

14 June 2021

Agenda Item: 8

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 4 2020/21

Purpose of the Report

1. To provide an update on the financial position of Adult Social Care at the end of March 2021.
2. To provide an update on the performance reporting framework.
3. To provide Committee with a summary of performance for Adult Social Care for quarter 4 (1st January to 31st March 2021).

Information

4. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing performance to deliver effective and responsive services to the people it supports and their carers.
5. This report provides a summary of the quarter 4 2020/21, year-end position for the performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee. The full Core Data Set is attached as **Appendix A**.

Current Financial Position

6. As at the end of March 2021, the Adult Social Care & Public Health Department was underspent by £11.619m after contributions to reserves; this is equivalent to 5.6% of the final budget.

Department	Final Budget £ 000	Outturn £ 000	Variance £ 000	Variance as % of Budget
ASCH Committee				
Strategic Commissioning and Integration	(43,769)	(44,703)	(934)	2.13%
Living Well and Direct Services	124,554	122,456	(2,098)	(1.68)%
Ageing Well and Maximising Independence	120,619	109,067	(11,552)	(9.58)%
Public Health	1,134	(349)	(1,483)	(130.78)%
Outturn Prior to Use of Reserves	202,538	186,471	(16,067)	(7.93)%
Transfer to / (from) Revenue Reserves	7,734	10,496	2,762	35.71%
Transfer to / (from) Grant Reserves	(1,134)	349	1,483	(130.78)%
Transfer to / (from) Capital Reserves		46	46	-
Redundancy related Costs	-	157	157	-
Subtotal	6,600	11,048	4,448	67.39%
Net Department Total	209,138	197,519	(11,619)	(5.55)%

7. The underspend has increased since quarter 3, primarily due to continued additional Health funding and also additional grants to the Council to support providers.
8. The position includes a net contribution to reserves of £10.9m. This comprises the net contribution of £0.3m of Public Health reserves and £10.5m in Section 256 and pooled budgets.

Transformation and Service Improvement

9. In the 2020/21 financial year, the department had agreed savings of £4.749m.
10. The emergency response to the Covid 19 pandemic meant that some projects were put on hold at the start of the year, so the in-year savings were £4.427m.
11. However, the department delivered savings early, up to the end of the previous financial year 2019/20, so there is still a cumulative over-delivery at the end of the financial year of £1.025m.
12. As the Council is still dealing with the impact of Covid 19, there is an increased risk that the 2021/22 target may not be met this year.

Development of Core Metrics for Adult Social Care and Health

13. The development of local core metrics for the department was co-produced with operational teams and completed in quarter 4. This has created a set of core metrics that allow the workforce at all levels to monitor how they contribute to supporting people to achieve their outcomes, and to understand how the department is performing. The use of core metrics to drive service improvement is a key part of the Owning and Driving Performance culture change programme, which aims to embed a coaching and learning ethos across the department. The areas covered by the core metrics, which are described in more detail in **Appendix B**, are:

- **Quality of Life:** for people, carers and the workforce
- **Positive Contributions:** through social inclusion, employment and day opportunities
- **Independence:** through ensuring people get support at the right time, have a place to call home, and are supported to make connections in their local community

- **Use of Resources:** through working consistently across the department and ensuring the workforce are able to spend as much time with the people they support as possible.
14. The core metrics have been used to inform the Adult Social Care and Public Health service plan for 2021/22 and form the basis for departmental, service, team and individual targets. The overall departmental performance against the core metrics will be monitored through the Adult Social Care and Public Health Performance Board.

Review of Management Information used by the Adult Social Care and Public Health Department

15. Alongside the development of the core metrics, a review of management information was also undertaken in quarter 4, informed by the following key principles:
- **Demand** – the department should be able to predict and manage demand for the service to ensure it is ready to support people at the right time
 - **Resources** – the department should be able to manage its finances and resources efficiently and effectively based on the performance data, direct resources where needed, and reduce variation
 - **Commissioning** – the department should be able to develop the market and commissioning intentions based on performance data, by creating closer links with operational processes
 - **Improvement & transformation** – the department should be able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure objectives are met
 - **Statutory Reporting** – the department should be able to fulfil its statutory reporting obligations
 - **Continuous improvement** – the department should be able to use management information for continuous improvement.
16. These principles formed the basis for streamlining the number of management reports, and what types of reports are required at a local level, to ensure the data informs service planning and decisions. Operational teams were engaged to inform the process.

Summary of Quarter 4 2020/21 Performance

17. Performance to quarter 4 for 2020/21 is attached as **Appendix A** and a summary of the highlights and areas for improvement are also contained within the body of this report. The performance data for year-end 2020/21 is provisional due to the timescales for year-end reporting, however the data is not expected to vary significantly upon final verification.

Quality of life

a. The people the department works with and support have a good quality of life

18. The survey of the people the Council supports has been delayed because of the pandemic and will next be carried out in 2021/22.

b. The carers staff work with and support have a good quality of life

19. Despite the challenges and restrictions in delivering services as a result of the Covid 19 pandemic, all carers who access breaks via the Council's Short Breaks services have been provided with a break by ensuring that the service offered is in a 'Covid secure' environment. Alternative offers of short breaks are being developed to offer carers more choice especially where their usual source of breaks has been limited or unavailable.
20. The impact of Covid for carers has been particularly challenging for them physically, mentally and emotionally. Many carers are experiencing increased levels of stress and anxiety due to providing additional care and support where usual support services and networks have been limited or unavailable throughout the crisis. The department is contacting all carers for a safe and well call.
21. The Nottinghamshire Carers Hub service, provided by Tu Vida, has been proactive in providing carers with a range of support throughout the crisis including: access to telephone support; helping families to get connected on-line to enable them to participate in virtual events and calls; and signposting to information, advice and guidance or appropriate support services.
22. During 2020/21, the number of carers contacting the Carers Hub did significantly drop due to the Covid pandemic and the immediate impact on carers and families, by approximately 32% from 2019/20. Derbyshire County Council and Lincolnshire County Council also reported the same fall in carer contacts to their advice, information and support services. Contacts to existing known carers increased significantly during the first quarter of 2020/21 with wellbeing checks and phone calls being made to those carers. However, new carer contacts increased significantly on average by 36% during February and March 2021 due to the availability of the Covid vaccination for carers and the requirement to register with the Carers Hub to obtain vaccine booking details.
23. Adult Social Care & Public Health statistics about supporting carers from April 2020 to March 2021 are as follows:

Total contacts made to Carers Hub service for advice, information support and signposting since the service began	8,070
Total new carers accessing Carers Hub	900
Total No. of new Carers Assessments undertaken by NCC ASCH teams	1,270
Total No. of Carers Reviews undertaken by NCC ASCH teams	5,199
Total No. of Short Breaks commissioned:	434

24. A new 'strength based' approach carers assessment is being introduced over the summer, which will better identify what carers' needs are and ensure that support, including the provision of information, advice and guidance to help people resolve their needs at the earliest opportunity, can be tailored to meet those needs and desired outcomes to support them in their caring role. A recent consultation exercise with carers has indicated that out of 1,967 responses, 62% were in favour of this new approach to carer assessment.

c. Workforce – employees' wellbeing is high, and staff enjoy their jobs

25. Working through the Covid pandemic has had an impact on the social care and Public Health workforce. Many staff are reporting feeling very tired and are experiencing higher than usual levels of stress. Staff across the department have been redeployed, worked flexibly and long hours to ensure that people continue to get the support they need, to manage outbreaks and emergency planning, as well as to cover other staff who are off work for Covid related reasons. The Adult Social Care and Public Health department has put in place some key areas of work to support the workforce and these include:
- a) a focus on staff wellbeing as part of recovery planning; ensuring all staff are listened to, are aware of and can access available support and wellbeing discussions form part of all supervisions.
 - b) development and implementation of a pulse survey to ask regular questions of staff with a view to understand and track how they feel about their wellbeing, race equality and their experience of supervision on a regular basis. Following initial surveying in quarter 4 2020/21, key feedback themes are being analysed.
 - c) development of an Adult Social Care & Public Health Communications and Engagement e-mail link to coordinate the distribution of information to the workforce and improve channels of communication. The Corporate Director of the Adult Social Care and Health department sends out a weekly message to all staff containing updates and key information and it is planned to bring these updates into the overall Communications and Engagement plan.
 - d) a weekly Adult Social Care & Public Health Practice newsletter led by the Principal Social Worker and Principal Occupational Therapists continues to be sent weekly to the workforce, with practice updates, development opportunities, recommended training and opportunities for the workforce to provide feedback, and critique or make suggestions for improvement
 - e) a survey of Living Well staff was undertaken to ask for feedback about what was working well and what could be improved following the team restructure that was implemented on 1st September 2020. Key themes have been shared with the Living Well Group Managers who are following this up with their teams.
 - f) the Adult Social Care and Public Health intranet pages for the workforce are in the final stages of redesign which will provide workers with more ways to engage and collaborate, alongside all the tools and resources they need to carry out their roles.

Positive Contributions

a. Keeping family, friends and connections

26. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that Direct Payments (DPs) increase satisfaction with services.

27. Nottinghamshire continues to perform well on the proportion of adults receiving a Direct Payment (DP), with quarter 4 performance at 38.6% against a national average of 28%. 26.5% of DPs are used to employ Personal Assistants. Improving this and increasing the number of people who have Personal Assistants is in line with one of the department's core objectives for the current year.
28. There is an ongoing cultural change programme in place to support frontline staff to build on their knowledge and skills, including about the use of DPs. Support for staff is available via team meetings, training on Direct Payments, through the simplifying processes listening groups, and through questions and answers/trouble shooting sessions. A communications plan has been put in place to increase both the supply and demand for Personal Assistants.

b. Learn, volunteer and work

29. In addition, the national Adult Social Care Outcomes Framework (ASCOF) indicator for adults with a learning disability in employment, local employment for younger adults with a physical disability and with mental health issues is being monitored in the same way. The quarter 4 result for helping people the Council supports who have a learning disability into or back into employment is 2% against a national average of 5.6%.
30. The ability of the Council to increase the number of service users in paid employment has been impacted this year by Covid 19. At the onset of Covid 19 the i-Works team was deployed to other essential areas of Council work such as emergency recruitment, calls to extremely vulnerable people, and carers reviews, alongside crisis management related to individuals in employment. The pandemic has also reduced the number of employment opportunities that are available. The i-Works team continues to support people to remain in work, including those on furlough and those experiencing work related issues, working remotely and creatively where possible.
31. Now the i-Works team is part of the Maximising Independence Service (MIS) there is opportunity for other MIS workers to support individuals with outcomes such as travel training which will then lead to more targeted involvement from the i-Works team, increasing the capacity of that team. It is hoped that this flexible approach will increase referrals and through-put effectively.

Independence

a. My support, my way

32. In 2020, new national measures were brought in to measure how well partners work together to ensure that people have a safe and timely discharge from hospital on the day that they are well enough to return home.
33. In 2020/21, 2,093 (49%) of people requiring social care support to plan their discharge received this on the same day or the day after they became well enough to leave hospital (Medically Safe for Discharge). The average number of days it took in 2020/21 for social care to discharge someone once they were well enough was 2.5 days. This is an excellent achievement considering the pressures on hospitals due to the Covid pandemic and the

fact that Covid significantly reduced the ability of all social care staff to take referrals of new people, e.g. due to having staff off work for Covid related reasons.

34. Previously a national indicator was in place to monitor whether social care teams were receiving the agreed two days' notice of when a person is likely to be able to leave hospital. This national indicator is no longer in place; however, data shows that for a high proportion of people, the Integrated Health and Social Care Discharge Hubs only know about them on the day or the day before they are well enough to go home, or in some cases afterwards. This impacts significantly on the Council's ability to improve performance and work is planned with partners across the County on early discharge planning to address this.
35. The new Hospital Discharge model increases the need for more rapid response reablement and homecare, timelier pick up by core homecare providers from these and Health's rehabilitation services, as well as additional staff in the integrated Discharge Hubs. Use is being made of the temporary national NHS Discharge to Assess funding available up to 30th September 2021 to create additional temporary resources to fill this gap.
36. In April 2021, a new countywide core discharge model, in line with the national policy, was approved by system wide Chief Executives from Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), NHS providers, Bassetlaw CCG, City and County Local Authorities. A work programme, methodology and timeline were also approved. This includes work to streamline processes, decision making, roles and responsibilities of staff, as well as the development of a workforce and commissioning plan for the right set of services needed to support as many people home first from hospital as possible. Recommendations on decisions required by Committee will be brought back from this work as appropriate.
37. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. The Council's re-ablement service continues to perform well and is above target on the outcome of people remaining at home 91 days after the service has worked with them. The second measure for this service is about how many people were offered it. At end of year the Council is slightly below this target and the reason for this is that during the pandemic the re-ablement service was redeployed to provide homecare to people that independent sector providers were temporarily unable to do due to staffing shortages.

b. Living life how I want, keeping safe and well - Living Well

38. The Council monitors admissions as a rate per 100,000 population, as defined by the national Adult Social Care Outcomes Framework (ASCOF) definition. This allows for effective comparison (benchmarking) with other councils.
39. Living Well admissions into long term care per 100,000 population is over target at 24.7 at the end of quarter 4, against a target of 16.4. There has been a small increase by 32, to 694, in the number of people aged 18-64 years supported in long term residential or nursing care across the last 12 months. There have been fewer opportunities to move adults out of long-term care or into supported living during the pandemic.

40. This had been further compounded by changes in definition of 'short term care' and reclassification of individuals to 'long term care', which was identified at year end and has been addressed with teams to ensure future classification is consistent and meets the new definition. In addition, due to Covid 19 a number of supported living schemes put move dates for new placements on hold. This has led to more people having to remain in a long-term care setting whilst waiting for the supported living placement to resume offering move-in dates.

c. Living life how I want, keeping safe and well - Ageing Well

41. Admissions for older adults are also monitored as a rate per 100,000 population in line with the ASCOF definition. Ageing Well admissions into long term care per 100,000 population is better than target at 503 per 100,000 at the end of quarter 4. In numbers this is 857 adults aged 65 and over being admitted to long term residential or nursing care from April 2020 – March 2021.
42. Partly, sadly, as a consequence of the impact of Covid 19, the numbers of people aged 65 and over being supported in residential care has reduced, both in terms of admissions and increased discharges from care. At the end of March 2020, 2,375 people aged over 65 were being supported in residential care, compared with 2,104 people at the end of March 2021.
43. Performance on the percentage of Ageing Well admissions direct from hospital remains positive, in line with the Council's policy that this is not the right time for people to make a long-term life decision. It is better than target at 5.4% at quarter 4 against a target of 11%.
44. All three of the above Ageing Well indicators were on target at year-end.
45. Making a shift to supporting more people in their own homes and reducing unnecessary days spent in residential care is a major objective of the strength-based programme of work for the Ageing Well Service over the next three years. Initial retrospective multi-disciplinary reviews of cases have been undertaken to identify what the ideal alternative solution to temporary residential care could have been for people. The programme will be built to address factors leading to inappropriate use of short-term residential care and also reduce the length of time that people spend living in residential care as they grow older. Additionally, work will need to be undertaken with partners in housing and health. Their support is needed to: align policy, promote earlier planning for later life and develop a range of appropriate housing options and services in local communities.

d. Safeguarding

46. Under Section 42 of the Care Act, where a local authority has reasonable cause to suspect that an adult:
- a. has needs for care and support and
 - b. is experiencing, or is at risk of, abuse or neglect and
 - c. is unable to protect himself or herself against the abuse or neglect or the risk of it,

then the local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

47. At quarter 4, the percentage of cases in which it was reported that risk was not eliminated following a safeguarding intervention has continued to improve as a result of targeted training and improved guidance. The proportion of adults who lack mental capacity and are supported by an advocate to participate in a safeguarding enquiry continues to perform well, is on target at 85% with further improvement work planned.
48. Results for the percentages of people who were asked what outcomes they want from the safeguarding investigation and those that felt they were listened to and their outcomes achieved has fluctuated over the year and both remain slightly under target. A quality assurance cycle on safeguarding outcomes was undertaken and concluded on 12th March 2021 which will determine what additional actions need to happen to see improvement in this area. Potential actions include improved guidance and team specific training plans.

e. Deprivation of Liberty Safeguards (DoLS)

49. The Deprivation of Liberty Safeguards 2009 (DoLS) is a procedure prescribed in law when a person who lacks mental capacity to consent to their care or treatment is being deprived of their liberty in a care home or hospitals in order to keep them safe from harm. The procedure involves having the arrangements independently assessed to ensure they are in the best interests of the individual concerned.
50. As of 31st March, 64% of DoLS referrals received in the year had been completed. A Recovery Plan to undertake these assessments prior to the new Liberty Protection Safeguards being brought in from April 2022 is being developed, alongside development of a wider change programme to deliver the new statutory requirements. This year, residential and nursing care homes' ability to engage in the work has been affected by Covid 19, also social care staff have not been able to go into hospitals. Many ways have since been found to undertake work virtually, for example, staff in care homes supporting people to use tablets. This has had the added benefits of people being able to keep in contact with their families. An online portal has also been set up for staff to get easy access to advice on complex practice issues they may be facing during the Covid emergency.

f. Reviews

51. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.
52. 74% of the people that the department supports longer term had a completed review of their care and support in 2020/21. This means that out of 6,619 people requiring an annual review of their care and support 4,899 people had a review and 1,720 people will still require a review in the first quarter of 2021/22. Annual reviews not all being completed is largely due to the need to prioritise the workforce to support the most vulnerable and to undertake more in-depth reviews with those people supported in their local communities who were unable to access their support in the usual way during the pandemic. Fewer reviews were therefore completed for people supported in residential and nursing

accommodation. In addition, however, to the in-depth reviews that were completed, 3,574 safe and well phone calls, visits or virtual contacts were made to people during 2020/21. The purpose of these checks is to ensure that people are safe and well and have the advice, information and support that they need during the pandemic, however, it was not possible in year to capture these as review activity.

Use of Resources

53. Specific measures around the use of resources and budget management have been developed as part of the core metrics described in **paragraphs 13-14**. In addition, the department can compare the proportions of people receiving different levels of service as shown in the table below. Those receiving long term residential/nursing care are those with a high level of need and can generally be considered high cost.

As at end of March 2021 (Quarter 4)	Receiving Short Term Care or Reablement services	Receiving Long Term community-based services (e.g. Homecare, Direct Payments, Day-care)	In Long Term residential/ nursing Care
All adults	16%	58%	27%
Living Well	6%	76%	18%
Ageing Well	21%	47%	32%

Other Options Considered

54. Due to the nature of the report no other options have been considered.

Reasons for Recommendations

55. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis.

Statutory and Policy Implications

56. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

57. At the end of 2020/21, the department's outturn position was an underspend of £11.619m, as described in **paragraphs 6 to 8** of this report.

58. The outturn includes £16.47m in additional temporary income from Health to cover the initial cost of packages for individuals discharged from hospital prior to receiving an assessment and £51.57m in specific government grants in response to the pandemic.

59. The underspend increased during the year, primarily as a result of additional income from Health and government grants to support providers along with a reduction in the number of adults aged 65 and over supported with a care package.
60. As described in **paragraphs 9-12** of this report, coming into this financial year the department had over-delivered on previous years savings. The Covid 19 emergency meant that projects were put on hold for part of the year, so the savings achieved is an under-delivery of £0.32m. However, there is still a cumulative over-delivery achieved of £1.025m at the end of the financial year.

RECOMMENDATION

- 1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1st January to 31st March 2021.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Jennifer Allen
Service Improvement Development Manager
T: 0115 977 2052
E: Jennifer.allen@nottsccl.gov.uk

Constitutional Comments (CEH 19/05/21)

61. The report falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 10/05/21)

62. Adult Social Care & Public Health ended the financial year 2020/21 with an underspend of £11.619m after reserves primarily due to additional temporary income and a reduction in long term support packages for adults aged 65 and over.
63. The department made a saving of £4.427m in 2020/21, resulting in a cumulative net over delivery of £1.025m on those projects as at the end of 2020/21. The department has a saving target of £0.811m for 2021/22.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

Electoral Division(s) and Member(s) Affected

All.

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