42 for calls answered in 60 seconds (65%). This is compared to East London City which is the highest ranked for calls answered in 60 seconds (98%).

Looking at the dispositions we are also ranked 41<sup>st</sup> out of 42 for % recommended to dental/pharmacy (2%) compared to the highest ranked provider York and Humber (11%). Percentage recommended home care (3%) we are ranked 42<sup>nd</sup> out of 42 compared to the highest ranked provider, North West London (8%).

In December the NW NHS 111 service experienced a number of issues which lead to poor performance in the month against the four KPIs. Performance was particularly difficult to achieve over the weekend periods.

## **Cancer**

3.8 All of the cancer indicators achieved the standard during December apart from the 62 day Cancer upgrades which was at 78.6% for December against the 85% standard. There were 5 breaches mostly due to late referrals and patient cancellations.

## **Improving Access To Psychological Therapies**

3.9 Performance continues to be above the Quarterly Standard for the IAPT access rate (75%) achieving 3.92% during Quarter 2. However, the Quarter 2 performance for IAPT recovery rate remains below the standard at 46.00%. In terms of IAPT waiting times the Quarter 2 performance is above the standard against the 18 week standard (95%) which was reported as 98.6%. The Quarter 2 performance for the 6 week wait standard (75%) was reported as 73.4%.

## **Healthcare Associated Infections**

3.10 Clostridium Difficile: The number of reported cases during December was on plan. Tameside & Glossop CCG had a total of 6 reported cases of clostridium difficile against a monthly plan of 8 cases. For the month of December this places Tameside and Glossop CCG equal to plan. Of the 6 reported cases, 4 were apportioned to the acute (2 at Tameside Hospital FT and 2 at Central Manchester FT) and 2 to the non-acute to date (April to December 2016) Tameside and Glossop CCG had a total of 63 cases of clostridium difficile against a year to date plan of 75 cases. This places Tameside and Glossop CCG 12 cases under plan. Of the 63 reported cases, 34 were apportioned to the acute (26 at THFT, 4 at Central Manchester FT, 2 at Christie Hospital FT, 1 at The Royal Orthopaedic Hospital FT, 1 at Stockport FT) and 29 to the non-acute. In regards to the 2016/17 financial year, Tameside and Glossop CCG have reported 63 cases of clostridium difficile against an annual plan of 97 cases. This currently places the CCG 34 cases under plan with 3 months of the financial year remaining.

MRSA: In December 2016 Tameside and Glossop CCG have reported 0 cases of MRSA against a plan of zero tolerance. To date (April 2016 to December 2016) Tameside and Glossop CCG have reported 6 cases of MRSA against a plan of zero tolerance. Breakdown

includes 4 acute cases (1 at Tameside Hospital FT, 2 at Central Manchester, 1 at South Manchester FT) and 2 non acute cases.

#### **Mixed Sex Accommodation**

- 3.11 There continues to be good performance against the Mixed Sex Accommodation standard with no MSA breaches reported in December for Tameside and Glossop CCG patients.

#### **Dementia**

- 3.12 We continue to perform well against the estimated diagnosis rate for people aged 65+ for December which was 74.9% against the 66.7% standard.

### **4. ADULT SOCIAL CARE INDICATORS**

#### **Introduction**

- 4.1 Performance in Adult Social Care is supported by the Adult Social Care Outcomes Framework (ASCOF). The framework contains nationally published qualitative and quantitative indicators. The qualitative indicators are informed by the completion of an annual national survey of a selection of service users and a biannual survey of a selection of Carers- both surveys are administered locally.
- 4.2 It is widely recognised that the quantitative indicators in the ASCOF do not adequately represent the service delivery of Adult Social Care, therefore in response, data sets have been developed regionally and locally in order to provide performance data that supports service planning and decision making for Adult Social Care in Tameside.
- 4.3 In April 2016, GM ADASS supported by KPMG, undertook a high level review of adult social care review across GM. The successful delivery of adult social care forms an integral part of realising the vision set out in 'Taking Charge' – GM's Health and Social Care Strategy - to achieve a radical upgrade in population health through investment in community based services, standardising acute health care and streamlining support services.
- 4.4 The findings of the review have been presented in a report, supported by the Social care Institute of Excellence (SCIE) that considers not only the performance of individual adult social care services, but also how GM would perform if it were treated as a single Council with Adult Social Services Responsibilities (CASSR). The review was based on three approaches – interviews with sector leaders, though it should be noted that no-one from Tameside was interviewed, a review of existing performance data and a review of good practice evidence.
- 4.5 The available data suggests that all the authorities in GM have areas where they appear to be doing well in the delivery of ASC, but GM as a whole has a distance still to travel because performance is not matching the standards achieved elsewhere in the country consistently enough. For example, if treated as a single CASSR:
- GM would be in the **bottom third** in terms of overall ASC service user satisfaction
  - GM would be the **lowest ranked** in England in terms of CQC rated care homes
  - GM would be ranked **127/142** in England in terms of CQC rated domiciliary care
- 4.6 A further area for focus within the review was Adult Social Care Expenditure. Tameside Adult Social Care Gross Expenditure for 2015-16 reported in national returns was £79.408m. It is important to note however that this figure includes transfer of £3.4m to CCG in relation to the Better Care Fund for NHS Commissioned Out of Hospital Services. Other AGMA authorities may have reported this through Central services but the decision was made locally during 2015-16 that this cost be reported through Adult Social Care budgets.

- 4.7 The figure also includes an internal accounting adjustment relating to the previous Supporting People Grant, the accounting treatment of this has been changed for 2016-17 financial year which will lead to a further reduction of £3.1m in the gross expenditure figure (this will be a net nil effect to Adults however as there are corresponding income entries in the service budgets previously funded by SP).
- 4.8 Taking the above into account the revised Gross Expenditure figure for Adult Social Care in Tameside for 2015-16 would be £72.9m which would equate to circa £2,900 per 10,000 capita which is in line with the GM average.
- 4.9 As a result of the review four business areas are being prioritised for focus within the analysis, relating to: Care at Home; Residential and Nursing Care; Carers; and Learning Disability.
- 4.10 Tameside are closely linked with the care home and care at home transformation projects, with the work being undertaken as part of the Care Together transformation programme being cited as early progress in this area. The local carers strategy is currently being refreshed, as is the local approach to carers, so this is a welcome priority that Tameside will engage fully with. While considerable good practice has been recognised in local developments in learning disability services, it is recognised that there are real opportunities to benefit from the GM work on Shared Lives and employment opportunities for people with learning disabilities. These are both areas that it has been recognised locally require transformation.

## 5. CARE HOMES – CQC INSPECTION RATINGS

### Performance Summary

- 5.1 As at February 2017 the 38 local care homes are rated as follows under the Care Quality Commission's inspection new regime:

Outstanding	0
Good	15
Requires Improvement	19
Inadequate	3
Not yet inspected	1

- 5.2 If GM was single CSSR it would be the lowest ranked CSSR with only 57% of homes rated good or excellent. In Tameside only 42% (ranked 148th) of homes are rated good or excellent while in Bury this is approximately 85% (ranked 24<sup>th</sup>) and in Bolton this is 79% (ranked 59<sup>th</sup>).

- 5.3 It is important to note that of the care homes for older people inspected locally, the 'Caring' domain has received:

Outstanding	1
Good	30
Requires Improvement	6
Inadequate	1

- 5.4 This appears to reflect that the practice in care homes is generally appropriate to meet needs, and that the observational contract performance visits have improved some of the outcomes for residents.

### 5.5 Tameside: Actions

- Contact with Bury and Bolton to understand best practice.
- Review of current local monitoring regime to better reflect CQC expectations.



- Consult with care homes to understand the support they require to deliver high quality services.
- Review current capacity available to monitor and support the care home sector.
- Engaged with GM care home transformation programme.

#### 5.6 **GM: Immediate Priorities**

- Convene a GM strategic provider forum to co-design the solutions required for residential and nursing care settings.
- Co-produce an agreed model of care and specification for residential and nursing care with service users and providers.
- Develop an assessment of estates investment needed to support solutions identified.
- Strengthen links with primary care for those in residential and nursing homes to reduce urgent care impact.
- Build a strategic partnership with CQC, developing a shared approach to performance and improvement.
- Develop a proactive system response to service failure, to build on good practice and improve quality.

## 6. HOME CARE– CQC INSPECTION RATINGS

### **Performance Summary**

- 6.1 This service was recently re-tendered and awarded to 6 providers, 4 of which have local offices. Of the 6 providers we work with CQC ratings are as follows:

Good - 2

Require Improvement - 2

Not yet inspected – 2

These figures differ from the SCIE report as the service has been tendered since the performance data was collated.

#### 6.2 **Tameside: Actions**

- Review current local monitoring regime to better reflect CQC expectations.
- Consult with care homes to understand the support they require to deliver high quality services.
- Review current capacity available to monitor and support the home care sector.
- New care at home model is being implemented as part of CT transformation programme.

#### 6.3 **GM: Immediate Priorities**

- Support definition of development contracts for localities with near-term contract expiry and/or market risks.
- Co-produce an agreed model of care and specification for care at home with service users and providers.
- Mobilise work in support of a sustainable workforce, with focus on skills development and career pathways.
- Develop approach to deployment of the Apprenticeship Levy, to help build a pipeline for the social care workforce.
- Work with LCOs to develop a GM market position statement on future services and expected outcomes.
- Define and pilot new models of care at home focused on the needs of individuals.

## **7. PEOPLE WITH LEARNING DISABILITIES IN EMPLOYMENT**

### **Performance Summary**

- 7.1 The measure is intended to improve the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits.
- 7.2 Performance in Tameside in 2015/2016 was 2% compared to 4.1% regionally and 5.8% nationally. 6 GM authorities have less than 3% of People with LD in Employment, with only Trafford, Stockport and Rochdale achieving above 4%.
- 7.3 Nationally and regionally we are seeing a steady decline in this indicator - 2012/2013 region 5.5%, national 7%.
- 7.4 Tameside performance at Quarter 3 2016/2017 is showing 1.89%, although the number of people in employment has actually remained the same, the number of people known to social care has increased which has affected the performance out turn.
- 7.5 If Tameside were to be at the National average of 6%, this would mean an additional 20 People with LD into Employment.
- 7.6 If Tameside were to be at the same level as Trafford 14%, this would mean an additional 58 People with LD into Employment.
- 7.7 Performance in this area has been a concern for some time and has been impacted upon the reduction of the LD Employment Support Team due to financial restraints.
- 7.8 **Tameside: Actions**
  - Make Contact with Trafford to share best Practice.
  - We have moved the remaining Employment staff into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base.
  - The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds.

## **8. PEOPLE WITH LD WHO LIVE IN THEIR OWN HOME OR WITH THEIR FAMILY**

### **Performance Summary**

- 8.1 The measure is intended to improve outcomes for adults with learning disabilities by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion.
- 8.2 Performance in Tameside in 2015/2016 was 93.79% compared to 88.9% regionally and 75.4% nationally.
- 8.4 Tameside performance as at Quarter 3 2016/2017 is showing 93.9%.
- 8.5 **Tameside: Actions**
  - Sheltered Housing – Development of a number of Supported Living and Sheltered Housing Schemes specifically for people with LD.
  - Successful Resettlement Programme within Tameside.
  - Continuous drive to reduce Out Of Borough placements and ensure appropriate accommodation for people with LD.

- Strengthened work with Young People transitioning from Children's Social Care into Adult Social Care, including their accommodation needs.

#### 8.6 **GM Learning Disabilities: Immediate Priorities**

- Create an LD service user/provider forum to support co-design with service users and their families and providers.
- Implement a GM-wide ethical commissioning framework.
- Scope a review of supported living.
- Build on existing good practice to increase the scale of family-based care(eg Shared Lives model) across GM.
- Build on good practice to develop and implement a scaleable approach to employment for those with LD.
- Creating a single commissioning and procurement function for people with high-level complex needs.

### 9. **CARERS**

#### **Performance Summary**

9.1 In the 2001 census 22,240 people described themselves as carers in Tameside, this figure rose to 24,059 by the 2011 census.

9.2 Within its carer population, Greater Manchester has higher proportions of carers providing substantial care i.e. over 20 hours per week compared with the national average – painting a picture of harder pressed families and friends. Tameside has a higher than national average number in this category and a higher than average percentage of carers providing over 50 hours of care a week.

9.3 Carers assessments carried out by the local authority are used to indicate success in supporting carers. In Greater Manchester the current average is around 57 assessments per 1000 carers with Tameside achieving over this average at 65 assessments per 1000 carers.

#### 9.4 **Tameside: Actions**

- Ensure awareness of carers' assessment with all relevant staff across the health and social care economy.
- Increase public awareness of the role that carers play and the availability of carers assessments to support carers.
- Review numbers of carers currently receiving no support and establish actions to reduce this number.

#### 9.5 **GM: Immediate Priorities**

- Develop a memorandum of understanding to gain agreement across GM on the approach to carer support.
- Scope approach to common information, advice and support.
- Develop a carers' charter setting out what carers in GM can expect.
- Develop a carers' champion network across health and social care organisations.
- Pilot a new model of multidisciplinary working with a group of carers to test approach.
- Develop an approach to carers and employment and seek sign up from private and public sector organisations.

### 10. **ADMISSIONS TO RESIDENTIAL AND NURSING CARE AGED 65+ - RATE PER 100,000 65+ POPULATION**

#### **Performance Summary**

10.1 Performance in Tameside in 2015/2016 was 643.03 compared to 712.3 regionally and 628.2 nationally

10.2 The numbers of people aged 65+ admitted to care homes in 2015/2016 equates to 243 people, performance as at Quarter 3 2016/2017 is showing 453.8, equating to 174 People – it is likely that out turn performance in 2016/2017 will have improved once again in this area Tameside, Manchester and Stockport are the only 3 GM authorities that have rates of admission to care homes that are comparable or below the National average.

### 10.3 Tameside: Actions

- Success of Reablement services – 88% of people accessing reablement leave with a reduced or no care package.
- Implementation and continued application of Halfway Homes guidance – no admissions to Care homes direct from Hospital, except in exceptional and specific circumstances.
- Discharge to Assess – People assessed at home not in a hospital bed for long term services.
- Intermediate Care – Intensive therapeutic input to maximise independence.

## 11. PROPORTION OF OLDER PEOPLE (65 AND OVER) WHO WERE STILL AT HOME 91 DAYS AFTER DISCHARGE FROM HOSPITAL INTO REABLEMENT/ REHABILITATION SERVICES

### Performance Summary

11.1 This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.

11.2 Performance in Tameside in 2015/2016 was 86.44% compared to 82.1% regionally and 82.7% nationally.

### 11.3 Tameside: Actions

- Creation of a Multi-Agency Integrated Urgent Care Team.
- Reablement Service.
- Community Response Service – Emergency Response service to support independence in people's homes and reduce admissions to Care homes and hospital.
- Review of Homecare to ensure quality care packages within the home.
- Implementation of Half Way Homes guidance – no admissions to Care homes direct from Hospital.
- Discharge to Assess – People assessed at home not in a hospital bed for long term services.
- Intermediate Care – Intensive therapeutic input to maximise independence.

## 12. PROPORTION OF PEOPLE USING SOCIAL CARE WHO RECEIVE DIRECT PAYMENTS

### Performance Summary

12.1 This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

12.2 Performance in Tameside in 2015/2016 was 15.43% compared to 23.5% regionally and 28.1% nationally.

12.3 Tameside performance as at Quarter 3 2016/2017 is showing 13.62%, which is a reduction of 23 people since 2015/2016.

#### 12.4 **Tameside: Actions**

- Review the Direct Payments offer and how this is promoted by front line staff.
- Review the capacity of Direct Payment Officers.
- Gain views from Service Users as to why Direct Payments may not be considered.

12.5 Considerations of the Quality and Performance Assurance Group – there was no Quality and Performance Assurance Group meeting this month.

### 13. **RECOMMENDATIONS**

13.1 As set out on the front of the report.