

29 March 2021

Agenda Item: 6

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH**

**ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE
FOR QUARTER 3 2020/21**

Purpose of the Report

1. To provide an update on the current financial position of Adult Social Care.
2. To provide an update on the performance reporting framework.
3. To provide Committee with a summary of performance for Adult Social Care and Health for quarter 3 (1st October to 31st December 2020).

Information

Current Financial Position

4. As at the end of December 2021, the Adult Social Care & Public Health Department is forecasting an in-year underspend of £4.58m before reserves and £4.57m after accounting for reserve movements.

Department	Annual Budget £ 000	Actual to Period 09 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
ASCH Committee				
Strategic Commissioning and Integration	(33,644)	(70,024)	(31,510)	3,134
Living Well and Direct Services	124,554	103,151	125,633	1,079
Ageing Well and Maximising Independence	119,234	91,839	110,446	(8,788)
Public Health	1,856	(531)	1,856	0
Forecast prior to use of reserves	211,000	124,435	206,425	(4,575)
Transfer to / (from) reserves (SCI)	20	170	20	-
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	(25)	-	(22)	3
Transfer to / (from) reserves (Public Health)	(1,856)	-	(1,856)	-
Subtotal	(1,861)	170	(1,858)	3
Net Department Total	209,139	124,605	204,568	(4,571)

5. The position has significantly improved since quarter 2, primarily due to continued additional Health funding and also additional grants to support providers.

6. The current forecast net impact of Covid-19 on the department is an additional cost of £4.6m. The majority £3.4m is due to PPE and provider claims for additional net costs as a result of Covid-19. In addition, there is a forecast loss of Transport Income of £0.9m and a shortfall in Client Contributions of £1.3m.
7. The forecast includes a net use of reserves of £1.1.86m. This comprises the anticipated net use of £1.86m of Public Health reserves.

Transformation and Service Improvement

8. In the current financial year, the department has agreed savings of £4.749m.
9. The Covid-19 Emergency has meant that projects have been put on hold, so the in-year savings forecast is an under-delivery of £0.59m, with £0.01m of savings still expected to be delivered in this financial year and these are included within the current forecast.
10. However, the department delivered savings early up to the end of last year, so there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.62m.
11. As it is not known when projects will resume, there is an increased risk that the 2021/22 target may not be met.

Performance Framework Update

12. The department is undertaking Core Metrics & Management Information work by reviewing what the department requires to monitor performance, and how staff contribute to the overall success through the individual and team performance monitoring. The existing suite of reports are being reviewed to ensure it reflects what the department requires going forward. A full suite of measures and reports is planned for 1st April 2021

Core Metrics Development

13. The key objective is to develop a set of core metrics that allows teams and managers at all levels to monitor if they are fulfilling the purpose of the Adult Social Care and Public Health department and enable the department to clearly communicate how it is contributing to achieve the greatest level of success. The core metrics will be used to inform all Service Plans and will be used to set targets for all teams and individuals through the EPDR process. The core metrics include:
 - Quality of Life: for people, carers and staff
 - Positive Contributions: through social inclusion, employment and day opportunities
 - Are the people that are supported connected to networks and the community?
 - Independence through ensuring people get support at the right time, early intervention and have a place to call home
 - Use of Resources: through monitoring our use of the Adult Social Care Budget, working consistently across the department and the time spent with people vs time on bureaucracy.

14. The approach has been to co-produce the measures with operational teams, to ensure they are relevant and drawn from a wider range of sources. As part of the process of coproduction 'I' and 'We' statements were reviewed with the co-production group and staff, to ensure that these are localised, and that people can identify with them. The 'I' statements describe what our departmental Core Metrics mean to the people we support, for example, what it means to live 'independently'. The 'We' statements describe what Adult Social Care and Public Health services will do to meet the challenges presented by the 'I' statements, for example how we will support people to be 'independent'.
15. Once the measures have been finalised, these will feed into service plans and form a basis for team and individual targets.

Review of Management Information

16. The Adult Social Care and Health (ASCH) Senior Leadership Team (SLT) has set out Management Information key principles as outlined below:
 - **Demand** – the department should be able to predict and manage demand for the service to ensure it's are 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, and 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 its 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.
17. The principles outlined have formed a basis for streamlining the number of management reports to ensure the data informs service planning and decisions. Operational teams have also been engaged to inform the process and what types of reports may be required at a local level. The plan is to deliver both core metric measures and a refreshed list of management reports from 1st April 2021.

Interim Priority Measures

18. The Workforce Remodel went live from 1st September 2020. Due to the fact that the full suite of measures and reports will not be available until 1st April 2021, SLT identified some immediate priorities in order to monitor performance and manage resources prior to the full suite being available:
 - reducing use of Short Term Residential/Nursing Care (adults aged 65+)
 - reducing use of Long Term Residential/Nursing Care
 - increasing use of Assistive Technology

- increasing use of Direct Payments and Personal Assistants (added priority following discussion with commissioning colleagues).
19. Operational managers and teams have been able to access the new reports from October 2020. Additional training and support have been provided to team managers to ensure reports are fully utilised. Additional measures are being considered to monitor maximising independence for people. Once completed, the measures will be presented to this Committee in due course.

Summary of Quarter 3 2020/21 Performance

20. Performance to quarter 3 for 2021 is attached at **Appendix A** and a summary of the highlights and areas for improvement is also contained within the body of this report.
21. NHS Digital has recently published results from two key adult social care statutory returns: Short- and Long-Term Support (SALT) and Adult Social Care Finance return (ASC-FR) for 2019-20 and this helps compare Nottinghamshire with its 16 nearest county council peer comparators and with England averages. The key takeaways from the data are:
- a. for adults aged 18-64 Nottinghamshire has a lower number of new requests for support from new clients per 100,000 than peer comparators and England averages but a higher for adults aged 65+
 - b. gross current expenditure on adult social care in England increased at a faster rate than in Nottinghamshire, although the overall level of spend was higher in Nottinghamshire than the England average
 - c. compared with peer groups and the England average Nottinghamshire provides substantially more short-term care to maximise independence and as a result less people aged 18+ go on to needing long term support
 - d. Nottinghamshire saw a decrease in people aged 18+ accessing long term support during the year (per 100,000 population), although this was still overall higher than peer comparators and England averages
 - e. there was an increase in numbers supported in residential or nursing care for adults aged 18+ and is overall above peer and England average
 - f. the cost of residential and nursing long term care per week for adults aged 18-64 is higher in Nottinghamshire than in peer and England averages
 - g. the cost of residential long-term care for adults aged 65+ are lower than in peer and England averages but the cost of nursing home care was higher
 - h. there was an improvement in the percentage of people reviewed in Nottinghamshire and was overall better than peer and England averages
 - i. client contributions as percentage of spend on Adult Social Care was below peer and England averages but did see a large increase in Nottinghamshire.

Positive Contributions

A. Keeping family, friends and connections

22. Nottinghamshire continues to perform well on the proportion of adults receiving a Direct Payment (DP) with quarter 3 performance at 40% against a national average of 28%.
23. 27% of DPs are used to employ Personal Assistants.
24. There is an on-going cultural change programme in place to improve support, knowledge and skills of frontline staff to increase the use of DPs. This is achieved via team meetings, DP training, simplifying processes and Q&A/trouble shooting sessions. There is also a dedicated communications plan designed to drive up both the supply and demand of PAs is in place.

B. Learn, volunteer and work

25. The quarter 3 result for supporting Learning Disability service users into or back into employment is 2% against a national average of 5.6%.
26. 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 were deployed to other essential areas of Council work such as emergency recruitment, Extremely Vulnerable Person's (EVP's) calls, carers reviews - alongside crisis management related to individuals in employment. There is now limited availability of employment opportunities in such difficult economic times. The 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.
27. 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 throughput effectively.

Independence

A. My support, my way

28. So far this year 52% of discharges are made on the same day or the next day as the person is deemed Medically Safe for Discharge. This means that 1,570 people received a prompt discharge from hospital.
29. The average number of days it takes to discharge someone once they are Medically Safe for Discharge is 2.6 days.
30. The new model does increase the need for more rapid response reablement and homecare, as well as timely pick up by core homecare providers from these and health's rehabilitation services. Use is being made of the temporary NHS Discharge to Assess funding for up to two weeks to employ additional temporary resources to boost capacity

over Winter. Demand modelling and planning is underway with health partners to assess what the right longer-term sustainable set of services is to support both hospital discharge and admission avoidance.

B. Living life how I want, keeping safe and well

Living Well

31. Living Well admissions into long term care per 100,000 population is over target at 17.3 at the end of quarter 3. It is also above the most recent national average for this indicator which is 14.6. In numbers this is 84 adults aged 18-64 years being admitted to long term residential or nursing care from April to December 2020.
32. As a consequence of increased admissions and fewer opportunities to move adults out of long term care the number of adults aged 18-64 being supported in long term residential or nursing also continues to be over target.
33. Part of the increase in admissions is related to the change 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.

Ageing Well

34. Ageing Well admissions into long term care per 100,000 population is better than target at 319.0 at the end of quarter 3. In numbers this is 543 adults aged 65 and over being admitted to long term residential or nursing care from April – December 2020.
35. Sadly because it is partly as a consequence of the impact of Covid 19, the numbers of people aged 65 and over being supported in residential care overall has reduced, both in terms of admissions and increased discharges from care.
36. 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% at quarter 3 against a target of 11%.
37. All three of these ageing well indicators are expected to be on target at year-end.
38. 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 could have been, with further planned. The programme will be built to address factors leading to inappropriate use of short-term residential care and also delay the time that people need to move into care. 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.

Safeguarding

39. At quarter 3, the percentage of cases in which it was reported that risk was not eliminated following a safeguarding intervention has improved slightly as a result of targeted training and improved guidance. This indicator should continue to improve and be closer to target at year-end.
40. The proportion of adults who lack mental capacity and are supported by an advocate to participate in a safeguarding enquiry continues to perform well and is better than target at 87% against a target of 85%.
41. 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.

Deprivation of Liberty Safeguards (DoLS)

42. As of 31st December 59% of DoLS referrals received in the year have 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.
43. 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 them 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.

Reviews

44. The percentage of long-term service users reviewed in 2020/21 to the end of December stands at 57% or 3,793 people compared with a figure of 4,913 during 2019/20. The reduction in the numbers of reviews undertaken is in a large part due to fewer reviews of residential/nursing service users having been undertaken. This is because the focus has been on ensuring everyone in the community has Safe and Well checks during the Covid pandemic, as well as more in-depth reviews for people living in the community who may need alternative support options during the pandemic.
45. For service users in residential/nursing homes "clinics" have started to be arranged in order to ensure any service users in those settings without a review in the current financial year can be reviewed. The progress against this work is as follows:

a) Ageing Well

- 990 reviews required, with 812 still left to do (i.e. 82% remaining)
- 792 safe and well checks required, with 692 left to do (i.e. 87% remaining)
- based on the number of Full Time Equivalents allocated to do this work, and how many reviews/safe and well checks they are doing per day, the current estimate is that they will all be done by mid-June 2021.

b) Living Well

- 139 reviews required, with 82 still left to do (i.e. 59% remaining)
- 354 safe and well checks required, with 117 left to do (i.e. 33% remaining)
- based on the number of Full Time Equivalents allocated to do this work, and how many reviews/safe and well checks they are doing per day, the current estimate is that will be completed by mid-February 2021.

Quality of life

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

46. The Service User Survey 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

47. 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.
48. 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.
49. Adult Social Care & Health is contacting all people and carers to check that they are safe and well and have the advice, information and support that they need. 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.
50. The Nottinghamshire Carers Hub service, provided by Tu Vida, has been proactive in providing carers with the following range of support throughout the crisis:
- a) access to telephone support helpline service to provide advice, information, signposting and emotional support to carers.

- b) 'Wellbeing' phone call checks made to all carers registered with the Carers Hub.
- c) themed 'Connecting Carers' weeks offering a range of virtual sessions, activities for carers to access including training and awareness sessions.
- d) supporting carers/families to get connected on-line to enable participation in virtual sessions/events/Zoom calls.
- e) creation of bespoke weekly Mindfulness videos specifically focussing on carers.
- f) signposted those carers suffering from anxiety, stress or in need of mental health support if struggling to cope with their caring role, to appropriate support services.

51. Adult Social Care & Health statistics supporting carers from April to December 2020 are as follows:

Total contacts made to Carers Hub service for advice, information support and signposting	7,537
Total new carers accessing Carers Hub	532
Total No. of Carers Assessments undertaken by NCC ASCH teams	898
Total No. of Carers Reviews undertaken by NCC ASCH teams	4,228
Total No. of Short Breaks commissioned:	340

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

52. The Adult Social Care and Health department has put in place some key areas of work to support the workforce and these include:

- a) development of the 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. It is expected that by February 2021 the survey will be shared with staff and key feedback themes can begin to be analysed
- b) development of an Adult Social Care & Health Communications and Engagement email link to coordinate a way of sending information out to staff from different teams and people within the department to 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 work area
- c) development of the Adult Social Care & Health Practice newsletter led by the Principal Social Worker and Occupational Therapist. The newsletter is sent weekly with practice updates, development opportunities and recommended training. The newsletter also gives staff opportunity to feedback, critique or make suggestions for improvement
- d) a survey of Living Well staff was undertaken to get feedback on what was going well and not so well on the team restructure that had taken place on 1st September. Key themes were shared with Group Managers to follow up

- e) a skills audit was undertaken with Living Well, Ageing Well, Strategic Commissioning, Service Improvement, and Quality and Market Management to help identify knowledge, skills and experience for the move to the new service model and areas where help is required to build more confidence for the future.

Use of Resources

53. Specific measures around use of resources and budget management are in development but for now the department can compare the proportions of people receiving different levels of service as shown below.
54. 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 December 2020 (Quarter 3)	In Long Term residential/nursing Care	Receiving Long Term community-based services (e.g. Homecare, Direct Payments, Daycare)	Receiving Short Term Care or Reablement services
All adults	27%	58%	15%
Living well	17%	77%	6%
Ageing well	33%	47%	21%

Other Options Considered

55. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

56. 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

57. 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

58. As at period 9, the department is forecasting an in-year underspend of £4.58m before reserves and £4.57m after accounting for reserve movements as described in **paragraphs 4 to 7**.

59. Coming into this financial year, the department had over-delivered on previous years savings by £1.2m. The Covid-19 emergency has meant that projects were put on hold, so the in-year savings forecast is an under-delivery of £0.59m, with £0.01m of savings still expected to be delivered in this financial year and these are included within the current forecast. So, there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.62m as described within **paragraphs 8 to 11**.

RECOMMENDATION/S

- 1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1st October to 31st December 2020.

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Constitutional Comments (CEH 02/03/21)

60. The report is for information purposes and falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 01/03/21)

61. As at period 9, the department is forecasting an in-year underspend of £4.58m before reserves and £4.57m after accounting for reserve movements as described in **paragraphs 4 to 7**.
62. As at period 9, the forecast included £14.80m in additional temporary income from Health to cover the initial cost of packages for individuals discharged from Hospital prior to receiving an assessment and £37.83m in specific government grants in response to the pandemic.
63. The underspend has increased 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.
64. In addition there is a forecast overall cumulative net over-delivery of savings of £0.62m by the end of this year as a result of the over-delivery from last year exceeding the forecast under-delivery in year as described in **paragraphs 8 to 11**.

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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