

CABINET MEMBER UPDATE

Overview and Scrutiny Committee (Adult Social Care and Health)

6 September 2022

Councillor	Portfolio	Period of Reporting
Paul Cummins	Cabinet Member - Adult Social Care	June – August 2022

1. Update on recent Adult Social Care Peer Review

Adult Social Care recently underwent a Peer Challenge Review which was held between the 5-7th July 2022. Facilitated by the Local Government Association and Northwest Association of Directors of Adult Social Services (NWADASS) the review was conducted by a number of senior colleagues from other local authorities including, Leeds, Lancashire, Tameside, and Wigan, and also included the Cabinet Member for Adult Social Services from the London Borough of Waltham Forest. The review focused on four domains including working with people, providing support, ensuring safety, leadership, and governance.

During the course of the review the Peer Challenge Team spoke directly to individuals accessing services and carers and reviewed cases files from across a range of services within Adult Social Care. The team held meetings over sixty people ranging from staff, managers, and senior colleagues, both with the service and from our partners agencies including health and the third sector. They also reviewed over one hundred and eighty pieces of documentation.

The final report is due in August and a full updated with any identified actions will be presented for assurance at the next Overview and Scrutiny Committee.

2. Integration and National Policy Update

As of the 1st July, Deborah Butcher has assumed the substantive role as Place Director for Sefton. Since this time, the Sefton Place Executive have been reviewing priorities and supporting the development of governance arrangements (as agreed by the Council on the 23rd June) to establish and support the work of the Sefton Partnership Board. This has included the review of the work of existing groups, consolidation of activities where it makes sense to do so, and also the alignment of our committees and groups to ensure that we are supporting delivery of key objectives both at place and at ICB level. The outcome of this work will be presented at the September Sefton Partnership Board.

In addition, work has been underway to review and redesign local internal management meetings to ensure all opportunities to integrate teams, align ways of working, and having clinical leadership and transformation as the golden thread throughout have been explored.

To ensure that our system remains stable and sustainable, we have been working with ICB leads to examine how best we can ensure that those appointed on short term contracts or in temporary roles, can be extended and continue to support key programmes.

Work continues on key areas of development including: a ward profile design to support the required Population Health approach, and the development of a place delivery plan in line with place director objectives and the Cheshire and Merseyside ICS expectations. A clear delivery and development plan for our Integrated Care Teams as a key part of the Sefton Partnership is also evolving through coproduction between PCN, Providers, Sefton Place, and Council leads.

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.

Fee Increases for 2022/23 – were agreed by Cabinet on 26th May 22 and have been implemented in line with agreed timescales. Feedback from Providers (linked to the fair cost of care work detailed below) has been that they are experiencing increased costs such as those related to utilities and fuel / mileage for Care Staff.

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 which outlined future commissioning arrangements was approved by Cabinet in June and work is now taking place on formulating the associated tender documents and the co-design of a ten-year Market Strategy. This work has included engagement and co-design with key Partners and the Provider market to ensure an informed approach in relation to future sustainability of provision and the development of new commissioning arrangements that will focus on quality, safeguarding and effectiveness reflecting the diversity of the borough and the variation in need at place. The voice of lived experience is integral to the approach.

4. Adult Social Care Budget

Initial monitoring of the 22/23 Adult Social Care budget for July is reporting a balanced position although there are pressures to be aware of including staffing and placement costs. ASC have a programme of savings to agree in order to mitigate the financial pressures forecast. Work in relation to this is in progress. National workforce challenges continue to cause recruitment difficulties and the continued essential use of agency staff have added to budget pressures. The introduction of a new budget monitoring system across Sefton in the forthcoming months will allow budget managers increased oversight of the current and forecast financial position.

4.2 Charging Reform / Cost of Care / Market Sustainability

The Health and Care Act 2022 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”. Once a person reaches the care cap amount of £86,000, they will no longer be required to contribute to their care other than their daily living costs and any third party top up.

The reform also proposes a more generous means-test for those with eligible care and support needs to be eligible for local authority financial support and the upper capital limit will increase from £23,250 to £100,000. This will mean an increase in the numbers of people eligible for support from the Local Authority. The reform also means that those people who are self-funding and who arrange their own care, will be able to ask the Local Authority to arrange their care for them.

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

Cost of Care exercises are ongoing with Older People Care Home and Domiciliary Care (18+) Providers. These exercises require providers to submit full cost data for their services which will then be analysed. Adult Social Care have commissioned external expertise to support them with these exercises and analysis of Provider submissions.

Sefton have received additional funding from the Department of Health and Social Care which can be used to increase fees to care homes and Domiciliary Care Providers and fund additional internal capacity to deliver Market Sustainability and Fair Cost of Care work requirements. A report is being submitted to the 1st September Cabinet regarding this work and proposals on use of the new funding are currently being devised.

5. Adult Social Care Complaints Overview

In June and July 2022, we received twenty complaints concerning Adult Social Care which is an increase from previous months. For these complaints, sixty-five per cent were resolved upon receipt or within the twenty-five-working day target which we set. We upheld fifteen per cent of these complaints for the following reasons:

- There was a delay in allocating a social worker and being unable to specify a timeframe for this to be done which caused frustration for the family.

- There were avoidable delays in one case in completing an assessment and support plan.
- There was a delay in finalising an assessment due to requiring clarification from health colleagues.

The majority of complaints arose due to concerns about communication, delays in process or about the quality of service received. As a result of these complaints, we have been reflecting on how we can communicate better with families so that clearer information can be provided. We also learned that, in one case, more timely reassessments and formal discussions with our colleagues in legal may have enabled a swifter outcome.

In the same period, we received twenty-eight compliments and twenty-two MP enquiries. With regard to MP enquiries, over seventy per cent were responded to within the ten-day timescale.

We currently have two complaints which are being considered by the Local Government and Social Care Ombudsman as follows:

1. One complaint concerns a delay in arranging a care provider for an individual and we upheld the complaint in full and offered sincere apologies and a remedy which we considered to be in line with the Ombudsman's Guidance on Remedies. The complainant was not satisfied with this and escalated the matter to the Ombudsman. We have submitted initial information to the Ombudsman for consideration.
2. The second case involves both Adult Social Care and Children's Social Care. The complainant considers that the Council failed to arrange service provision to meet his relative's needs. We are currently collating the information requested by the Ombudsman for this case.

The Complaints Team continues to work 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.

Local Government and Social Care Ombudsman: Annual Review Letter 2021/22

When considering all complaints the Ombudsman received regarding Sefton Council, the Ombudsman recorded that seventy-three per cent of complaints it investigated were upheld (eight of eleven cases) which compares to an average of sixty-eight per cent in similar organisations. This is an increase of the sixty-nine per cent upheld last year (nine of thirteen cases).

With reference to compliance with recommendations made by the Ombudsman, in one hundred per cent of cases the Ombudsman was satisfied that the Council had successfully implemented its recommendations. This is the same as last year and compares to an average of one hundred per cent in similar organisations.

The Ombudsman also considers whether a Council has offered a suitable remedy, prior to the case being presented to the Ombudsman. The Ombudsman noted that there were no such cases for Sefton which compares to an average of eleven per cent in similar organisations. Last year we achieved eleven per cent of complainants being offered a suitable remedy (one case in thirteen).

Key messages from the Annual Review Letter:

The Ombudsman reported receiving thirteen contacts concerning adult social care which equates to twenty-three per cent of the total number of contacts received by the Ombudsman regarding Sefton Council.

The Ombudsman finalised fifteen Decisions concerning Adult Social Care services (some of these Decisions were made based upon contacts originally received in previous financial years).

Decision	Number of decisions
Referred back for local resolution	1
Closed after initial enquiries	8
Advice given	1
Upheld	4
Not upheld	1
TOTAL	15

Recommendations

The four cases which were upheld identified maladministration causing injustice. In all cases, the Council apologised to the complainants for the identified faults.

- The Ombudsman recommended financial redress for two of these cases in recognition of the distress caused to the complaint and the time and trouble caused to them as a result of the Council's faults.
- Two cases recommended a change or review in procedure or policy. This included reminding officers in the teams involved in this complaint that the Ombudsman expects councils to keep proper and appropriate records. We also had to provide an update to the Ombudsman with regard to our proposal to change the way we pay care provider for residential care.
- Two cases recommended that additional training or guidance was required. For the first case, the Council accepts it failed to comply with the public sector equality duty under Section 149 of the Equality Act 2000, as it did not do an equality impact assessment before the reopening of day centres. We agreed to complete the equality impact assessment and identifies the lessons we learnt from this complaint. For the second complaint, we agreed to ensure the care provider reminds its staff of the importance of promptly completing adequate daily care records for residents to comply with Regulation 17 of the CQC Fundamental standards of care. We agreed to carry out a dip sample of residents' daily care records at the care provider six months after the Final Decision to ensure compliance of this action.

Compliance with Recommendations

For one complaint, the Ombudsman acknowledge that the remedy was not complete, however the Ombudsman was satisfied with the actions taken by the Council to try to resolve this. The Council had requested the complainant's bank details to ensure that the recommended payment could be made, however, despite several requests, we did not receive this information.

For two of the upheld complaints, the Ombudsman acknowledged that the remedies had been completed to its satisfaction.

For one complaint, the remedy was completed late due to a breakdown in communication between staff.

6. System Pressures - Hospital and Access into Social Care

Impact of the New Royal

The new Royal Liverpool Hospital is set to open on the 28 September 2022, with patients moving over from the old site on a phased approach thereafter. The delay with opening the New Royal has been well publicised, with the original date for opening being March 2017. The new building offers state of the art technology and crucially individualised rooms to allow for better infection control. There are, however, concerns across the system with the opening of the building on the horizon. The new building will have one hundred and thirty-two less beds for General and Acute patients than the current site holds. Given that current bed occupancy is at seven hundred and twenty-one patients, there are concerns regarding how as a system the bed occupancy is reduced to eighty-five per cent of its present capacity to facilitate the opening of the new building.

From a Sefton Adult Social Care perspective, the Aintree Social Work Team receive less than twenty per cent of their current referrals from the Royal site as it stands. Regardless, there will be increased pressure to free any capacity from all sites, with discussions taking place currently about the transfer of patients needing ongoing treatment from Royal to beds at Aintree and Longmoor House (Ward 35, site of Sefton Intermediate Care Bed Base). Sefton Adult Social Care are expecting increased scrutiny on discharge flow, with the backdrop of challenges in the system regarding care market capacity.

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. The main points of note on Sefton's performance are detailed below with further details provided in Appendices 1-2.

Admission into care & reablement:

Admissions into care homes has seen a slight decline this month, with both admissions to residential and nursing care now below the monthly average.

The rate of admission for those aged 18-64 does remain high compared to other local authorities, with Sefton still positioned in the bottom quartile nationally and in the Northwest in June. The rate of admission for those 65+ has fallen again this month and Sefton continues to be out of the bottom quartile nationally and against NW and statistical neighbours. There will be a focus on this area during Q3 and Q4.

Pre Covid (2019/20) admissions for those aged 65+ averaged at around forty-three people per month, at the height of the Covid impact (2020/21) the average number of admissions per month went down to around forty. In 2021/22 this increased to fifty people aged 65+ admitted to care homes each month and has so far stayed consistent this year.

Admissions of those aged 18-64 pre Covid averaged at around four people per month, at the height of Covid this declined to an average of three per month where it has stayed for the last year.

The number of clients starting a reablement service continues to be low, with around ninety-five clients in June. This has seen a steady decline over the past twelve months. Additional funding has been secured from Health budgets to expand the rapid response reablement offer, discussions have been held with New Directions who will be recruiting new staff over the next two to three months.

The effectiveness of reablement continues to perform well with just under ninety per cent of clients aged 65+ still at home after hospital discharge into reablement, this puts Sefton in the top quartile nationally.

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, and whilst not in the top quartile nationally we currently sit above the average of our North-West 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.

The overall number of carers receiving a direct payment has been increasing over the last eight to ten months as a result of work done by the Carers Centre to assess more carers and offer the option of a direct payment. This area of work remains a key focus. However, carers already assessed and not in receipt of a direct payment remain a barrier to rapidly increasing the proportion of all carers in receipt of a direct payment.

Employment:

Just under fifteen per cent of adults in contact with secondary mental health services in Sefton are in employment, putting us in the top quartile nationally. This remains a positive area of performance.

Rates of employment of adults with learning disabilities remain low at around two per cent - putting us in the bottom quartile when compared to our statistical neighbours, the Northwest and nationally. For Sefton to reach the top quartile nationally for this metric we would need to support more than seven per cent of learning-disabled adults into employment. Performance is showing marginal improvement, and this will remain a key area of focus during Q3 and Q4.

Housing:

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

Safeguarding:

Timeliness in handling safeguarding contacts and referrals continued to perform well with ninety-six per cent being resolved within seven days, this is up from eighty-four per cent ten to twelve months ago. Seventy-seven per cent of safeguarding referrals are completed within twenty-eight days, up from sixty per cent ten to twelve months ago. Sefton also continues to perform well in Making Safeguarding Personal with ninety-eight per cent of those expressing a preferred outcome having that preference either fully or partially met.

It was noted following the last statutory return that our conversion rate from safeguarding concerns to enquiries was low compared to other local authorities. This was a result of practitioners doing the work of an enquiry but necessarily progressing this in the safeguarding referral pathway (within Liquid Logic) but instead resolving the episode as a 'contact'. Since this has been rectified, we have seen an increase in our conversion rate from safeguarding concerns to enquiries and our rate is now average when compared to other North-West authorities.

Repeat safeguarding enquiries in Sefton are lower than the North-West average and on repeat Section 42 enquiries Sefton is in the top five performing councils in the North-West. The most common forms of abuse types seen in Sefton are similar to those seen across the North-West, neglect & acts of omission being the most common. The same is true for abuse locations – most frequently occurring in own homes or care homes.

Our rate of DoLS applications and authorisations is high compared to other North-West authorities. Only Wirral has a higher rate of applications and only Trafford a higher rate of authorisations.

Appendix 1 (Adult Social Care Overview)

ASC Overview	First 3M	Second 3M	Third 3M	Fourth 3M	Direction of Travel	Trend
Open Long-Term Services At Quarter End (Numbers)	3964	3955	3935	3921	-14 ▼	
Open Carer Services At Quarter End (Numbers)	151	208	294	356	62 ▲	
Contacts Received In Quarter (Numbers)	6259	5581	5314	5836	522 ▲	
Assessments Undertaken In Quarter (Numbers)	1573	1609	1452	1465	13 ▲	
Reviews Undertaken In Quarter (Numbers)	1630	1576	1299	1434	135 ▲	
Safeguarding Contacts Received In Quarter (Numbers)	821	676	525	628	103 ▲	
Safeguarding Contacts Resolved Within 7 days In Quarter (Percentage)	86.3	88.8	94.6	95.9	1 ▲	
Safeguarding Enquiries Concluded In Quarter (Numbers)	235	377	444	506	62 ▲	
Safeguarding Enquiries Concluded Within 28 days In Quarter (Percentage)	59.8	64.3	74.2	74.6	▲	
Safeguarding Enquiries Where Preferred Outcome Has Been Fully Or Partially Met In Quarter (Percentage)	98.5	97.3	96.2	96.4	▲	

Appendix 2 (ASCOF Measures)

	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	99.2	99.4	99.3	95.0	-1.1▼	✓		●	●	●		
	Proportion of people using social care who receive self-directed support - Carers (1C1B)	High	76.0	70.2	70.2	70.9	71.6	.7▲	●		✗	✗	✗		
	Proportion of people using social care who receive direct payments - Clients (1C2A)	High	26.0	24.9	24.9	24.5	25.4	-1.4▼	●		●	●	●		
	Proportion of people using social care who receive direct payments - Carers (1C2B)	High	76.0	70.2	70.2	70.9	71.6	.7▲	●		●	●	●		
	Proportion of adults with learning disabilities in paid employment (1E)	High	2.1	2.0	2.0	2.2	2.0	.2▲	✓		✗	✗	✗		
	Proportion of adults in contact with secondary mental health services in paid employment (1F)*	High	11.3	13.2	14.0	14.7	14.3	.7▲	✓		✓	✓	✓		
	Proportion of adults with learning disabilities who live in their own home or with their family (1G)	High	81.7	81.2	81.1	81.1	82.7	-	●		●	✗	●		
	Proportion of adults in contact with secondary mental health services who live independently, with or without support (1H)*	High	88.8	90.3	90.6	89.7	92.4	-1.9▼	✓		✓	✓	✓		
	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	23.8	25.3	28.0	27.0	26.5	-1.0▼	●		✗	✗	✗		
	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	534.5	672.4	685.0	606.0	593.9	-79.0▼	●		●	●	●		
	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	773.9	864.3	861.0	867.0	843.8	6.0▲	●						
	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	86.1	89.2	89.4	90.3	91.2	.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	68.9	73.7	83.3	80.2	85.0	-3.1▼	✓		●	✓	●		