

7<sup>th</sup> December 2020

Agenda Item: 6

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

### **ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 2 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 2 (1<sup>st</sup> July to 30<sup>th</sup> September 2020).

#### **Information**

##### **Current Financial Position**

4. As at the end of September 2020, the Adult Social Care & Public Health Department is forecasting an in-year underspend of £0.35m before reserves and £0.29m after accounting for reserve movements.

Department	Annual Budget £ 000	Actual to Period 06 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCH Committee</u>				
Strategic Commissioning and Integration	(34,085)	(65,951)	(30,430)	3,655
Living Well and Direct Services	124,627	76,999	127,191	2,564
Ageing Well and Maximising Independence	119,284	81,026	112,711	(6,573)
Public Health	2,959	(1,340)	2,959	0
<b>Forecast prior to use of reserves</b>	<b>212,785</b>	<b>90,735</b>	<b>212,431</b>	<b>(354)</b>
Transfer to / (from) reserves (SCI)	(645)	170	(611)	34
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	(25)	-	-	25
Transfer to / (from) reserves (Public Health)	(2,959)	-	(2,959)	-
<b>Subtotal</b>	<b>(3,629)</b>	<b>170</b>	<b>(3,570)</b>	<b>59</b>
<b>Net Department Total</b>	<b>209,156</b>	<b>90,905</b>	<b>208,862</b>	<b>(294)</b>

5. The position has significantly improved since quarter 1, primarily due to additional funding which has come into the department and Personal Protective Equipment (PPE) is now

available to all care providers through the government portal at no cost, though in year mitigations have also helped improve the position.

6. The current forecast net impact of Covid-19 on the department is an additional cost of £6.7m. The majority £4.0m 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 £3.57m which is £0.06m less than budget. This comprises the anticipated net use of £2.96m of Public Health reserves and £0.31m in Section 256 reserves, £0.15m staffing reserves and £0.32m Better Care Fund (BCF) reserve and a contribution to reserves from the Integrated Community Equipment Loans Service (ICELS) of £0.17m.

### **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 £0.67m, with £0.5m 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 £0.54m.
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 1<sup>st</sup> April 2021.

### **Core Metrics Development**

13. A Co-production approach has been taken by holding small group workshops with citizens to review and validate 'I' statements by Think Local Act Personal (TLAP) in order to localise the statements. To complement this, small group workshops were held with staff to consider how they can support people to achieve their outcomes through 'We' statements, and to help define how we measure success.
14. Draft measures have been produced and are currently being validated with Group Managers. It is likely that additional measures may be identified which will require developing prior to Adult Social Care and Health (ASCH) senior leadership approval, sign off and implementation.

15. Processes will be reviewed and revised to ensure that service measures are linked to the core metrics and shape all further stages of the business planning cycle through to team plans and individuals EPDRs.

### Review of Management Information:

16. 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 we 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. To assess what is currently available and whether it meets service requirements, views were sought from managers to ascertain what they currently have and what they will require in future. Any gaps would result in further development of additional reports in line with the Management Information core principles. Any redundant reports will be archived.
18. Further work will be undertaken with teams to ensure and encourage use of data to manage the business, as well as the development of guidance and training where required.

### Interim Priority Measures

19. The Workforce Remodel went live from 1<sup>st</sup> September 2020. Due to the fact that the full suite of measures and reports will not be available until 1<sup>st</sup> April 2021, SLT identified some interim immediate priorities in order to monitor performance and manage resources prior to the full suite being available. These interim reports are available from the end of October 2020.
  - Reducing use of Short Term Residential/Nursing Care (adults aged 65+)
  - Reducing use of Long Term Residential/Nursing Care
  - Increasing use of Assistive Technology
  - Maximising Independence Service (MIS) priorities (length of stay, cases passed for a Care & Support Assessment or OT Assessment with a district team)
  - Increasing use of Direct Payments and Personal Assistants (added priority following discussion with commissioning colleagues).

20. Progress on performance on these interim measures will be reported to ASCPH Committee in due course.

## **Summary of Quarter 2 2020/21 Performance**

21. Performance to quarter 2 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.
22. Final publication of national results taken from Adult Social Care statutory returns for 2019/20 is delayed because of the pandemic, therefore benchmarking against the latest Adult Social Care Outcomes Framework (ASCOF) indicators is not yet available; any reference to 'national average' refers to 2018/19 benchmarks.

## **Positive Contributions**

### **A. Keeping family, friends and connections**

23. Nottinghamshire continues to perform well on the proportion of adults receiving a Direct Payment with quarter 2 performance at 40% against a national average of 28.3%.
24. However, during the emergency response to the pandemic all Direct Payments (DPs) were suspended with the exception of DPs for Personal Assistants (PA). The suspension of agency DPs was to free up homecare capacity where it was most needed predominantly around hospital discharge.
25. This resulted in the use of DPs to employ a PA in April being significantly higher at 37.5% than it was towards the end of last financial year, when it was around 19%. As at the end of quarter 2 the percentage has reduced to 25.5% from the earlier high at the peak of the initial emergency. The reason for the increase in PAs is that the pandemic saw an increase in PA double ups to cover the same individual, as some PAs were unable to work due to having to shield or self-isolate themselves or members of their family were shielding.
26. 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 being achieved. This is achieved via team meetings, DP training, simplifying processes and Q&A/trouble shooting sessions. Team level performance tracking data is sent to each Team Manager so they can understand their team's performance against targets.
27. The Direct Payment Support Service has been redesigned to standardise market place pricing. Work with Clinical Commissioning Groups (CCGs) is also taking place to standardise processes across organisations and geographical locations and to source PAs.
28. A dedicated communications plan designed to drive up both the supply and demand of PAs is in place.
29. Following discussions with the Principal Social Worker a decision was taken to revise the 50% target to an expectation that at least one new PA package per month, per team, should be set up each month. This would equate to approximately 15 per month or 180 over the year. This expectation was thought to be realistic and is in the process of being communicated out to all teams via team meetings. It is hoped that having a team-based

target will place greater emphasis on teams to 'do their bit' in terms of pushing up PA numbers.

## **B. Learn, volunteer and work**

30. The year end results for supporting people into or back into employment remained static at 2.4% against a national average of 5.9%. It is also not surprising that at the end of June 2020 the percentage was 2.2% - a decrease from 2.3% at the end of May as many employees were furloughed in response to the emerging pandemic. This has remained flat into quarter 2, with 2.2% at the end of September.
31. An Employment and Health Strategy 2020-2023 has been produced to work with the Health and Wellbeing Board and strategic partners to mobilise the system to focus on improving employment outcomes. Key actions identified include:
  - Develop a clear statement of purpose for a single combined employment offer
  - Expand the target cohort to more eligible groups such as people with mental health issues and care leavers
  - Create a mechanism to ensure employment support is linked to wider independence through the new Maximising Independence Service
  - Establish a clear employment support pathway.
32. The employment strategy has been prioritised within Group Manager and Team Manager EPDRs. However, progress has been affected by Covid 19 in that frontline staff have been redeployed to other priorities in order to meet the needs of statutory work and Covid 19 priority cases. In addition, Group Managers' time has been diverted to local emergency planning around the pandemic as well as work on the workforce re-modelling that put in place a new structure on 1<sup>st</sup> September 2020. It is expected that this work will resume once emergency planning moves on to recovery planning.
33. In quarter 1 the I-Work team was redeployed as a response to the pandemic and all I-Work activity ceased. In quarter 2 the service has re-engaged with all its existing caseload to review people's current needs and situation. Many issues have emerged for people due to the impact of Covid 19, particularly where employees have been furloughed, had their hours reduced or made redundant. I-Work are actively working with some existing people to seek new employment opportunities (or supporting people to adapt to changed working situations). As part of reviewing support I-Work has discharged some people who are not wanting to start employment, often this is related to Covid 19 anxieties and other issues such as loss of hours, lack of colleague support, travel, health/social and family anxieties and changes in personal circumstances.
34. Since September 2020 I-Work has been reorganised to be part of the Maximising Independence Service (MIS) and is working with colleagues to review how to respond to new referrals for the service that the service has not yet been able to engage with due to the impact of Covid 19. I-Work has developed a more streamlined referral process that needs integrating into the MIS model. It has also supported people directly in the workplace and achieved some new paid employment outcomes. I-Work is looking at innovative ways

to deliver their service, including reverse jobs fairs where disabled people get to showcase their skills for registered employers to visit, remote/ video support for employers/ jobseekers/ families, and partnership working with other organisations and large-scale employers.

35. Work is taking place to identify existing or new cases that would benefit from Promoting Independence Worker intervention, prior to I-Works involvement, this will ensure that people are as close to 'work ready' as they can be. Consideration is being given to whether the MIS Community Development team could engage with employers to create opportunities and networks across the employment sector. Finally, consideration is given to referrals for promoting independence work that arise from day service reviews and those with a learning disability are targeted to identify anyone who may wish to seek paid employment as an alternative to current provision.
36. Promoting independence is discussed with all I-Work existing and new referrals and appropriate joined up working takes place when beneficial to the individual.
37. I-Work has continued to support Project Search - this delivers supported internships in partnership with the NHS and Special Schools/Colleges and Autism R Us – a Community Interest Company for people with Autism, who deliver Autism specific training.

## **Independence**

### **A. My support, my way**

38. A revised version of the national Hospital Discharge Guidance has confirmed that community health and social care Integrated Discharge Hubs and Discharge to Assess will now be the ongoing model. This means that no-one has an assessment for ongoing care needs whilst in hospital. The Council's default social care pathway out of hospital is for people to be discharged home with either short term reablement or rapid response homecare. Social care staff then visit the person at home within 48 hours to plan for their further reablement, or, if needed, any ongoing care needs. Across the County the new model has meant we have sustained more people going directly home from hospital and more people have been going home on or close to the day they are well enough to do so.
39. 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.
40. As at end of August 2020 performance showed that outcomes for people was excellent, with 94% of people supported by rapid response homecare and/or reablement still being at home 91 days later.

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

### **Living Well**

41. The Living Well admissions into long term care per 100,000 population is up 8.9% on last year at 25.9% and remains at 6% higher than the expected target.
42. Part of this increase 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.
43. To reduce numbers of people in long term care and promote the most independent option for people, Living Well has an Accommodation Panel where Group Managers and Commissioners analyse all new requests for accommodation with a view to finding the most independent option including supported living, Shared Lives, general needs housing and Community Living Network.
44. Work also continues with Living Well and Strategic Commissioning colleagues to identify gaps in housing provision to reduce long term care admissions. However, over recent months and in response to the pandemic, homeless individuals have been given priority for housing under the "Everyone In" policy which has been challenging for teams moving people from supported living to mainstream accommodation.

### **Ageing Well**

45. In September 2020 the Council's statutory returns show that the total number of people aged 65 years and above supported in residential care had reduced further from June by 43 people to 2,073, against the provisional year-end target of 2,309. However, this figure does not yet include 1,400 people who had their funding eligibility assessment deferred due to Covid emergency arrangements and who are currently part of the cohort of people accessing the emergency NHS hospital discharge or avoidance funding. An estimate so far indicates up to 170 additional people are likely to be added to the performance figure by the end of the year, bringing the actual projection nearer to the original target of 2,243.
46. The 2020/21 target for the percentage of Ageing Well admissions direct from hospital remains at 11% for 2020/21. Year to date performance is 5%, which is a noticeable improvement on the same time last year of 16.5% and reflects the low number of admissions in line with hospital discharge policy to not admit anyone directly to long term care from hospital unless every rehabilitation option has already been exhausted. Data capture has also improved this month, with most people who are already living in a care home who are admitted into hospital now being removed from this measure.
47. 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**

48. At quarter 2, the percentage of cases in which it was reported that risk was not eliminated following a safeguarding intervention increased slightly to 16%, indicating a move away from target. September's regular audit of safeguarding work focused on risk and found that many cases had been incorrectly defined by staff as having a risk remaining, inflating the percentage of cases where risk was not eliminated or reduced by almost 5%.
49. To address this an action plan is in place to support frontline workers to correctly define the outcome of their work. Advice and guidance on interpretation of recording has been sent to Team Managers alongside details of the September 2020 safeguarding audit.
50. Also lower than target is the percentage 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. Improvement actions are also in place for these areas. This includes re-launching online multi-agency training with a renewed focus on referrers undertaking a conversation with the adult (or representative) to identify their desired outcomes in relation to the safeguarding concern, and to work towards achieving those outcomes in line with Making Safeguarding Personal. It has been communicated to staff that they should try to ensure that the adult's desired outcomes are realistic. Again, the way in which staff record the outcomes of their work is also a factor requiring improvement which is being addressed in the training.
51. There is to be a focus on Making Safeguarding Personal during Safeguarding Adults Week in November 2020.

## **Deprivation of Liberty Safeguards**

52. As of 30<sup>th</sup> September, the number of referrals for Deprivation of Liberty Safeguards (DoLS) received this financial year was 2,641 and 1,102 (42%) of these pieces of work have been completed. The number of referrals received during September was 687 which is more than twice the number received during September 2019. Numbers increased markedly from July after being suppressed as a result of Covid in April - June. This has increased the waiting list to 1,795 from 1,205 at the end of August.
53. 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.



## **Early Resolution**

54. The percentage of new contacts being passed to tier 3 (assessment) is reported as moving away from target, from 37% in June to 41.2% at the end of September (quarter 2), against a target of 25%. However, the focus of this target is reducing assessments that are sent to community teams for Care and Support Assessments, not Occupational Therapy Assessments which are an effective method of early intervention. Current reporting includes Occupational Therapy assessments and if these are removed the project is on target for the current financial year. The new Maximising Independence Service is exploring ways to further reduce the number of people that require a referral for a Care and Support Assessment by focusing on improving their outcomes to promote independence and wellbeing with a more holistic approach.

## **Reviews**

55. The percentage of long-term service users reviewed in 2020/21 to the end of September stands at 42.2% (2,850 people) against a target of 100%. This compares to the 50.4% (3,619) at the end of September the previous year.
56. The number of annual reviews completed has been less so far this year due to Covid 19. Reviewing staff were temporarily redeployed to other areas such as Hospital Discharge and some people have declined their review. Staff have used virtual methods such as phone and Microsoft Teams wherever possible. Reductions are mainly due to fewer annual reviews of people living in residential/nursing care being undertaken. Many care homes have been too short staffed due to Covid 19 to prioritise this work.
57. A plan is in place that covers priority reviews to:
- people with Continuing Health Care funded packages who have had their eligibility assessment deferred
  - people supported by Care Support and Enablement services who are due an annual review.
  - support recovery and identify people who may be most experiencing difficulties during Covid 19, for example, people who live alone with family carers etc.
  - review the needs of people who attend day services and their carers to consider alternative support options over the coming months whilst Covid 19 and reducing infection spread remains a key issue.
58. Completing more early reviews on people who are most likely to need it will not, however, include annual reviews of many people already living in residential care and therefore will not improve this performance indicator. Options are being considered to address this. Additionally, from the latter part of October Team Managers will be able to access a new Reviews Dashboard to easily identify those people they have responsibility for and who have not had a review within the last 12 months. This will assist with planning the work of the team.

## **Quality of life**

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

- 59. The pandemic has also delayed the validation of Adult Social Care Outcomes Framework (ASCOF) survey measures which include the quality of life of the people the department supports. Updates on the Council's statutory returns will be provided in the next quarterly report.
- 60. Work is underway to gather more frequent and timely feedback from people, however this development has been delayed as the department has focused its resources on the pandemic.
- 61. The department continues to strive to improve practice and learning across all complaints received and plans are in place for wider learning and continuous feedback across ASC Complaints, Local Government & Social Care Ombudsman (LGSCO) decisions and Safeguarding Adult Reviews (SARs). Performance Board is considering the complaints training offer to existing and new team managers that encourages a more proactive approach when handling complaints.
- 62. It is the intention for future reporting to provide Members with a lessons learnt summary across all quality indicators.

### **B. The Carers staff work with and support have a good quality of life**

- 63. The annual survey measure for carers' quality of life has been delayed because of the pandemic, therefore these ASCOF indicators will be reported in the second quarter update for 2021.

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

- 64. The Adult Social Care workforce has adapted to working remotely and using technology to connect with their team and the people they support.
- 65. However, whilst most schools have now returned there are on-going outbreaks of Covid 19 within them which means some year groups are being sent home which impacts the ASC workforce in terms of child-care arrangements.

## **Use of Resources**

- 66. 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.
- 67. 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 September 2020 (Quarter 2)	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%	57%	16%
Living well	17%	77%	6%
Ageing well	33%	45%	22%

## Other Options Considered

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

## Reason/s for Recommendation/s

69. 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

70. 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

71. As at period 6, the department is forecasting an in-year underspend of £0.35m before reserves and £0.29m after accounting for reserve movements as described in **paragraphs 4 to 7**.

72. 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 £0.67m, with £0.5m 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 £0.54m 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 1<sup>st</sup> July to 30<sup>th</sup> September 2020.

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### **Constitutional Comments (CEH 23/11/20)**

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

### **Financial Comments (KAS 11/11/20)**

74. As at period 6, the department is forecasting an in-year underspend of £0.35m before reserves and £0.29m after accounting for reserve movements as described in **paragraphs 4 to 7**.
75. This is in part due to the forecast overall cumulative net over-delivery of savings of £0.54m 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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