

# CABINET MEMBER UPDATE REPORT

**Overview and Scrutiny Committee (Adult Social Care and Health)  
7th September 2021**

Councillor	Portfolio	Period of Report
Paul Cummins	Adult Social Care	July/August 2021

## 1. Care Homes

There continues to be a small number of care homes who are receiving support to ensure vaccination levels continue to improve. There is a 95.7% rate for residents, and 86.3% for staff overall, this is the second highest rate in the Liverpool City Region.

Work continues to provide full vaccinations to learning disability services. Domiciliary care workers vaccination rate is at 76% overall.

There are no issues in relation to sustainable PPE supply, and have confirmation that PPE supplies will be available to care homes at no cost until March 2022 through the Government portal.

## 2. Adult Social Care Budget

The reported position to Cabinet for Adult Social Care at June was a balanced position, however, early indications show further areas where positive variances against budget are forecast. Budgets relating to cost of packages are more difficult to forecast owing to the ongoing impact of Covid on services and income. Adult Social Care continues to transform areas, such as strategic commissioning, and are developing innovative approaches to offset demand for services. This transformation introduced in 2020/21 continues to produce results in the current financial year.

**External grants** - the 2020/21 year saw financial support from the Government (DHSC) in Infection Control, Rapid Test funding and Workforce Capacity grants. These grants totalled over £11m with a requirement to passport to providers. Infection Control grants and testing support to care providers have continued for April - September with allocations of circa £4.5M.

**Fee consultations (2021/22)** for care home and Community Services (Domiciliary Care, Supported Living etc) have concluded, and the fee proposals for care homes have been published as a decision. The cost of care in relation to care homes will be developed through the Autumn, and we will be engaging providers in this work over the next few weeks.

## 3. Launch of Sefton's Adult Safeguarding Board

Sefton Safeguarding Adults Board has now held its first meeting, and the interim development plan has been created, which builds on previous activity and local priorities.

This includes progression towards seeking an Independent Chair, and establishing the Sub Groups to pick up on the work programme.

Partner organisations have shown enthusiasm at re-kindling the links of working together at Board level, to have the assurance that adults with care and support needs across Sefton receive a quality service. Developments have been made around strengthening links into securing the voice of the service user, with conversations underway with Healthwatch as to how best this can be achieved.

Operationally, Adult Social Care continues to receive a steady stream of concerns, returning to the volume received prior to the onset of the pandemic. The Board and Sub Groups are to explore headline data, and look further at services that remain under the radar in reporting safeguarding concerns, and at how we can improve communications across communities to ensure all adults at risk, or their carers, friends and families, have opportunities to raise concerns relating to safeguarding, and assist in their resolution.

Sefton's Board website is under development, along with exploration of how we can best use other social media platforms of communications, to encourage engagement in safeguarding activities both internally, and with our partners' organisations.

#### **4. Operational Pressures**

As of 23 July 2021, there has been a slight reduction in Covid infection numbers in the community. This is not to say the hospitals are in recovery, unfortunately they remain, owing to Emergency Department pressures, in an escalated "surge phase". The general bed occupancy is high at both Aintree and Southport District General Hospital, and whilst the number of Covid inpatients seem to have plateaued at both Trusts, unfortunately critical care bed occupancy remains high. Therefore, Adult Social Care is supporting the Trusts with discharge flow and hospital avoidance, attending daily meetings with the Trusts (seven days a week), and continuing to follow the Discharge to Assess pathways, to support safe and timely discharge. We are though, currently experiencing a significant increase in demand for Domiciliary Care, and have a high number of referrals still awaiting acceptance by a Provider. We are prioritising Hospital discharges, and we have established a Domiciliary Care Development Partnership, to discuss such matters with the Providers. There continues to be a reduced demand for care home placements, and an increased volume of new referrals made to Adult Social Care, involving a younger cohort with noticeable themes being issues such as mental health and self-neglect. These areas will influence how we develop operational teams and commissioning plans to respond to changing referral patterns.

#### **5. Mental Health Services**

##### **5.1 Mental Health Crisis Café**

Sefton's first Mental Health Crisis Café which is located on Mornington Road, Southport and facilitated by Sefton CVS opened on Friday, 2<sup>nd</sup> July 2021.

The Crisis Café's opening times are Friday, Saturday and Sunday from 5pm – 11pm, and an open referral process is in place with individuals over the age of 18 being able to self-refer into the service.

The Crisis Café provides two core functions:

- A place of safety and support for those at high risk of self-harm or suicide who would otherwise attend A&E.
- Facilitation of a Mental Health Champions' Network of experts by experience.

Since its opening there have been 29 attendees, with referrals being received via a number of different sources, with support being provided including signposting to other services where necessary.

A Peer Support Worker (Expert by Experience), has also been recruited who will develop sessional/group activities to support people in their recovery going forward.

### **5.2 Mental Health Recovery Workers**

The Council has recently recruited two additional Mental Health Recovery Support Worker posts, following the successful bid submission to the Cheshire and Merseyside Health and Care Partnership.

These posts have commenced, and will enhance the capacity within the Adult Social Care Mental Health Recovery Team, which is a boroughwide service providing intensive recovery-based support and reablement interventions to Sefton residents, under the care of secondary mental health services. The service uses a strengths-based approach, and is time limited, and goal orientated, with the aim of improving service users' confidence, independence, social inclusion and mental wellbeing.

### **5.3 Sefton Mental Health Review**

The first stage of Sefton's Mental Health Review has concluded, and this has focussed upon the collection of data held by key stakeholders, which has enabled us to reflect on current practice, identify what's working well and what within the system needs to be reviewed/redesigned to ensure connectivity of pathways that will improve service user/patient experience. A key component of the review has also been to understand the impact of Covid 19, and what we need to do collectively as a system to address the wider determinants of health.

The review has also underpinned our approach to develop an all age Mental Health Strategy, as we know, mental health can have an intergenerational impact across grandparents, parents and children. For those living alone, social connectivity to mitigate the impact of loneliness and social isolation is paramount, and services need to connect more effectively across the life-course. Further updates will be provided as the review progresses.

**5.4** The Mental Health Review will be taking forward recommendations from the Overview and Scrutiny Task and Finish Group, which will be subject to a separate report to this Committee.

## **6. Performance**

**6.1** Sefton's Adult Social Care performance in Q1 of 2021/22 remains at a level consistent with that of the previous year - some measures have seen gradual change over the last 12 months, but remain within expected parameters set by previous quarters.

It is important to note that a group has been established to prepare for proposed inspection, with data submissions likely in 2022, and OFSTED style inspections to follow, with a wider focus on commissioning and feedback from people with lived experience of receiving services.

**6.2 The main points to note from this report are as follows:**

Permanent admissions to care homes for those aged 65+ decreased from Q3 to Q4 of 2020/21, the assertion that this was likely heavily influenced by the Covid pandemic looks to be accurate, as this figure has now risen to the highest level of the previous 12 months. Sefton remains out of the worst quartile, and care home admissions for 65+ remain lower than pre-Covid levels. This means that far too many people are admitted into care homes, which reflects the position of an over-supply in Sefton.

Admissions to care homes for service users aged 18-64 in Sefton were on a downward trend (most likely because of Covid). Figures for this measure have increased in Q1 of 2021/22, and Sefton is again back in the worst quartile. Current figures do, however, remain around 25% lower than pre-Covid levels. This performance will be reviewed in line with the supported living strategy.

Adults with Learning Disabilities in paid employment in Sefton have increased in Q1 of 2021/22. Sefton continues to be in the worst quartile for this measure, however, we have seen a small increase of 0.4% over the past 12 months. For Sefton to move up to the best quartile, we would have to support just under 9% of LD Adults into employment - we currently have 2.2%. Initiatives to improve this position will be reported to the Committee.

The proportion of adults with Learning Disabilities in settled accommodation continues to perform in the best quartile for this measure, however there has been a slight downward trajectory over the past 12 months. The decrease of 2.3% from Q4 of last year to Q1 of this is the largest decrease of the past 12 months.

The number of clients aged 65+ receiving reablement or intermediate care is continuing to increase. Having been in the bottom quartile for this measure, Q1 of 2021/22 is at the highest level for the past 12 months.

The proportion of clients who had a scheduled annual review completed within 12 months improved throughout 20/21, though has reduced slightly in the first quarter of 2021/22. However, the overall number of pending reviews to be completed continues to improve. The backlog of reviews saw a significant reduction in Q4 of 2020/21. Q1 of 2021/22 has seen a further reduction, putting Sefton in the best quartile nationally.

Throughout 2020/21 and into Q1 2021/22 the proportion of equipment delivered within 7 days was maintained at 99%.

The number of carers in receipt of a service continues to be impacted by the Covid pandemic, with a significant overall reduction in the services recorded as being provided directly to carers.

Contacts to Information, Advice and Signposting have increased steadily over the past 3 years. Q1 of 2021/22 has continued this trend and Sefton is now in the top quartile nationally for this measure.

As noted elsewhere, the Covid pandemic has had a significant impact on clients in care homes and the homes themselves. Our continued development of our Care Home and Extra Care strategy will help support clients and providers as we move out of the current crisis.

### 7. Integration and National Policy Update

The Health and Care Bill was published on the 6<sup>th</sup> July, the Bill provides detail on how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective integrated care system (and the immediate and long-term challenges presented by the Covid-19 pandemic). From April 2022, this will require all parts of the health and care system to work together as Integrated Care Systems, involving:

- Stronger partnerships in local authority areas between the NHS, local government and others with a more central role for primary care in providing joined up care;
- Provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The Bill seeks to make Integrated Care Systems statutory, and details how the relationship of the system (Cheshire and Merseyside) and Place (Sefton) will work. These proposals sit alongside other requirements aimed at removing legislative barriers to integration across health bodies and with social care, to help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally. Of course, as it is this government that has drawn this Bill up, it is flawed in so many ways, and highly unlikely to achieve better outcomes for our population. The Bill includes the creation of greater powers for the Secretary of State, allowing for greater political interference, and the potential for greater privatisation and cronyism within the Health Service.

The Bill will change the way in which decisions are governed, particularly in relation to services, and finances, as we establish more integrated ways of working. This will require a review of current decision-making and governance groups. The Health and Wellbeing Board (HWBB) has now commenced a programme of development delivered by the Local Government Association.

Plans about the Integrated Care Partnership are being shared with partners and their staff, as well as being cascaded to Council staff over the next few weeks. Engagement has also begun with the Health and Social Care Forum, Every Child Matters Forum and Health Watch.

### 8. Complaints Update

#### 8.1 General Overview

We received **59 compliments** regarding Adult Social Care staff from families/service users thanking staff for their support and acknowledging the positive impact that staff have had on service users and families.

We received **26 Adult Social Care complaints** in Quarter 1, and upheld, or partly upheld, **35%** of these complaints.

Key lessons from these complaints included:

- Documentation and communication must be completed and shared in a timely manner
- We must ensure that information gathering must be robust and proportionate.
- During the pandemic, regular communication is important for families/service users.
- Timeliness of complaint responses has improved. However, we must ensure that our investigations are thorough and robust, offering an appropriate remedy if required.

We have 3 Adult Social Care complaints which are being considered by the Ombudsman. We must be mindful of the potential financial and reputational impact of cases being referred to the Ombudsman, and therefore, should take every opportunity to resolve complaints satisfactorily via local resolution.

We have received **3 Final Decisions** from the Ombudsman this quarter - 1 was not upheld with no maladministration identified, and 2 identified that there was maladministration, and injustice identified and remedies needed to be actioned.

### **8.2 Ombudsman Annual Review Letter**

The Ombudsman issued its Annual Review Letter 2020/21 on 21 July 2021 and raised the following key points:

- “good public administration is more important than ever” and that the Ombudsman hopes that “this feedback provides you with both the opportunity to reflect on your Council’s performance and plan for the future.”
- This year it took the unprecedented step to suspension its casework for approximately 3 months and the Council should be mindful of this if comparing statistics with those of previous years.
- It focuses on the outcomes of complaints and what can be learned from them.
- The intention of its information is to provide the Council with the most insightful information it can and have focused statistics on three key areas:

### **8.3 Complaints upheld**

Where the Ombudsman identifies fault in an authority’s actions, including where the authority accepted fault before it investigated. For Sefton, **69%** of complaints the Ombudsman investigated were upheld. This compares to an average of **72%** in similar authorities.

### **8.4 Compliance with recommendations**

The Ombudsman recommends ways for authorities to put things right when faults have caused injustice, and monitor their compliance with its recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern. For Sefton, in **100%** of cases the Ombudsman was satisfied the authority had successfully implemented its recommendations. This compares to an average of **100%** in similar authorities.

### **8.5 Satisfactory remedy provided by the Authority**

In these cases, the authority upheld the complaint and the Ombudsman agreed with how it offered to put things right. The Ombudsman encourages the early resolution of complaints and credits authorities that accept fault and find appropriate ways to put things right.

For Sefton, in **11%** of upheld cases the Ombudsman found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman. This compares to an average of **11%** in similar authorities.

- Supporting Complaint and Service Improvement - the Ombudsman is concerned about the evidence “of the erosion of effective complaint functions in local authorities.” The Ombudsman acknowledged that the pandemic appears to have amplified the problems. The Ombudsman stated that, with much greater frequency, it encounters “poor local complaint handling practices when investigating substantive service issues and see evidence of reductions in the overall capacity, status and visibility of local redress systems.” The Ombudsman is developing a new work programme utilising complaints to drive improvements in both local complaint systems and services. It will use its casework to better identify authorities that need support to improve their complaint handling and target specific support to them. The Ombudsman explained that it is in the early stages of this and there will be opportunities for local authorities to shape it over the coming months and years.