

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 03 October 2022

Adult Social Care Performance

Recommendation

I recommend that the Committee:

- a. Note the performance of Adult Social Care

Report of the Director for Health and Care

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

The Committee is asked to consider the current performance of Adult Social Care.

Report

Background

1. Cabinet has set four strategic objectives for Health and Care - This report will focus on performance against objectives (b) and (c):
 - a. Promote good health and independence, and encourage and enable people to take personal responsibility for maintaining their well-being
 - b. Ensure effective and efficient assessment of needs that offers fair access to services
 - c. Maintain a market for care and support that offers services at an affordable price
 - d. Ensure best use of resources, people, data, and technology

Care Act Assessments and reviews

2. People may request an assessment under the Care Act 2014. We complete a preliminary assessment initially to gauge likely eligibility, and for those unlikely to be eligible we offer information, advice, and guidance, along with referral to assets within their local community to help them remain independent.

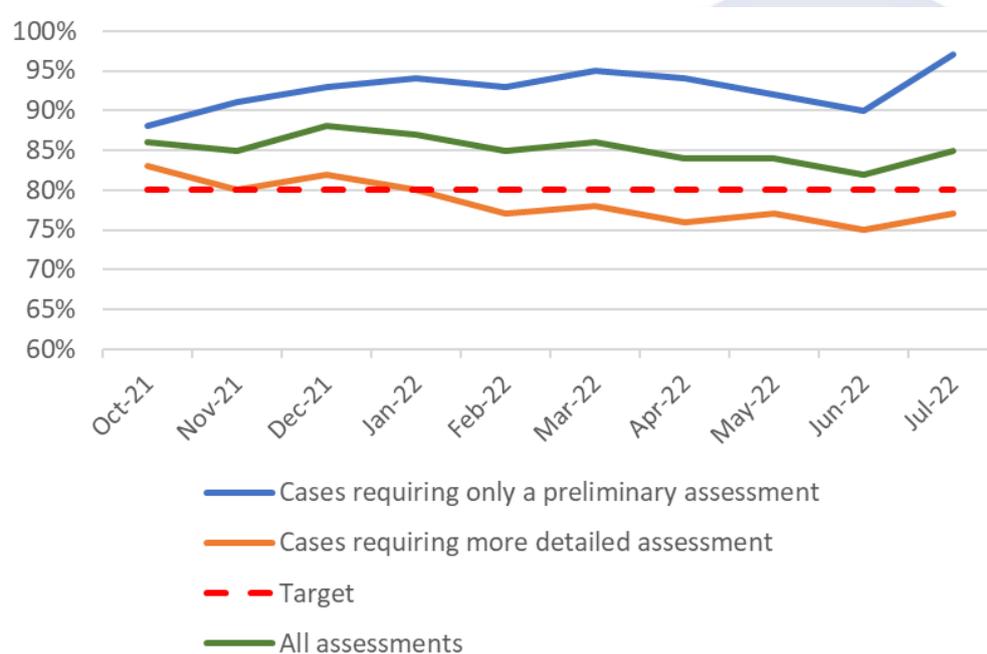
- For those with higher levels of need we complete a more detailed assessment to determine eligibility for Council funded care and support and develop a plan to meet their needs. We currently complete around 1350 Care Act assessments monthly, as shown in Table 1.

Table 1: Care Act assessment typical monthly volumes

	Preliminary assessment only	Detailed assessment	Total
New people living independently in the community or discharged from hospital	561	489	1050
People already receiving Council funded care and support whose situation has changed		316	316
Total	561	805	1366

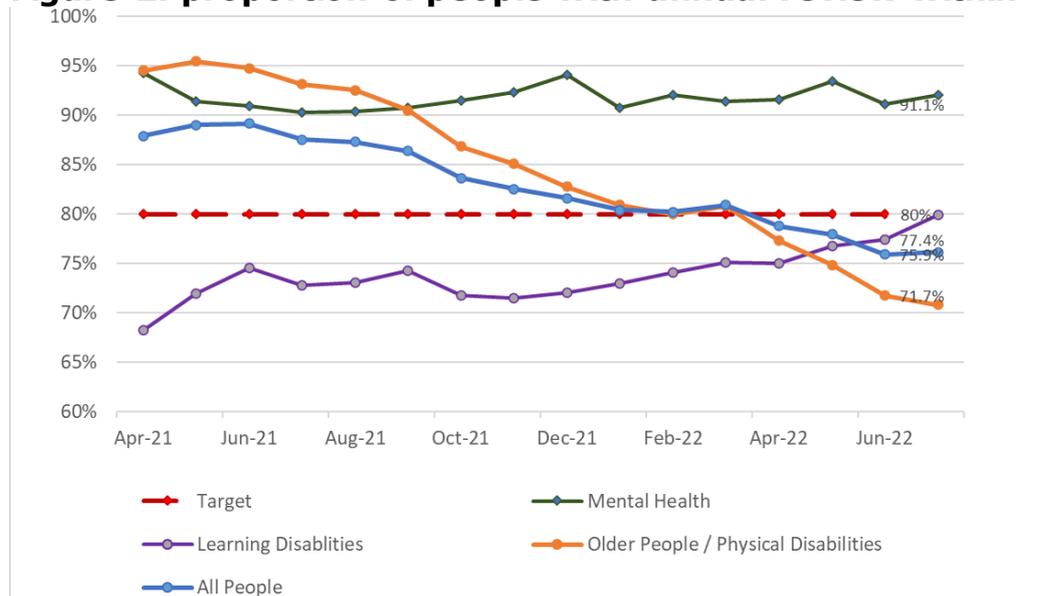
- We aim to complete 80% of all Care Act assessments within 28 days. Where assessments are not completed within 28 days this is often because cases are complex and require protracted discussions with individuals and their families to determine the most appropriate support.
- In July 2022 we completed 85% of all assessments within 28 days, 97% of those requiring a preliminary assessment only, and 77% of those requiring a detailed assessment, as shown in Figure 1. Note that all assessments are managed so that urgent cases are dealt with quickly.

Figure 1: Care Act assessments completed within 28 days



6. For those people receiving Council funded care and support we aim to complete an annual review, to ensure that their needs are being met. Our target is that 80% of people have a review within 12 months.
7. Performance in July 2022 was below target at 76%, due to a reduction in the proportion of older people and people with physical disabilities who had a review within 12 months, as shown in Figure 2. 87% of people in receipt of Council funded care and support had a review within 15 months.

Figure 2: proportion of people with annual review within 12 months



8. This reduction in reviews performance is because the teams have had to prioritise a rising demand for new assessments as well as Safeguarding referrals. We are exploring options for additional capacity to allow performance to be recovered in the remainder of 2022/23.

Financial Assessments

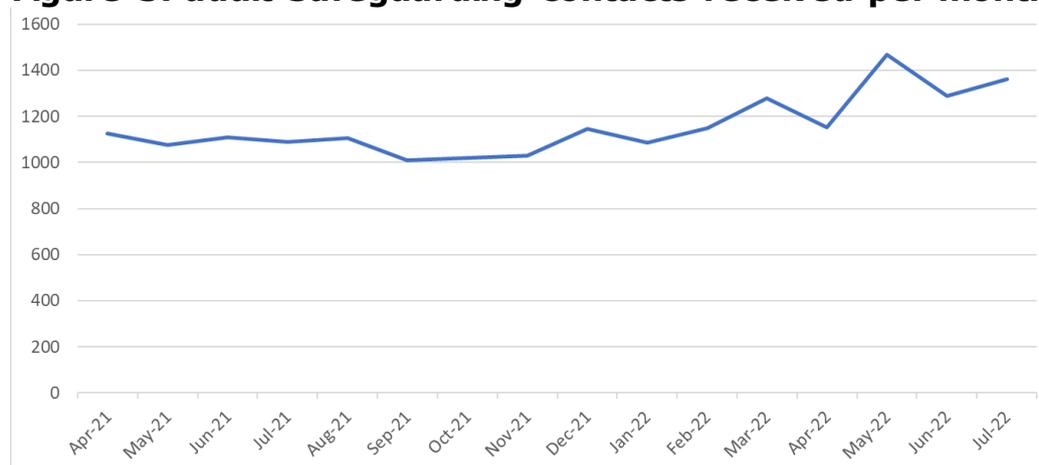
9. We complete financial assessments to determine whether people are eligible for Council funded care and support and how much they are required to contribute to the costs. We receive around 500 referrals for financial assessments each month. We aim to complete financial assessments within 28 days.
10. We currently have 916 people waiting longer than 28 days for their financial assessment to be completed: 446 are already in receipt of, or have received a care service at home, but are yet to be charged; 111 are being charged a provisional rate for a care home; and 359 are yet to receive a chargeable service and may not go on to receive Council funded care and support.

11. Delays in completing financial assessments generate complaints and increases the likelihood of people receiving a backdated invoice for their care and support costs, which may increase debt owed to the Council. In advance of Adult Social Care Reforms, we are reviewing and streamlining processes and recruiting additional capacity to enable financial assessments to be completed more quickly and eliminate the backlog.

Adult Safeguarding pathway

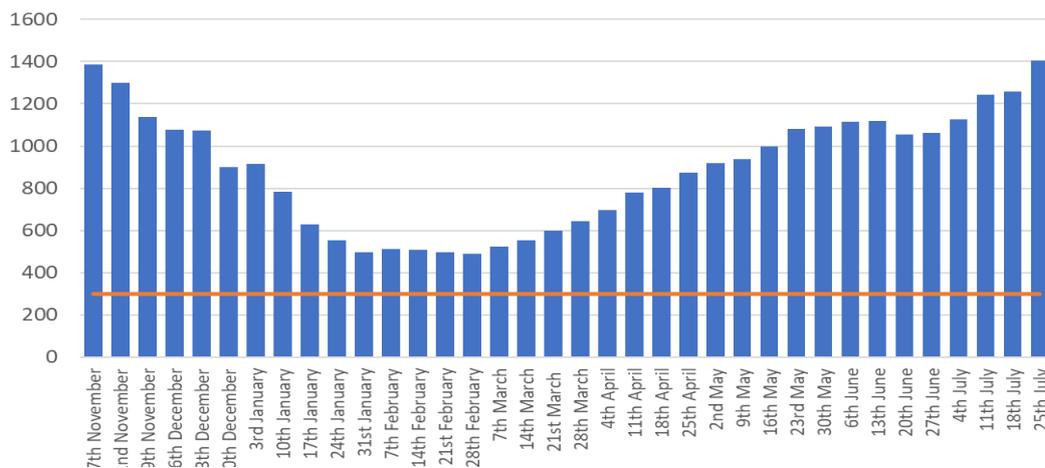
12. People and professionals may contact the Council with safeguarding concerns. We currently receive around 1200 contacts per month. However, over the past three months have seen a significant increase in contacts with 1,362 contacts received in July:

Figure 3: adult Safeguarding contacts received per month



13. We have a target to review and close 30% of safeguarding contacts within 2 working days. Since April 2022 30% of contacts were closed within our 2-day target.
14. Our aim is to close the remaining 70% within 2 weeks, and to have no more than 300 safeguarding contacts open at any one time. The increased level of demand we have experienced means we are currently unable to achieve this aim - we currently have 1,404 safeguarding contacts open.
15. It is important to note that all contacts are assessed on receipt to ensure that the highest risk cases are prioritised immediately. The contacts that remain open are lower risk, where actions have already been taken to address immediate risks, or the contact is awaiting final closure.

Figure 4: open Safeguarding contacts

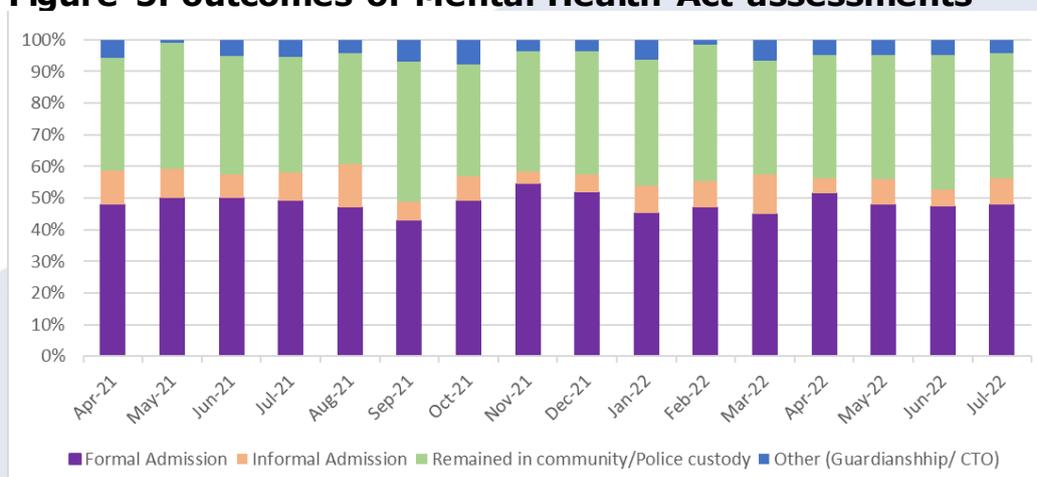


16. We have recently recruited additional permanent capacity, and additional temporary resource, to the safeguarding team to support with this work. Subject to contacts not increasing further, we therefore aim to reduce open contacts to 300 by February.

Mental Health Act and Deprivation of Liberty Safeguards

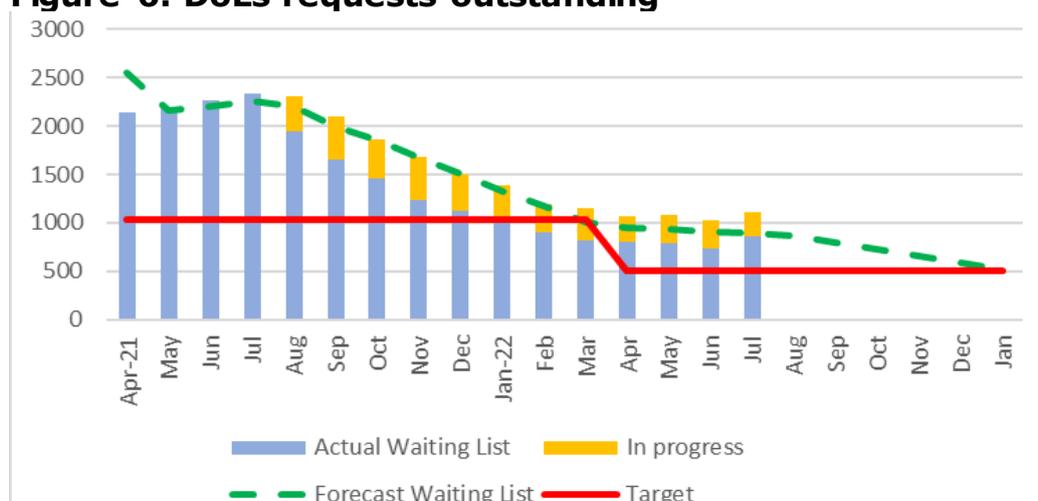
17. The Council complete Mental Health Act Assessments to decide whether a person should be detained in hospital under the Mental Health Act to make sure they can receive care and medical treatment for a mental disorder. We complete around 125 **Mental Health Act Assessments** each month. The number of assessments required can vary each day, and we have a rota in place to ensure that we are able to respond to requests 24 hours a day, 7 days a week.
18. Just under 50% of formal assessments result in an admission under the Mental Health Act, with this number consistent over the last 15 months as shown in Figure 5.

Figure 5: outcomes of Mental Health Act assessments



19. Some people living in care homes and hospitals lack the mental capacity to make key decisions about their care or treatment. For their safety, it may be necessary to restrict their liberty. **Deprivation of Liberty Safeguards (DoLS)** assessments ensure that any such arrangements are lawful and proportionate.
20. During 2021/22 we received an average of 447 referrals for DoLS. Between April and July 2022 this has increased to an average of 503 referrals per month. This increase is in part due to the work completed by the Council to reduce the waiting list position. Previously managing authorities did not request a further referral every 12 months as they were still waiting for the initial referral to be completed. Now that the Council has significantly reduced the waiting list more managing authorities are making a referral every 12 months.
21. There were 1114 DoLS referrals outstanding in July 2022, a substantial reduction on a year previously, as shown in Figure 6. We are continuing to use additional external capacity to reduce the waiting list.

Figure 6: DoLS requests outstanding



Appointeeship and deputyships

22. In circumstances where people are assessed as not having the mental capacity to manage their finances, we explore the option of enabling family members or carers to act as an appointee or deputy. Where there is no other person available to complete this role, the Council can offer an appointeeship and deputyship service.
23. We offer these services as a “provider of last resort” to ensure that people can pay their financial bills - including gas, electricity etc. In addition, the services ensure that invoices for care and support costs issued by the Council are paid to prevent people accumulating debt. For appointeeship we charge an administration fee where people are able to pay; for deputyship we charge the rates set nationally.

24. There is a requirement to increase awareness of Lasting Power of Attorney arrangements as an option to prevent the need for people to establish appointeeship and deputyship arrangements.
25. The appointeeship service administers people's benefits. We currently have **appointeeship** arrangements in place for 332 people. We monitor the balances of accounts monthly to ensure that funds are being spent and that balances are not accruing inappropriately.
26. Where people have financial assets or other types of income, the Council can apply to Court of Protection to act as deputy to manage the finances. We have these **Deputyship** arrangements in place for 458 people, and we are waiting for the Court of Protection to complete orders for a further 39 people.
27. We have a waiting list of 27 people who require deputyship arrangements. Similar to other local authorities the costs of operating deputyship arrangements have increased and now exceed the amount the Office of the Public Guardian allow the Council to charge people for this service.
28. The Council's audit team completes an annual review of the appointeeship and deputyship services to provide assurance that we have effective governance and management arrangements in place. The last audits completed for both services demonstrated that the services had adequate controls in place

Reablement services

29. The Council and the NHS offer reablement for people to help them regain their independence after episodes of ill health. The vast majority of reablement takes place as part of hospital discharge pathways.
30. We provide reablement services for around 580 people per month. Waiting times for reablement, from the time of referral to commencement of the service remain low, at just over a day. Outcomes are good, with around 70% of people having no ongoing need for social care at the end of episode, compared to our target of 66%

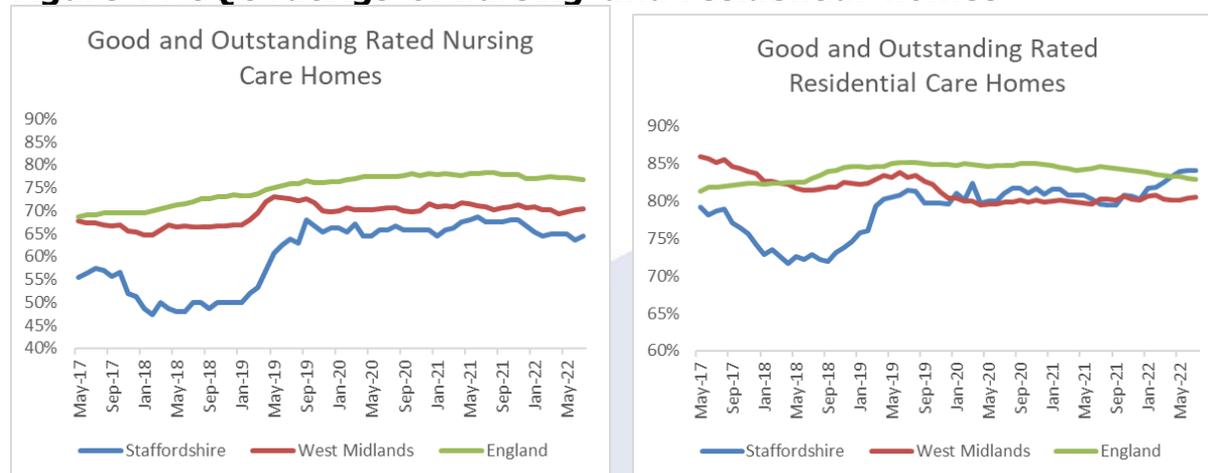
Quality of Care

31. For residential and nursing homes in Staffordshire the Care Quality Commission (CQC) rates 81% as 'good' or 'outstanding' or has not yet rated the care home. This is in comparison to 80% in the West Midlands and 82% in England, as shown in Table 2.

Table 2: CQC ratings of care homes

CQC Rating	Staffordshire	West Midlands	England
Outstanding	3% (8 homes)	2%	4%
Good	63% (162 homes)	69%	71%
Requires improvement	19% (48 homes)	19%	16%
Inadequate	1% (2 homes)	1%	1%
No Rating	15% (38 homes)	9%	7%

32. There has been an improvement in quality in residential care homes in Staffordshire over the last 12 months and the gap between the proportion rated 'good' or 'outstanding' has followed the improving trend within the West Midlands, while the National percentage has decreased.
33. The percentage of nursing care homes in Staffordshire rated 'good' or 'outstanding' is lower than for residential care homes without nursing, and correspondingly nursing care homes are a sector which is prioritised for the Council's quality improvement support, as shown in Figure 7.

Figure 7: CQC ratings of nursing and residential homes


34. The Provider Improvement and Response Team (PIRT) have undertaken 546 visits to care homes within the last 12 months, to provide assurance and improvement work. The impact and effectiveness of the team is evidenced through the completion of action plans, following advice and guidance delivered by the team. The majority of these care homes are awaiting reinspection from the CQC.

35. For community services in Staffordshire the CQC rates 89% as 'good' or 'outstanding' or has not yet rated the service. This is in comparison to 86% in the West Midlands and 90% in England, as shown in Table 3.

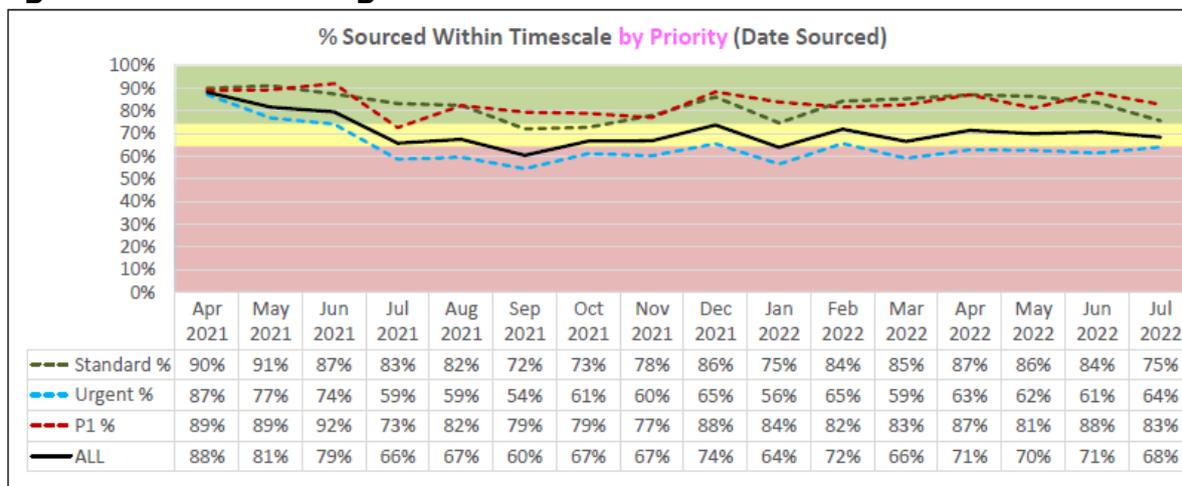
Table 3: CQC ratings of community services

CQC Rating	Staffordshire	West Midlands	England
Outstanding	1% (1 services)	2%	3%
Good	51% (79 services)	54%	59%
Requires improvement	10% (15 services)	13%	9%
Inadequate	1% (2 services)	1%	1%
No Rating	37% (58 services)	30%	28%

Access to Care

36. Our brokerage team arrange new care packages for people receiving support in their own homes as well as amendments to care packages if people's situation has changed. They also arrange placements for people requiring residential or nursing care.
37. Since April 2022 we have received an average of 908 referrals per month for new or amended care packages and placements, but this figure is growing (978 in July). This is a significant increase compared to the average of 838 per month we received during 2021/22 and 727 per month 'pre-Covid' in spring 2020.
38. We aim to arrange the highest priority (p1) care within 24 hours, urgent care within 7 days, and 'standard' care and support within 28 days. Currently 68% of our brokerage referrals are sourced within these timescales compared to a target of 75%, as shown in Figure 7.
39. The challenges are both the increasing volume of referrals as well as limited capacity in the home care and care homes markets due to the difficulties providers face recruiting and retaining staff. We are recruiting additional capacity to the brokerage team to help manage the volume, and we continue to support the market to maintain and develop the workforce.

Figure 7: care arranged within timescales



Affordable and sustainable care

40. We are currently within budget for our spend on care.
41. 89% of our home care is procured with a contracted home care provider using our standard home care framework. The current standard rate is £20.00 per hour, this represents a total uplift of £2.14 per hour compared to the standard rate of £17.86 in 2021/22. The significant increase was possible in part due to additional Better Care Fund funding from the NHS.
42. Care home placements are procured through a Dynamic Purchasing System, with a number of block booked care home beds purchased and the number and location of blocked booked care home beds regularly reviewed, to achieve a balance between affordability and market sustainability.
43. The current average cost of new placements from April 22 for older person's residential care is £743 per week and for nursing home placements is £981 per week.
44. Older people's residential placement costs have increased by 8.4% over the previous two financial years. The percentage increase to date in this financial year is 5.5%, mainly due 6.24% fee uplift in 2022/23. Older people's nursing placement costs have increased by 8.5% over the previous two financial years. The percentage increase to date in this financial year is 5.4%, again mainly due to the 6.24% fee uplift in 2022/23.

45. In line with the national requirements to determine a 'fair' cost of care the Council is currently carrying out an analysis of costs of care for home care and for care homes for people aged 65 and over. Information from this and other analysis will inform our future intentions for ensuring affordability and sustainable care in both the short and longer term.

Link to Strategic Plan

This paper relates to the Outcome "Be healthier and Independent for longer"

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