

## **CABINET MEMBER UPDATE**

### **Overview and Scrutiny Committee (Adult Social Care and Health)**

**22<sup>nd</sup> February 2022**

<b>COUNCILLOR</b>	<b>PORTFOLIO</b>	<b>Period of Report</b>
<b>Paul Cummins</b>	<b>Cabinet Member Adult Social Care</b>	<b>Dec 2021- Jan 2022</b>

#### **1. Introduction**

It has been an extremely challenging time for Adult Social Care over the last few months, not least owing to the impact of Covid on care providers across the Borough, but also in terms of preparing for the introduction of the new legislation which will have a focus on several key areas such as funding care, the implementation of a new assurance regime, and a requirement to take forward integration. Implementation of the Health and Care Bill has been delayed to 1<sup>st</sup> July 2022 from the 1<sup>st</sup> of April 2022, and significant preparation work is continuing in relation to this with system partners.

The permanent Head of Adult Social Care and Health has been appointed and joined Sefton in December. Sarah Alldis has a wealth of experience from previous roles. She will report into Deborah Butcher and will lead the Adult Social Care operational teams. During her first few weeks Sarah has been meeting with front-line practitioners and colleagues across the service and the wider Council, discussing the key work being undertaken on behalf of residents, to ensure the best outcomes for individuals and families. Sarah has also been meeting with key partners from across the Sefton Health and Care System and will continue to build on the strong links and relationships which are already in place.

#### **2. Life Course Commissioning**

The Commissioning Team for both Children and Adults has transferred across to the Executive Director of Adult Social Care and Health as of 14<sup>th</sup> October 2021. Commissioning and procurement plans are being reviewed to align with Council priorities and in respect of structural alignment with health commissioners to ensure so that the focus on integrated commissioning remains once the Clinical Commissioning Groups have been disestablished.

2.1 Key areas of focus for commissioning over the last 2 months have included the following:

- Care Homes and Domiciliary Care

Care Homes are managing the Omicron outbreaks with support from Public Health, Infection Prevention and operational teams, and, unlike the first wave, very few Care Home residents are being admitted into hospital. 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. Guidance on visiting has changed as of January and the teams are working to support care homes with implementation.

The second round of Care Home capital grants closed just before Christmas with an excellent response rate. This scheme is to provide capital funding to homes to support an improved environment for their residents. The scheme has a focus on supporting dementia and the previous rounds included the use of interactive tables, improved outdoor areas and enabling increased use of digital technology. Further funding is being made available through the government for implementation of digital care records. Decisions on the grants have been made by a multi-agency panel which I have Chaired.

Access to domiciliary care over the last few weeks has been difficult with staff absence owing to Covid. The situation is under constant review, and all agencies have been asked to implement business continuity plans and inform the Council if they require additional support. A full update on this position has been shared with Cabinet Members. The availability of home care is severely affected by staff shortages owing to recruitment challenges and Covid.

### **3. Adult Social Care Budget**

The December budget monitoring exercise indicated a favourable forecast outturn position, however, the Adult Social Care budget is volatile, and will be managed closely to year end. This surplus was across a range of areas including staffing, transport, and increased income. Vacancies are difficult to fill at present in this sector leading to savings against salary budgets, however, the extension of agency staff to alleviate pressures has offset this. Forecasting the cost of packages is more difficult owing to the ongoing impact of Covid on services. Increased income levels have contributed significantly to this potential surplus, although there continues to be an element of financial risk which may impact on the outturn forecast as the year progresses. This includes pressure on the Domiciliary Care sector. Adult Social Care transformation continues to produce results in the current financial year.

**External grants** - grants from the Department of Health and Social Care regarding Infection Control, Testing, Vaccine and more recently Workforce Recruitment and Retention continue, and are in place for the remainder of the financial year. The Hospital Discharge funding has been extended until March 2022 - this allows the first 4 weeks of package costs following hospital discharge to be charged to Health. Health funding for Winter Pressures c £0.235M has also been made available for specific pieces of work, but must be spent before March 2022.

### **4. Integration and National Policy Update**

Work continues towards the implementation of the Health and Care Bill on the 1<sup>st</sup> April 2022, with the Strategic Task and Finish group continuing to oversee progress. A recent assessment of maturity has placed Sefton at 'evolving', and the Cheshire and Merseyside Health Care Partnership on track to become an Integrated Care System from the 1<sup>st</sup> April 2022. This gives a positive assessment of where progress is in Sefton. Further work in the next three months will focus on the expansion of the existing pooled budget, aligning business intelligence and population health approaches and the development of a work plan for the first 12 months. This will build on the existing integration achievement to help deliver the objectives of the Health and Wellbeing Strategy. The Sefton arrangements will now be known as the Sefton Partnership following the use of the term Integrated Care Partnership being adopted at a system or Cheshire and Merseyside level.

On the 24<sup>th</sup> December 2021, NHS Planning guidance was issued stating that the date of implementation would now be the 1<sup>st</sup> July 2022 as opposed to the 1<sup>st</sup> April 2022; (CCG) Clinical Commissioning Group colleagues are working through the Governance implications of the 3-month extension whilst progress against the Sefton Partnership project plan continues.

### 5. Adult Social Care Complaints Overview

The number of complaints, MP and Councillor enquiries and compliments have increased this quarter. We have improved our timeliness when responding to complaints (76% responses issued within 25 working day timescale) and we will continue to monitor this. Almost half of the complaints received related to finance and funding.

Of the complaints concluded to date, 61% were either upheld in full or in part which is an increase from the Quarter 2. Complaints were upheld for the following reasons:

- Delays in communication, which could have been clearer, and, on occasion, there was a lack of an integrated response between the Council and health colleagues.
- Delays in completing pieces of work.
- IT issues caused errors with invoices – these issues have since been rectified.
- Insufficient information provided in relation to financial implications of services.

Complaints and compliments are monitored through the Departmental Management Team to ensure lessons are learned from the process.

### 6. System Pressures - Hospital and Access into Social Care

- System Pressures

The Cheshire and Merseyside systems are extremely challenged owing to the impact of the Omicron variant. Sefton Adult Social Care continues to support with discharge, seven days a week, as per the national guidance, and while we are not struggling in terms of staffing presently, despite prioritising hospital discharge, challenges in relation to the availability of commissioned care remain. Owing to the pressures in the health system Sefton Adult Social Care has senior representation on the daily escalation calls with system partners, which include the North Mersey Capacity and Flow meetings, Southport and Ormskirk Executive ready for discharge Review, and Cheshire and North Mersey Integrated Capacity and Flow meetings.

Owing to the challenges with domiciliary care capacity, there has been impact on discharge flow from hospital. Sefton Adult Social Care has been working with community health partners bridging care where feasible to facilitate bridging arrangements, and nursing staff and short-term placements are being utilised where necessary. Additional domiciliary care capacity has come online, and will aid continued hospital discharge flow during what is expected to be an extremely challenging winter for all system partners. However, this additional capacity is in North Sefton, and there remain a large number of packages waiting for acceptance by providers.

Weekly meetings have been established with all providers to address and support with workforce challenges. There continues to be strong focus within Adult Social Care to ensure oversight of:

- Waiting times for assessment, ensuring regular communication with individuals and families.
- Ensuring that any risks are mitigated, and regular reviews undertaken to identify changes in circumstances and need.
- Supporting teams with escalation arrangements to ensure senior support.
- Ensuring support packages are commissioned at the right level and all community support is maximised.
- Ensuring a focus on support for carers.

### 7. National Policy

Councils are being provided with funding in the next financial year to undertake a fair cost of care exercise with older people, residential and home care providers. This will be a significant piece of work, and although additional funding will be made available, this may not be sufficient to achieve the government's objectives, at least in the short term.

Further government funding will be based on Councils evidencing that work has been undertaken, including market engagement and submissions are required to Central Government by September 2022.

#### **Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023**

From October 2023 people who fund their own care in care homes will be able to ask their local authority to arrange care on their behalf to secure better value. This will help to address the current differential in fee rates charged to some self-funders. The market effect of this change will be that some providers will, over time, need to reduce reliance on subsidising state-funded care from self-funders. Where this has an impact, local authorities will need to ensure their market can be sustained and fee rates are sustainable.

#### **Available Funding:**

The Government have made available £162m in 2022/2023 to fund a range of activities relating to Market Sustainability and Fair Cost of Care (see below). Sefton's allocation is **£1.029m**. The overall funding will increase to £600m nationally in 2023/2024 and 2024/2025.

The Spending Review outlined that there would be additional funding available for other elements of Adult Social Care Reform relating to charging reforms. This would be £800m nationally in 2023/2024, increasing to £1,400m in 2024/2025. No details have been provided yet on how this may be allocated.

#### **2022/2023 policy expectations and funding conditions.**

Funding is designed to ensure local authorities can prepare their markets for reform and move towards paying providers a fair cost of care, as appropriate to local circumstances. To prepare markets, local authorities will carry out activities such as:

- conduct a cost of care exercise to determine the sustainable rates and identify how close they are to it.

- engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care).
- strengthen capacity to plan for, and execute, greater market oversight (as a result of increased section 18(3) commissioning) and improved market management to ensure markets are well positioned to deliver on our reform ambitions.
- use this additional funding to increase fee rates genuinely, as appropriate to local circumstances. To fund core pressures, local authorities can make use of over £1 billion of additional resource specifically for social care in 2022 to 2023. This includes the increase in Social Care Grant and the improved Better Care Fund, a 1% adult social care precept and deferred flexibilities from last year's settlement.

As a condition of receiving further grant funding in the 2 following years, local authorities will need to submit to the Department of Health and Social Care (DHSC):

- a cost of care exercise - produced by surveying local providers for 65+ residential and nursing care and 18+ homecare to determine a sustainable fee rate for different care settings. Exercises will need to accurately reflect local costs such as staff pay and travel time, and provide for an appropriate return on capital, or return on operations. Local authorities will be expected to publish the exercises.
- a provisional market sustainability plan setting out local strategy for the next 3 years (2022 to 2025) - using the cost of care exercise as a key input, this provisional plan will demonstrate the pace at which local authorities intend to move towards a sustainable fee rate, and new models of care (including housing).
- spend report – this will detail how money has been allocated in line with expectations in order to achieve a more sustainable local market (as set out in 1 to 4 above).

These returns will give government assurance that local markets are being managed well.

DHSC will reserve the right to withhold future fair cost of care funding until satisfied that all fund conditions have been met.

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

Sefton's performance in Q3 of 2021/22 remains relatively stable in most areas relating to the national Adult Social Care Outcomes Framework.

The main areas of note are as follows:

#### **Admission into care**

The reduction in the rate of over 65s receiving reablement or intermediate care, and a relatively high rate of admission of over 65s to care homes. As a result of this, the teams are monitoring admissions, and working with care providers to ensure there are plans in place to expand domiciliary care capacity as we move out of the immediate impact of the pandemic.

The number of clients (as a rate per 10,000) aged 65+ receiving reablement declined by 14% from Q1 to Q2 of this year. This has come down a further 21% in Q3.

This seems to be a result of a drop off in the number of clients starting reablement from August 2021. Whilst this fall in provision is significant, it does follow similar patterns of reduction in many of our Northwest neighbours. The overall success of reablement remains a positive, however, as over 80% of clients remain at home 91 days later and for those over 65 discharged from hospital 98% remain at home 91 days after receiving reablement services. Reablement is a service provided by New Directions, and commissioners have flagged the requirement to expand this service to improve availability.

Admissions to care homes for service users aged 18-64 have not risen at the same rate as those aged 65+, though we remain in the national top quartile of local authorities placing 'younger' people in residential settings. A new commissioning programme has commenced to provide housing pathways, rather than residential care for younger people. Benchmarking will take place with other areas to review and implement best practice in these areas.

### **Carers Services**

Sefton is placed in the bottom quartile nationally for carers receiving self-directed support, but is just above the bottom quartile for those receiving direct payments. To move into the top quartile nationally for both measures we would need to provide self-directed support, and/or direct payments to all carers. One of the reasons for this is that not all the activity undertaken by the Carers Centre within Sefton can be reported nationally; therefore, although a high proportion of carers are supported by the service the reporting requirements do not align. Work is currently in progress to review the local reporting arrangements, and to meet with other Local Authorities (within the top quartile) to gather further learning.

### **Employment**

Sefton continues to be in the bottom quartile for adults with learning disabilities in paid employment. For Sefton to move up to the best quartile, we would have to support just over 7% of Learning-Disabled adult clients into employment - we currently have 2%. Plans are being developed to address this position, and I have been working with partners to bring about positive initiatives.

The proportion of adults in contact with secondary mental health services in employment in Sefton ranks in the best quartile nationally, and has risen in each quarter of this year.

### **Housing**

The proportion of adults with Learning Disabilities in settled accommodation continues to perform in the best quartile for this measure and looks to be stable, at over 90%.

We also rank in the top quartile on the proportion of those living independently: currently over 90%.

### **Safeguarding**

## **APPENDIX A**

Timeliness in handling safeguarding contacts and referrals have improved in Q3 of 2021/22. 94% of safeguarding contacts were resolved within 7 days in Q3, this is an improvement of 11% on the previous quarter. The number of referrals resolved within 28 days saw an improvement of 17% from Q2.

Sefton continues to perform well in Making Safeguarding Personal with 99% of those expressing a preferred outcome having that preference either fully or partially met. This puts us in the top quartile for this measure in the Northwest.