

| <b>CABINET MEMBER UPDATE</b>  |                                     |                            |
|---|-------------------------------------|----------------------------|
| <b>Overview and Scrutiny Committee (Adult Social Care and Health)</b> |                                     |                            |
| <b>Councillor</b>   | <b>Portfolio</b>                    | <b>Period of Reporting</b> |
| Paul Cummins  | Cabinet Member<br>Adult Social Care | August - September<br>2022 |

### **1. Update on the National Assurance update for Adult Social Care.**

In September 2021, the Government announced that a new Assurance Framework would be introduced to oversee and inspect Adult Social Care Performance. The Care Quality Commission (CQC) have been charged with the responsibility of developing and implementing this framework. CQC have been working with the Department for Health and Social Care (DHSC), and have recently published draft material on the likely domains and key lines of enquiry. The latest Assurance iteration is detailed in Appendix 1. These will include assessing Adult Social Care performance in the following areas:

- Working with People (assessing needs, supporting people to live healthier lives)
- Providing support (care provision, partnerships, and communities)
- Ensuring Safety (safe systems, pathways, transitions, and safeguarding)
- Leadership (governance, learning, improvement, and innovation)

These domains will also be aligned with a number of key “I” statements based on what people using services can expect to ensure they achieve the best possible outcomes. Feedback from people with lived experience who have access services will form a key part of the assurance framework.

CQC will also make consideration against a number of key questions including whether services are safe, effective caring, responsive and well-led. Current proposals are that Councils will be rated against these areas.

CQC have been testing parts of their assurance framework and inspection methodology in two councils, Manchester and Hampshire, the learning from which will be used to inform the final version of the framework, which is due within the next few weeks. Plans are also underway to consolidate and share this learning through the ADASS network, and Sefton is linked into all key regional workgroups. Regionally, there is also work being undertaken to support local authorities with ‘what good looks like’ and assist with preparation and readiness. This work will however also support performance, improvement priorities and accountability internally.

The planned implementation of the new Assurance Framework is still planned for April 2023

## 2. Integration and National Policy Update

The Sefton Partnership is now live and begins to progress in its new form. The Place Director's objectives have been agreed as follows:

| Core Objective    | Core Objective   |
|-------------------|--|
| Place Development | Refresh of Sefton Place Plan to include NHS Operational planning priorities 22/23 and aligned to Health and Wellbeing Board strategic delivery |
|                   | Development of Place outcomes monitoring framework and dashboard, inclusive of Community Insight (qualitative) tools                           |
|                   | Sefton Place Partnership governance embedded in order to progress delegations and contract monitoring  |
| Start Well        | Reduction in service waiting times - e.g. Speech and Language services   |
|                   | Development of place-based logic model to ensure coverage of all 9 Child and Adolescent Mental Health Service review recommendations           |
|                   | Reduction in childhood obesity   |
| Live Well         | Reduction in usage of secondary health services for those with complex lives (known as System P priority cohort)                               |
|                   | Improved access to early intervention and prevention for preventable diseases that have the greatest burden on Sefton residents                |
|                   | Implementation of the community Mental Health model in line with national strategy   |
|                   | Reduction in adult obesity, in line with NHS Long Term Plan objectives   |
|                   | Implementation of Learning Disabilities and Neurodiversity strategies - in line with Transforming Care Agenda                                  |
| Age Well          | Implementation of Ageing Well programme (Anticipatory Care, 2hr Urgent Response, Enhanced Care in Care Homes)                                  |
|                   | Full roll-out of Integrated Community Team model across Sefton, in line with the 'team of teams' approach (Fuller report)                      |
|                   | Reduction in adult obesity, in line with NHS Long Term Plan objectives   |
|                   | Reduction in usage of secondary health services for those with frailty and dementia  |
| PCN Development   | Develop plan to progress at least one step on the framework  |
| Adult Social Care | Development of a fair cost of care and market sufficiency strategy   |

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|--------------------|---|
| Wider Determinants | Reduction in childhood poverty<br><hr/> Equitable access to healthcare<br>Improvements to the physical environment across the borough   |
| Workforce          | Working with corporate ICB colleagues, further develop and implement an Organisational Development Plan to support the work of the Sefton Partnership Board and its component parts.<br><hr/> Implementation of the NHS System Leadership for Change programme across the partnership around identified key work streams<br><hr/> Development of a Place based workforce plan to respond to local workforce risks and opportunities as part of wider ICB workforce planning approach in conjunction with Health Education England |
| Integrated Estates | Development of a fully integrated estates strategy linked to One Public Estate (with improved access to Health and Diagnostics on the High Street, focused on areas of deprivation)   |
| Digital            | Development of a Digital Inclusion Strategy<br>Implement opportunities to utilise Technology Enabled Care Solutions (Telehealth, Telecare, Remote Monitoring solutions etc.) in line with strategy<br><hr/> Access to digital care records for Adult Social Care providers  |

Sefton has hosted the third meeting of the Cheshire and Merseyside Integrated Care Board on the 29<sup>th</sup> of September, at The Lake House at Crosby Lakeside Adventure Centre. This was followed by a 'Sefton marketplace', which was very well attended, with a great buzzing atmosphere, alongside the ICB board members and the general public.

The marketplace consisted of stalls presented by local organisations delivering health, care and community services in Sefton, and was an excellent opportunity to talk to stallholders about the great work taking place across Sefton.

The Partnership is required to provide a Place Delivery Plan setting out how it will deliver improvements to Health and Wellbeing of Sefton Residents. This is currently being developed through co-production with the Programme Delivery Group, which will detail delivery across the life course with the following areas of key delivery:-

- Start Well - Emotional Wellbeing and Mental Health, Children in Care, Early Help and Intervention and Transforming Care
- Live Well - Learning disabilities and autism, Long-term conditions, Early Help for Children and Families, Complex needs
- Age Well - Frailty, Dementia, End of Life
- All Age - Integrated Community Teams, Mental health and wellbeing, Workforce planning

The ICB will be required to produce an Integrated Care Strategy incorporating all Cheshire and Merseyside ‘places’ and their plans by December 2022. There will also be a requirement to refresh the Joint Strategic Needs Assessment plan.

In addition to the establishment of Deborah Butcher as Place Director the following leadership team structure has been agreed and appointments are being formalised to all posts:



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 commissioning plans to ensure alignment to Council priorities, and provide structural alignment with health colleagues post disestablishment of the Clinical Commissioning Groups, to deliver an integrated commissioning approach.

**Domiciliary Care** - capacity issues within the domiciliary care market remain in part due to factors such as workforce recruitment, retention, and increased acuity. The arrangement for additional block-booked capacity with a Provider in North Sefton to support timely discharges from Hospital, has been extended to April 2023. Work is ongoing to try and establish similar capacity in the South of the Borough.

Work on the impending tender of services is ongoing to establish a new Sefton Place Pseudo Dynamic Purchasing System (PDPS). Engagement events have been held with Providers to discuss issues, this feedback has been used to formulate factors such as the new localities/contracted areas, and the service delivery and contracting models. These will include having Providers with a dedicated block-booking arrangement to ensure that there is dedicated capacity for Hospital Discharge cases.

It is anticipated that the tender will be advertised at the end of October.

The new PDPS is also being formulated so that it has the potential to include other future commissioned sectors, such as CHC and Children’s Domiciliary Care services.

### 3. Adult Social Care Budget

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Monitoring of the 2022/23 Adult Social Care budget for August is currently forecasting a potential deficit of £1.765m based on a number of assumptions about expenditure and income for the remainder of the year. The main areas of pressures relate to packages costs (£1.8m deficit - increases in areas including Residential and Supporting Living), staffing is also a pressure as vacancies are being filled by agency staff/consultants owing to national workforce challenges, however, there is a cost implication to that. Savings against Transport budgets/additional income and equipment capitalisation offset some of the pressures.

However, there are a number of uncertainties around the assumptions that should impact on this position before the year-end. ASC have significantly underspent in recent years, with forecasts improving as the year progresses and assumptions become clearer.

In addition, ASC have a programme of savings as part of Demand Management which have yet to be developed fully which will also mitigate some of the financial pressures forecast. At this stage of the year the Council's overall budget monitoring report is forecasting a break-even position which takes account of the above factors.

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. Principal Social Worker Update (PSW)**

The PSW has developed a Quality Assurance Framework (QAF), which has been agreed by DMT and myself, and is currently being embedded with the workforce. The QAF's main aim is to support our delivery in managing complex risk, to monitor and review our practice and services for Sefton citizens who have care and support needs, whilst provides us with a range of mechanisms to ensure that services delivered are safe, timely and continuously improving.

As part of the QAF's key mechanism, 'case file audits', the PSW has developed a new auditing tool with the support of SMT and team managers. This tool is embedded into Liquid Logic, and we began auditing teams from the end of June 2022.

Since the initiation of the audit process, the PSW is currently working with those managers who have been part of the process, to make some small changes to the audit tool. These changes will offer a greater consistency across the teams thus ensuring a standardisation across the service.

We have also established a Quality Improvement Forum that is also a key component of the QAF. This forum meets monthly and consist of a group of Team managers, Lead Practitioners, senior management and co-opts other wider members of the service, when required. The group currently meets monthly.

The purpose of the Quality Improvement Forum is to ensure that quality assurance arrangements are in place across Sefton Adult Social Care to gather information on the quality of services provided service user feedback and data on the outcomes achieved for people using services. The aim of the Forum is to ensure that this information is analysed and used to inform service delivery as well as strategic planning and commissioning.

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Currently, the Quality Improvement Forum (QIF), is working on a scoring system within the audit tool, which will enable colleagues in Strategic support to develop a 'dashboard', enabling the QIF to analyse data and report more efficiently.

The PSW is currently working on a case closure policy which has been presented to members of the QIF. Although the members did feel it is very good, concerns were raised about it being too comprehensive and time consuming for managers to complete. Consequently, a task and finish group has been established to review the current format and amend it into a more concise version.

Regionally the PSW continues to be an active member of the ADASS PSW network and is working alongside other PSW colleagues in developing a regional Safeguarding Audit tool, which is envisaged to be completed by December 2022.

The PSW has recently volunteered to be a member of a newly established task and finish group that has been jointly formed by NWADASS and the RSPCA, to develop a protocol for the provision of pets under the Care Act 2014. The PSW believes this is a good opportunity for Sefton ASC to be involved, as it is envisaged the protocol will be adopted nationally and it will inform the review of Sefton ASC's existing 'Protection of Property' policy.

### 5. 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:

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

The total number of admissions into care homes in August remain below the annual average. Average number of new service starts for nursing homes is nineteen per month, this is down to 13 in August. Average for residential homes is forty-three per month which is down to 27 in August.

The rate of admission for those aged 18-64 did see a small increase and we remain high compared to other local authorities, with Sefton still positioned in the bottom quartile nationally and in the Northwest. These are small numbers of admissions, on average just over four clients per month in the last 12 months but this is up from the average of the prior 12-month period of 3.

The rate of admission for those 65+ has fallen for the fourth month in a row and Sefton continues to be out of the bottom quartile nationally and against NW and statistical neighbours.

There continues to be significant demand for reablement and Home Care services and pressures to meet this demand remain. Work is underway looking at the expansion of 'core' reablement services and the expansion of New Direction's 'rapid' reablement service has begun. The result of this is yet to be seen with the number of clients starting a reablement service remaining low. Reablement starts average 107 per month over the past 12 months, down from an average of 149 in the prior 12-month period.

The effectiveness of reablement continues to perform well with over 90% of clients aged 65+ still at home after hospital discharge into reablement, this puts Sefton 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.

Progress on the proportion of carers in receipt of self-directed support and direct payments has continued, albeit at a slow rate. The proportion of carers in receipt of a direct payment is above 70% for the first time in the past 12 months this takes us out of the bottom quartiles nationally, in the Northwest and against statistical neighbours.

To reach the top quartiles for these metrics we would need to provide 100% of carers with a direct payment, as the Carers Centre continue the work done in assessing more people and providing more direct payments, we should see this proportion continue to grow. The biggest impact on this metric will be in providing existing carers in receipt of services with a direct payment.

### **Employment:**

Fifteen percent of adults in contact with secondary mental health services in Sefton are in employment, putting us in the top quartile nationally.

Following the slight increase from June to July in the proportion of clients with a learning disability in employment this has stagnated. We remain out of the bottom quartile compared to our Northwest neighbours, but in the bottom quartile nationally and against statistical neighbours.

### **Housing:**

Sefton compares well to other local authorities on clients in settled accommodation. Just under 90% of clients in contact with secondary mental health and almost 88% of clients with a learning disability are living independently. This puts us in the top quartile in England for each of these metrics.

### **Safeguarding:**

Currently safeguarding staff are undertaking a significant number of s42 enquiries for individuals that were originally living in one of two care homes that have recently been closed. There is also a further care setting, managed under organisational safeguarding, where intensive work is underway with the provider to improve the service, where findings have identified the need to open individual s42 enquiries to address the impact of failure by the provider.

We have encountered circumstances where, despite the service failing to meet the individual's care and support needs, they have expressed a wish to remain in their "home for life". This is considered to have negatively impacted on a slight fall in our Making Safeguarding Personal (MSP) data from the previous period although Sefton continues to achieve the preference of individuals in 80% being fully met, compared to 67.5% in the Northwest. 97.7% of people subject to safeguarding enquiry have their preferred outcome fully or partially met in Sefton compared to 95.4% across the Northwest.

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The volume of safeguarding contacts into ASC is sitting at a similar level pre-Covid after experiencing a fall in the early months of lockdown to a peak in June 2022 of around 277 contacts in the month. Conversion from contact to referral are twice as high as 12 months ago but this does not truly reflect an increase in reported incidents but a change in recording practices.