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Dear Councillor,

## **OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - TUESDAY 23RD JANUARY, 2024**

I refer to the agenda for the above meeting and now enclose the following report which were unavailable when the agenda was published.

<b>Agenda No.</b>	<b>Item</b>
1.	<b>Cabinet Member Reports</b> (Pages 3 - 12) Report of the Chief Legal and Democratic Officer  Cabinet Member Update – Adult Social Care.

Yours sincerely,

Laura Bootland

Democratic Services

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<b>CABINET MEMBER UPDATE</b>		
<b>Overview and Scrutiny Committee (Adult Social Care) – 23<sup>rd</sup> January 2023</b>		
<b>Councillor</b>	<b>Portfolio</b>	<b>Period of Report</b>
Paul Cummins	Adult Social Care	November 2023- January 2024

## **1. The National Care Quality Commission Assurance Update for Adult Social Care**

Following the last update, Adult Social Care (ASC), have concluded the phase 1 of their assurance plan, which was codesigned with staff, people who use services, carers, and partner organisations. The Part 1 Self-Assessment provides a baseline assessment against the CQC single assessment framework and seeks to identify what is working well and areas for improvement.

Adult Social Care held a number of workshops in November and December with staff and partner organisations to begin feeding back on the findings and exploring which areas can be further strengthened. These included:

1. Ensuring that policies and procedures reflect the requirements of regulation, and that strength-based practice is fully embedded across the service.
2. Development of a local Outcome and Impact Framework to support and evidence better outcomes for people who access services.
3. Reviewing and improving the arrangements where children are transitioning to adulthood services, working with a wide range of partners and families.
4. Ensuring that the Care Act Wellbeing principle is fully embedded throughout social work practice and with care providers, thus ensuring individuals have choice and control regarding the support they receive.

A workshop was held with members of the Health and Social Care Overview and Scrutiny Committee in November to provide a further update and overview of the work undertaken so far.

Adult Social Care has commenced Phase 2 of its Assurance plan which includes identifying planned work aligning to 9 Quality Assurance Statements and implementing an operational assurance plan. The Statements cover the following CQC Key lines of enquiry:

1. Working with people
2. Supporting Healthy Outcomes
3. Equality in Experience and Outcomes
4. Safety in our Local System

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5. Safeguarding
6. Providing Support
7. Partnerships and Integration
8. Governance and Leadership
9. Learning and Innovation.

The Quality Assurance Statements are not published, they are for internal use, however, as ASC move to phase 3 of its Assurance Plan, the service will need to publish an Adult Social Care Assurance Statement that draws on the Part 1 Self-Assessment and the 9 Quality Assurance Statements. This statement will set out a commitment based on “you said, we did” actions and monitoring. The final Assurance Statement would only be published after a CQC assessment and will be a short 20 -page statement.

Since the last reporting, CQC have completed the five pilots' assessments that resulted in 1 Council requiring improvement and 4 Councils reporting good CQC ratings. Information on the CQC assessment and the Council pilot reports can be accessed via the below link:

[Local authority assessments - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/local-authority-assessments)

CQC were expected to contact the next 20 CQC Assessments in December, but this has been delayed slightly and it is expected that these will now commence in April 2024. Following the initial five pilot assessments CQC produced a “what good looks like” guide which is currently with the Government Ministerial Policy lead for approval.

There have also been changes to the notification period which will be given to Councils prior to commencement of an assessment from 4 weeks to 8; this enables more time to prepare the self-assessment pack.

Adult Social Care continues to participate in the Northwest and C&M ADASS regional sector led learning programme and we continue to learn from other Councils.

## **2. Strategic Commissioning**

Key focuses for Adult Social Care Commissioning include the following:

### **2.1 Domiciliary Care**

Domiciliary Care is experiencing some pressure in terms of demand levels, whilst a number of the larger providers in the North have reported issues relating to the quality of the care they are providing. The commissioning team are therefore in the process of implementing new contract arrangements with a number of providers to secure additional capacity, particularly to ensure there are no delays for people awaiting discharge from hospital. Meetings are also being held with all providers to discuss working in partnership to address winter pressures issues. The New Directions Reablement service is being expanded with new staff being recruited.

## **2.2 Day Opportunities**

ASC have recently applied an uplift to the Direct Payment rate for people accessing day services to support those experiencing pressure to meet increased costs. In respect of the new model for Day Opportunities, final consideration is now being given to the proposed model. The plan will be to progress to market early in 2024.

## **2.3 New Directions**

Adult Social Care continue to work closely with New Directions and the outcome of their review was submitted to January 2024 Cabinet. This report also outlined next steps, which focussed on a twelve-month transformation programme.

## **2.4 Care Homes**

We have now established Winter Care Home Cell meetings to work with care homes as part of the overall Health and Social Care System to support with dealing with Winter pressures; this compliments our ongoing partnership with Care Homes and the peer support facilitated by my home life.

We have just launched the 4<sup>th</sup> round of the Care Home grants programme, on which I lead, and which supports our Care homes to make capital improvements to help improve support to people living with Dementia.

## **2.5 2024/25 Fee Setting**

We have commenced work on formulating potential 2024/25 fee increases; consultation with Providers will then commence on the proposals.

## **2.6 Quality Monitoring**

As previously reported, the QA team are now working with the Provider Assessment and Market Management Solution (PAMMS) tool. The QA team has continued to meet with colleagues from the other LCR regions on a monthly basis to share good practice, offer peer support and share intelligence regarding services and providers that may operate in multiple LAs. Some changes have been made to the system by the software developers. The team continue to work with 125 current CQC registered Care homes (including nursing, residential, EMI, dual/multi, and LD). We currently have 3 Outstanding, 105 Good, 19 Requires Improvements and 1 Inadequate. The team works closely on improvement plans with the inadequate home and all that require improvement. It should be noted that Sefton have a higher percentage of Good and Outstanding Homes than the national and regional average. We have recently supported 2 closures whereby homes are facing a mix of financial and regulation challenges; we supported all residents to safely find solutions.

## **3. Hospital Winter Pressures**

Both Acute Trusts are facing significant challenges presently.

Mersey and West Lancashire Teaching Hospitals NHS Trust (Southport and Formby site) went into Full to Capacity Protocol on the 1 December with unprecedented demand and the impact of Infection Prevention Control issues at Southport Hospital.

While Liverpool University Hospitals NHS Foundation Trust (Aintree site) has been in/out of Full Capacity Protocol over recent weeks, they have not been reporting

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challenges to the same extent, but over the last few weeks there has been a significant increase in demand, reported higher acuity of individuals, both of which has had an impact on Long Length of Stay (LOS) figures.

An increased demand over Winter was obviously expected, however, this has been greater than previous years. Weekly planning meetings to prepare, with system partners, have been in place (together with daily escalation meetings).

Additional capacity has been provisioned across the domiciliary care market and reablement beds at James Dixon Court. ASC have also had to look towards new Domiciliary Care providers to assist, given some care concerns with existing commissioned providers.

Sefton are not the only system currently under pressure; both Whiston Hospital and Arrowe Park Hospital are facing equal challenges presently. In acknowledgement of these pressures, the government has issued Local Authority's an Urgent and Emergency Care Support Fund, which is managed by the Department of Health and Social Care (DHSC). Sefton Council has secured £715,436 revenue funding from this support fund as of the 4 December and outlined that the monies will be used for:

1. 6 Intermediate Care beds
2. 10 Care Home beds
3. Supporting Community Voluntary Sector
4. Homelessness/Housing In-reach
5. Additional Support for Carers.

For the additional 10 care homes beds, this will be primarily for Dementia Residential short-term placements.

Furthermore, ASC have bought in additional capacity in Hospital teams and agency staff to bolster the operational teams, both in Hospital and Community. There were more practitioners working over the Christmas period this year with experience of hospital processes, with staff on duty over the festive period. Additional Care Arranger capacity is also being secured to support with the timely arrangement of placements and care packages. A Care Home Cell has recommenced to support providers, especially around Infection Prevention Control (IPC) measures and to support Hospital admission avoidance. Sefton CVS has also been approached and is supporting with arrangements.

## **4. Adult Social Care Budget**

Budget monitoring as at the end of November remained challenging, with a projected deficit in excess of £5m. This is primarily due to increased costs of placements and packages, impacted by above inflationary rises and placement costs above standard rates. Other issues, e.g., additional costs due to a leap year and extra bank holiday have also impacted on the service. Adult Social Care have a programme of mitigations aiming to bring the forecast closer to a balanced position at year end. This will extend to utilising reserves and grant funding where possible. The recent monthly reports to Cabinet have forecast a net overspend position of £1.0m. However, it is now acknowledged that even with the mitigations taking place the net overspend may be in excess of this figure.

The Adult Social Care forecast is subject to a number of assumptions and is based on current client numbers and costs. In prior years, Adult Social Care has benefitted from additional income late in the financial year, e.g., from Government grants or Health contributions which has helped its outturn position. Forecasts, assumptions, and mitigating actions will continue to be reviewed and will be reported regularly to me and be included in the overall monthly monitoring reports to Cabinet. As would be expected, regular budget monitoring is in place within the service and, in addition, monthly review sessions are held between the Chief Executive, Executive Director and Chief Finance Officer (S151 Officer).

## **5. Adult Social Care Complaints, Compliments and MP Enquiries**

In October and November 2023, 13 complaints about Adult Social Care were received.

Three complaints related to funding arrangements, and these were upheld. One complaint involved an invoice being issued a significant period of time after the person had passed away. A full apology was issued to the family and review of the process undertaken with all key staff. The second complaint was upheld due to a lack of clarity on an invoice. We apologised to the complainant, provided further clarity and assurance to the family that we would review our processes in relation to this. The last complaint was upheld due to a care provider submitting information incorrectly which impacted on the invoice issued. We apologised to the family and ensured that a correct invoice was issued.

Three complaints received related to decision making (the Disabled Facilities Grant, a care provider, and the sharing of information) which are currently under investigation. The final complaint related to the Council's decision about unauthorised expenditure on a direct payment account which was partly upheld due to a lack of clarity about how the direct payment could be used.

Five complaints concerned the quality of service provision. We did not uphold one complaint about a delay in allocation as a referral had not been received for the individual adult. One complaint was upheld as there had been a delay in allocating the case to facilitate discharge from the short-term placement and there was also evidence of poor communication. Therefore, sincere apologies were offered to family for this as this is not the level of service we would expect. We upheld a complaint regarding a care provider as there was evidence that carers were not always staying for the full 30-minute call and additionally not completing all tasks during the call. Sincere apologies were offered to the family and the care provider implemented actions to mitigate against this happening in future. A complaint regarding the quality of care offered by a residential placement remains under investigation.

Responding to complaints within timescale remains a focus and is monitored on a weekly basis during meetings between Assistant Director for Adult Social Care and Health, Senior Adult Social Care Managers, and representatives from the Complaints Team. Adult Social Care want to ensure that we manage expectations of complainants effectively and therefore want to improve performance in relation to

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meeting initial target dates for response. For the complaints received in September, 69% were responded to within the initial time frame or remain within timescale at the time of this report.

Adult Social Care received 10 MP enquiries in October and November 2023 and responded to 100% within the target timescale of 10 working days. This compares to 8 enquiries received in September with 63% responses issued within the required timescale.

There was an increase in the number of compliments received about the service provided with individuals recognising the positive impact of work undertaken by Adult Social Care staff.

There have been 32 compliments received in October and November 2023.

## ***Local Government and Social Care Ombudsman***

Adult Social Care received one new enquiry from the Ombudsman concerning a complaint about funding arrangements and we have supplied information for its consideration. The Ombudsman has confirmed that it will investigate the complaint and we are awaiting further contact from the Ombudsman.

## **6. Principal Social Worker Update (PSW) - Quality and Practice**

All qualified social workers were required to re-register with Social Work England on the 1<sup>st</sup> December 2023 and this has been successfully overseen, with one exception where there are mitigating circumstances and appropriate support, and action is being taken.

Since the last report, from a Practice perspective, the PSW has, in partnership with the Quality Improvement Forum, (QIF) developed a benchmark (for auditors) with regards to the case file audit. The aim of this is to enable all colleagues who are auditing case files to have a set of agreed standards, which should drive improvement and quality of our activity under the Care Act and other key legislation. Coupled with the above, new guidance around the quality of case recordings has been developed by the PSW and the QIF. The aim is to again drive the standard of case recording and ensure that items recorded on people's files are appropriate, and to an agreed standard.

Since the development of the Adult Social Care case file audit in January 2023, to date, Adult Social Care (ASC) have completed audits across all teams (100 cases) and undertaken thematic audits reviewing 00 cases across safeguarding and mental capacity.

The themes and feedback identified by the auditors has supported in the development of new practice guidance to support practitioners. The guidance focuses on Case recording and a Mental Capacity Checklist.



The Quality, Practice and Safeguarding group (QPSG) is in place and chaired by the Senior Manager for Quality Assurance and Operational Safeguarding. The QPS group's function is to provide assurance on all aspects of safeguarding, professional practice and quality. Triangulating learning from incidents, complaints and audits to support continuous improvement within the service.

ASC is currently involved with three Domestic Homicide Reviews (DHR) with open actions plans to support implementation of identified learning. These action plans are tracked and monitored through the QPSG.

## **The PSW role in assurance**

The PSW role will play a pivotal role in the forthcoming CQC assessments and will be one of the key contacts on day 1 of their arrival at the chosen authority.

The PSW interview will consist of a mixture of broad and more focused questions, including themes that they will identify prior to the on-site visits. Main themes will be around quality of practice, Equality Diversity and inclusion and potential areas of improvement and development.

Consequently, to the support the PSW with this, both ADASS and the LGA are hosting several webinars for PSW's to attend to ensure we are fully briefed on what the requirements are and any future updates.

As part of the new regulatory requirements, the CQC will ask local authorities to provide the details of a small number of people who are receiving care or support through that local authority. This is to enable the CQC to look at their care records – and is called, 'Case Tracking.' The CQC will talk with those People, and those who support them such as family members as well as staff at the local authority or any other professionals involved in that person's care.

As part of the Case Tracking activity, there is an expectation that all Local Authorities subject to assessment, will provide 50 cases that cover a range of work. However, it is our understanding from the pilot sites that the CQC will select 6 cases, holding 4 in reserve.

The PSW is now overseeing arrangements with teams to ensure appropriate cases are identified and providing regular updates to the Executive Director on progress, to ensure readiness. Engagement with people and carers who have lived experienced will form a key part of the assurance process.

## **7. Performance and Key Areas of Focus**

### **Activity Overview:**

The following highlights our long-term activity trends:

- Overall provision of long-term services to clients has remained stable over the course of the past twelve months. At the end of November there were just over 4,100 open long-term services.

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- Service starts for carers have gone up in the last 12 months. On average, we had 127 service starts in last three months - that is up by 15 percentage points from the previous three months.
- Number of contacts received in the past three months decreased by three percentage points compared to the previous three months. On average, Sefton ASC is receiving just over 2,000 contacts per month.
- The number of assessments undertaken in the latest three-month period decreased slightly compared to the previous three months. On average, teams are completing 504 assessments per month. Additional resources are now in place to provide additional support for the locality teams and focus on the existing waiting lists.
- The total number of reviews undertaken in the last 3 months is down slightly by 0.9 percent from the previous three months. Workforce challenges within the locality teams has impacted however the number of reviews undertaken by the Review team has increased by 25 percent. On average, almost 500 reviews are being completed by the teams each month. This remains a key area of priority to improve the numbers of people receiving their annual review.
- Number of safeguarding contacts received in the last three months declined by 8 percentage points compared to the previous three-month period. On average, Sefton ASC is receiving around 250 contacts related to safeguarding per month- that's nine percentage points more than 12 months ago.
- The number of safeguarding referrals remaining open at month end remains high. There was a total of 360 referrals open at the end of November, around a third higher than 12 months ago. This has been impacted by increased reporting from care market. The majority of these are active section 42 enquiries and safeguarding referrals being screened. All have been reviewed and all individuals are safe. This number is expected to reduce and there are opportunities for enhanced data cleansing.
- ASC continue to monitor the standard and the closures of Safeguarding referrals at the Quality Safeguarding and Practice group, to identify any specific themes or areas of improvement to reduce the length of time referrals remain open to the service. With the launch of the new Safeguarding documentation within Liquid Logic we envisage a reduction in the number of referrals open.
- In the last three months, timeliness in handling safeguarding contacts continued to perform well with 96% contacts being resolved within seven days. 69% of safeguarding referrals were completed within 28 days – proportion slightly lower than in the previous 3-month period.
- 97% of safeguarding enquiries saw preferred outcomes met fully or partially and the proportion has been fairly stable over the past twelve months.

## **The Adult Social Care Outcomes Framework (ASCOF)**

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people as put forward by Central Government. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability.

A change in data collection method for clients with mental health services resulted in Sefton dropping out of the top quartile for both clients in employment and clients in settled accommodation. NHS Digital explained that more service users are included in the denominator, as definition of the indicators has become broader. Furthermore, employment and accommodation statuses are being included only if they were updated within last 12 months. NHS Digital advised that indicators dropped for most councils. It is worth noting that these metrics will not form part of ASCOF in 2023/2024. We are currently awaiting guidance on how new ASCOF measures will be calculated.

The main points of note on Sefton's performance are:

### **Admission into care and reablement:**

Our rate of admission to care homes for those aged 18-64 remains relatively stable but we remain in the bottom quartile for both the Northwest and England. The rate of admission for over 65s (2A2) continued the downward trajectory, keeping us outside of the bottom quartile for England and outside the top quartile for Northwest. Just under 70% of our service users are in 'community based' services (i.e., not in nursing or residential placements)- this proportion is low compared to other Northwest authorities and puts us in the bottom quartile.

The number of people in receipt of reablement in November was seven percentage points above the yearly average and 38 percentage points higher than 12 months ago. The increase in the number of reablement services has seen us move out of the bottom quartile in the Northwest on the number of episodes of reablement or intermediate care for clients aged 65 and over.

November saw an increase of three percentage points for the proportion of older people (65+) still at home 91 days after hospital discharge into a reablement service. The 97% of clients remaining at home is above the yearly average and puts us in the top quartile both in the Northwest and in England.

### **Self-directed support & direct payments:**

Provision of services to *clients* by either self-directed support or direct payments has remained relatively consistent over the last twelve months.

The proportion of carers receiving a direct payment remained fairly stable from the previous month with around 98% of carers receiving a direct payment. In November, we were outside the bottom quartile for England and outside the top quartile for the Northwest.

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## **Employment:**

Number of learning-disabled clients going into paid employment remained stable, with around 2.4% of learning-disabled clients being employed. Sefton remained in the bottom quartile in the Northwest and nationally. A report will be presented to the Executive Leadership Team in early January 2023 to outline potential proposals for improving opportunities in this area.

Changes in NHS methodology for indicators concerning clients with mental health services, resulted in Sefton dropping out of the top quartiles clients in employment.

## **Housing:**

The proportion of learning-disabled clients who live in their own home or with their family has remained stable over the past few months. In November, we remained in the top quartile for England and just outside the bottom quartile for the Northwest. Changes in NHS methodology for indicators concerning clients with mental health services, resulted in Sefton dropping out of the top quartile for clients in settled accommodation.

## **8. Workforce**

The Adult Social Care Strategic Workforce Meeting (SWM) continues to be held monthly, chaired by a Senior Manager to look at all issues relating to Sefton ASC workforce. This forum is not only essential given the current challenges in terms of recruitment and retention of Social Workers nationally, but also assurance around meeting CQC regulations which we are aware will be an integral part of any inspection, specifically CQC regulations 12, 18 and 19. The SWM has reviewed these regulations and is completing a gap analysis, with a view to completing Action Plan for a monthly review. The area for further work for the SWM is post the launch of the new ASC Supervision Policy in how we audit the frequency and quality of supervision moving forward, and continued assurance around DBS checks. On a positive note, the Sefton ASC Workforce Offer has now been completed and is awaiting final approval.

The number of Qualified SW vacancies across Department remains at an average figure of 14 posts. Where feasible, vacancies are covered by agency staff pending long term recruitment, although this can be challenging at times given the availability of suitable candidates. Sefton ASC is adopting "Grow your Own" with more offers of apprenticeship schemes (for Social Work and Occupational Therapy) together with the recruitment of newly Qualified Social Workers.