

CABINET MEMBER UPDATE

Overview and Scrutiny Committee (Adult Social Care and Health)

21 June 2022

| COUNCILLOR | PORTFOLIO | Period of Report |
|---------------------|---|------------------------------|
| Paul Cummins | Cabinet Member Adult Social Care | April 2022 - May 2022 |

1. Preparation for Implementation of the National Assurance Framework

Plans are in place to ensure Adult Social Care is ready for the introduction of the new National Assurance Framework and oversight by the Care Quality Commission (CQC), who will assess Local Authority performance in delivering their adult social care duties from the Care Act 2014. Full implementation of the framework will take place during 2023/24 and the Department of Health and Social Care (DHSC) are currently finalising the agreed framework which is expected to focus on four key areas:

- Working with people - assessing needs, supporting people to live healthier lives, prevention, well-being, information, and advice
- Providing support - markets (including commissioning), integration and partnership working
- Ensuring safety - safeguarding, safe systems, and continuity of care
- Leadership - governance, learning, improvement, innovation.

Work has already commenced with Local Authorities to establish the required data set and collection in preparation for full implementation and this will continue throughout 2022/2023. As part of its regulatory preparation, Adult Social Care (ASC) has confirmed arrangements for a Peer Review of services to be held in July 2022. This approach builds on the establishment of an internal Social Care Reform Board and Quality Assurance Framework. Regular reporting will be provided to the Executive Leadership Team for assurance on progress. ASC will continue to access support regionally and nationally, to ensure readiness and this will include specific learning from the recent Ofsted inspection for Children's Services.

2. Integration and National Policy Update

The Health and Care Bill received Royal Assent on the 28 April 2022, to become the Health and Care Act. The Act substantially changes how the NHS in England is organised. Clinical commissioning groups, which have been the primary budget holders for NHS services since 2013, have been abolished. In their place, Integrated Care Boards will perform this role from the 1 July 2022 as Integrated Care Systems are put on a statutory footing. This provides a clear framework and mandate for integration between care and health services.

Work continues to develop with the Sefton Place based arrangements in advance of the 1 July 2022. A full report detailing governance arrangements will be received by cabinet in June. On 4 March, Deborah Butcher, Executive Director for Adult Social Care and Health was appointed as Place Director Designate, which is a joint appointment by the Council and Integrated Care Board. The Place Director will be working closely with local partners and

will play a central role in the future integration of health and care, taking a lead on tackling the health inequalities within our communities. The Place Director Designate will take up post on 1 July 2022, when the NHS Cheshire and Merseyside Integrated Care Board (ICB) is established; but has been involved from early April in order to contribute to the further design of the integration agenda.

Recently, a refresh of the Integrated Care Teams workstream has been undertaken, bringing together key stakeholders from across Social Care, CVS, Primary Care, Early Intervention and Communities and Mersey Care. This steering group has progressed a draft Mandate and milestones for this area and is in the process of undertaking a maturity assessment to inform this work, further updates will be brought through Cabinet Member Briefings.

3. Life Course Commissioning

Commissioning for Adults and Children has remained a key focus, during the last two months. The team has continued to review existing commission plans to ensure alignment to Council priorities and provide structural alignment with health colleagues post disestablishment of the Clinical Commissioning Groups, in order to deliver an integrated commissioning approach. In addition to evaluating and strengthening the current expertise and resource within team, key areas of focus for commissioning over the last two months have been:

Fee Increases for 2022/23 – were agreed by Cabinet on 26 May 22 and will now be implemented in line with agreed timescales.

Domiciliary Care – capacity issues within the domiciliary care market remain in part due to factors such as workforce recruitment, retention, and increased acuity. Additional capacity has been commissioned through a block-booking arrangement to support timely discharges from Hospital, however at present this is only in place in North Sefton and work is ongoing to try and establish similar capacity in the South of the Borough. A report outlined future commissioning arrangements will be submitted to Cabinet in June and this will include a greater focus on market management and support to Providers

Care Homes - there are significant market issues resulting from the pandemic including an increase in bed vacancies. At present there are two Care Homes scheduled to close as the Providers have identified that the buildings are viable. A further Care Home has also received a suspension of registration from the Care Quality Commission. ASC are supporting residents and their families across all three providers with identifying new placements, as required.

Day Services –consultation and engagement with local residents is ongoing regarding a new model of service for daytime opportunities, which will aim to offer more choice and a move away from only commissioning “traditional” building-based services. A reference group has been established with key stakeholders to discuss the new service models. Work is also taking place on the issuing of new contracts and service specifications which will be more outcomes focussed.

4. Adult Social Care Budget

The volatility of the budget situation must, however, be noted due to national workforce challenges, short-term grant funding and increased demand. 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. Although the costs against care package budgets increased, income levels increased and have contributed significantly to this surplus. Adult Social Care has also continued to address demand pressures in the year which achieved efficiencies across a range of services.

External grants - grants from the Department of Health and Social Care (DHSC) regarding Infection Control, Testing, Vaccine and two grants for Workforce Recruitment and Retention all ended on 31 March. A number of providers are still being followed up for their returns and this may result in returns of unspent grant from them. Where providers have indicated that they have incurred additional expenditure in line with the grant remit, an additional payment may be able to be made to maximise grant usage. A further grant, ASC Omicron, was carried forward with the intention being to support care staff where SSP only was payable as long as funding allowed. The Hospital Discharge funding also ended in March 2022 - this allowed the first four weeks of package costs following hospital discharge to be charged to Health. Any funding that was unable to be spent in FY21/22 has been carried forward, where eligible.

4.2 Cost of Care

In addition to providing a framework for integration, the Health and Care Bill outlines key reforms in relation to charging and from October 2023, there will be “a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support” which will mean an increase in the numbers of people eligible for support. Once a person reaches the care cap amount of £86,000, they will no longer be required to contribute to their care other than the daily living costs and any third party top up.

The impact of the reform will result in increased demand for support throughout the social care process including care act assessments, financial assessments, billing and payment and debt management. A dedicated work programme has been established with commissioning, performance, and finance colleagues to ensure readiness before going live in October 2023. This programme of work is also predicated by the existing cost of care exercises which are currently in process across all local authorities.

5. Adult Social Care Complaints Overview

In April and May 2022, the average number of complaints received remained consistent with previous months. We received fourteen complaints in April and May 2022 with 20 complaints being received in Quarter 4. We received sixteen MP enquiries within this period – eleven were responded to within ten working days and one remains outstanding, however is within timescale. The key themes from the complaints and MP enquiries we received were:

- Requests for assessments for service users.
- Requests to further communication or meeting with professionals
- The quality of care offered by care providers
- Financial implications of adult social care
- Return to day centre

We have recently received two Final Decisions from the Local Government and Social Care Ombudsman which both identified fault, causing an injustice to the complainant or their relative. On both occasions, we agreed with the Ombudsman’s recommendations and are

committed to learning from these two cases. These two cases highlighted that the casework management process should have been more robust by the Council and that the quality of the assessments concerned should have been better.

The Complaints Team is working with the Principal Social Worker (PSW) and present case studies of complaints to the Practice Forum so that an individual service user's experience, or that of their family, can be reflected upon with staff to consider where issues could have been dealt with better and where we could have improved our service. Information gathered via complaints will be considered in conjunction with the PSW to inform any Quality Practice Alerts so that lessons learned can be quickly disseminated to staff and embedded into practice.

This has recently included a case study based on one of the recent Ombudsman Final Decisions with a subsequent Quality Practice Alert being shared by the PSW highlighting the need for staff to be mindful of the wording used in assessments and the language which is used by staff when explaining what support the Council can offer – with specific reference to night-time support and strengths-based assessments.

We received 9 compliments within this period with individuals praising social workers' skills, dedication, and caring nature. All compliments are shared with team managers and service managers with key compliments highlighted via Team Managers meeting and DMT.

An example of a compliment received is:

'Family wanted to thank Social Worker for her considerable support, empathy and understanding - it was very much appreciated by family.'

6. System Pressures - Hospital and Access into Social Care

On the 1 April 2022, the Department of Health and Social Care published new statutory guidance relating to hospital discharge. This followed the cessation of the Covid Hospital Discharge Funding on the 31 March 2022, which had been in-situ to facilitate discharge during the Covid period and ensure no funding disputes delayed discharge by paying for the four weeks of any support required on a patient's discharge. This new guidance, in line with wider Health and Social Care legislation encourages each local system to adopt a place based and integrated approach without the Covid funding to support whilst reinforcing the "discharge to assess" process. The guidance supports the introduction of new Transfer of Care Hubs, with greater links to the carers associations and voluntary sector networks of support.

The cessation of the Covid Discharge funding has caused a challenge and increased financial pressure to all Local Authorities who can only legally financially charge individuals for services post the completion of an appropriate Care Act assessment. Adult Social Care are currently working with system partners to mitigate these risks by exploring the development of a proportionate assessment that can negate any loss of income, whilst ensuring individuals are discharged in a timely manner to an appropriate discharge destination.

7. Performance and Key Areas of Focus

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. ASCOF measures are detailed in Appendix 1.

The main points of note on Sefton's ASCOF performance for 21/22 Quarter 4 are:

Admission into care & reablement:

The Covid pandemic had a significant impact on Sefton's long-term Care Home admissions, bringing our rate of admissions down. During the height of the pandemic, Sefton's rate of admissions for people aged 65+ declined such that we rose out of the national bottom quartile. However, over the last eight to ten months we have seen a relatively steady rise in new admissions, and we have now returned to the bottom quartile of admissions nationally. This pattern is similarly reflected in our Care Home admissions for clients aged 18-64 (though in much smaller numbers).

The number of clients starting a reablement service has seen a reduction over the course of 2021/22. However, there has been a 20% rise from Q3 to Q4 of this year. The effectiveness of reablement continues to perform well with the proportion of clients aged 65+ who are still at home after hospital discharge into reablement remaining in the top quartile, nationally.

Self-directed support and direct payments:

Provision of services to clients by either self-directed support or direct payments has remained relatively consistent over the last twelve months, and whilst not in the top quartile nationally, we currently sit above the average of our Northwest neighbours.

Sefton continues to be placed in the bottom quartile nationally for carers receiving self-directed support, and just above the bottom quartile for those receiving direct payments. These metrics do not measure the number of carers supported, or the quality of service received but the means of providing services to carers. Half of local authorities in England report that 100% of their carers receive a direct payment to access services. A review is currently ongoing of carers performance, looking at neighbouring authorities that perform well in these metrics and examining the process through which carers in Sefton are offered support and services.

Employment:

The proportion of adults in contact with secondary mental health services in employment in Sefton ranks in the best quartile nationally.

However, rates of employment of adults with learning disabilities remain low at around 3% - for Sefton to reach the top quartile nationally for this metric we would need to support more than 7% of learning-disabled adults into employment.

A working group has been established and are evaluating practice from other Local Authorities that fall within the upper quartile in order to gather best practice. Current internal data collection systems are also being scrutinised to ensure maximum reporting. In addition, opportunities for additional support with key partners such as Sefton at Work are currently being explored.

Housing:

Sefton compares well to other local authorities on clients in settled accommodation. Over 90% of clients in contact with secondary mental health and over 80% of clients with a learning disability are living independently.

Safeguarding

Timeliness in handling safeguarding contacts and referrals continued to perform well in Q4 of 2021/22. 96% of safeguarding contacts were resolved within seven days in Q4, following on from 94% in Q3. 77% of safeguarding referrals were resolved within twenty-eight days in Q4, up from 70% in Q3.

Sefton continues to perform well in Making Safeguarding Personal with 94% of those expressing a preferred outcome having that preference either fully or partially met.

The development of safeguarding practice across ASC is continuing, with a planned programme of work to enable social work practitioners within the neighbourhood teams to undertake identified safeguarding enquiries. This programme will also see the implementation of an enhanced safeguarding hub, with strengthened links to the Quality Assurance Team and system partners. The programme will be undertaken in a phased approach with additional support in place. A comprehensive training plan for all social workers has been running during 21/22.

8. Carers Services

Work to increase the numbers of carers accessing a direct payment has continued as Sefton is currently placed in the bottom quartile nationally for carers receiving self-directed support. A dedicated task group has been established and since April 2022, there has been a slight upturn in performance and this focus will continue. The task and finish group are reviewing local reporting arrangements, and meeting with other Local Authorities (within the top quartile) to gather further learning and understanding of their approaches. This improvement work is being undertaken in collaboration with the Carers Centre

9. Liberty Protection Safeguards (LPS)

After a significant delay, in March 2022, the government began consulting on the proposed changes to the Mental Capacity Act 2005, which includes guidance on the new Liberty Protection Safeguards (LPS) system.

LPS will replace the existing system of Deprivation of Liberty Safeguards (Dols) and extend to additional settings including educational facilities, people living in their own homes, supported living establishments and independent hospitals. LPS will also extend the age of eligibility from 18 to 16 years.

It is envisaged that LPS will commence late 2023 and initial predictions identified that Sefton would see a significant increase at a minimum of 20-33% in current workload. This will equate to approximately three thousand assessments per year. Further guidance is currently awaited regarding the availability of additional funding from the government to support the implementation of LPS.

Preparation for the implementation of LPS has begun and a multi-agency Steering Group is established. Membership has been broadened across the Council (Including Children's Services) health partners (including Acute Trusts) and regional partners

The steering group will oversee all preparations for transition and ensuring readiness for the implementation of LPS from a strategic, workforce, operational and performance perspective. This includes the safe transition from the existing Deprivation of Liberty Safeguards (DoLS) arrangements. It will also oversee management and escalation of risk.

Appendix 1

Benchmarking

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

For the National / Statistical Neighbour benchmarking we are using 'stretch' targets ie to achieve good we must be in the best quartile. These charts represent the total distribution of values for all LAs. Each Local monthly targets are set at 2% better than the 12 month rolling average. blue band represents the quartile and the yellow point is Sefton.

| | Measure | What is good? | Previous Year 12m Average | Rolling 12M Average | Previous Period | Latest Period | Target | Direction of Travel | Within Target Range? | Trend | England Quartile | NW Quartile | SNN Quartile | NW Quartile Chart | England Quartile Chart |
|----------------|--|---------------|---------------------------|---------------------|-----------------|---------------|--------|---------------------|----------------------|-------|------------------|-------------|--------------|-------------------|------------------------|
| ASCOF Measures | Proportion of people using social care who receive self-directed support - Clients (1C1A) | High | 99.1 | 99.1 | 99.3 | 99.2 | 95.0 | -0.0 ▼ | ✓ | | ● | ● | ● | | |
| | Proportion of people using social care who receive self-directed support - Carers (1C1B) | High | 73.9 | 67.0 | 66.2 | 66.3 | 67.5 | .1 ▲ | ● | | ✗ | ✗ | ✗ | | |
| | Proportion of people using social care who receive direct payments - Clients (1C2A) | High | 26.7 | 24.8 | 24.8 | 24.3 | 25.3 | -6.0 ▼ | ● | | ● | ● | ● | | |
| | Proportion of people using social care who receive direct payments - Carers (1C2B) | High | 73.9 | 67.0 | 66.2 | 66.3 | 67.5 | .1 ▲ | ● | | ● | ● | ● | | |
| | Proportion of adults with learning disabilities in paid employment (1E) | High | 3.3 | 3.3 | 3.2 | 3.2 | 3.3 | - | ● | | ● | ● | ✗ | | |
| | Proportion of adults in contact with secondary mental health services in paid employment (1F)* | High | 11.5 | 12.1 | 12.5 | 14.0 | 12.8 | 1.5 ▲ | ✓ | | ✓ | ✓ | ✓ | | |
| | Proportion of adults with learning disabilities who live in their own home or with their family (1G) | High | 81.3 | 80.5 | 80.7 | 80.7 | 82.3 | - | ● | | ● | ✗ | ● | | |
| | Proportion of adults in contact with secondary mental health services who live independently, with or without support (1H)* | High | 88.2 | 90.2 | 91.4 | 90.6 | 93.2 | -8.0 ▼ | ✓ | | ✓ | ✓ | ✓ | | |
| | Long-term support needs of younger adults aged 18-64 met by admission to residential and nursing care homes, per 100,000 population (2A1) | Low | 23.1 | 25.1 | 26.0 | 26.0 | 25.5 | - | ● | | ✗ | ✗ | ● | | |
| | Long-term support needs of older adults aged 65 and over met by admission to residential and nursing care homes, per 100,000 population (2A2) | Low | 548.8 | 665.9 | 722.0 | 687.0 | 707.6 | -35.0 ▼ | ✓ | | ✗ | ✗ | ✗ | | |
| | LOCAL MEASURE Long-term support needs of older adults aged 65 and over met by admission to residential and nursing care homes, per 100,000 population (2A2) | Low | 761.8 | 832.3 | 875.0 | 853.0 | 857.5 | -22.0 ▼ | ✓ | | | | | | |
| | Proportion of older people 65 and over who were still at home 91 days after discharge from hospital into reablement/rehabilitation services effectiveness of the service (2B1) | High | 81.4 | 97.9 | 96.4 | 99.3 | 98.3 | 2.9 ▲ | ✓ | | ✓ | ✓ | ✓ | | |
| | Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level (2D) | High | 69.2 | 74.3 | 82.8 | 78.6 | 84.5 | -4.2 ▼ | ✓ | | ● | ✓ | ● | | |

