



Adult Social Care: Key Performance Summary Scrutiny Committee, 4 April 2024



Prevention and early help



Right support, right place, right time



A supported, skilled and flexible workforce



Future focused

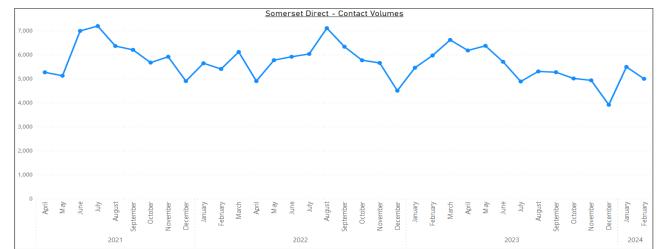
'Front Door' demand for adult social care

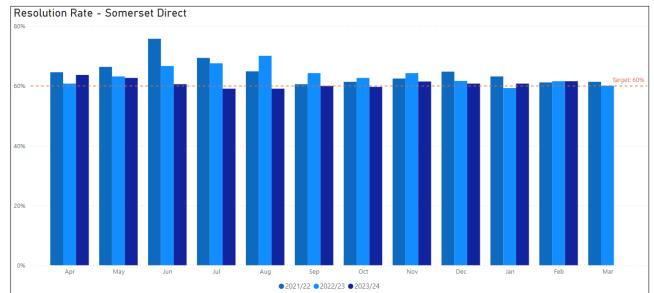
The monthly average volume of calls handled by Somerset Direct was 5,893 in **2021/22** and 5,830 in **2022/23**. So far in **2023/24** the average is 5,272.

Whilst there remains high demand for social care support and advice, performance remains above target for the proportion of contacts able to be resolved at first point of contact without requiring a costed or statutory service from the Council so far this financial year. The cumulative resolution rate for the period April '23 to February '24 is 61%.

This supports our ongoing objective for an effective front door that helps people find solutions to their problems and demonstrates its impact in terms of the delivery of good outcomes and diversions from formal/statutory care services.



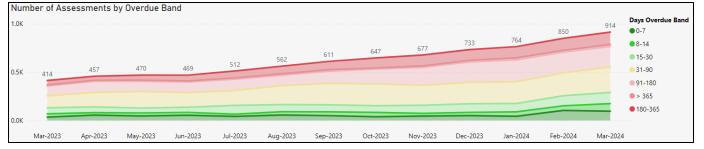




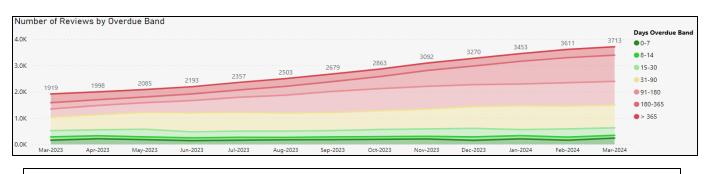
Overdue Care Act assessments & reviews

The number of overdue assessments and reviews continue to remain high, impacted by rising demand, complexity of need and ongoing internal workforce pressures.

A weekly Operational Assurance Group has been established to provide a strategic overview on the completion of assessments and reviews in operational teams, and to support reduction of backlogs through the close monitoring of trajectories and regular reporting to governance/assurance boards, including the Safeguarding Adults Board.



For context, between April 2023 and February 2024, a total of **3,610** Care Act Assessments were completed - an average of **328** per month.



Between April 2023 and February 2024, a total of **4,223** Reviews were completed - an average of approx. **384** per month.



Unmet need (homecare provision)



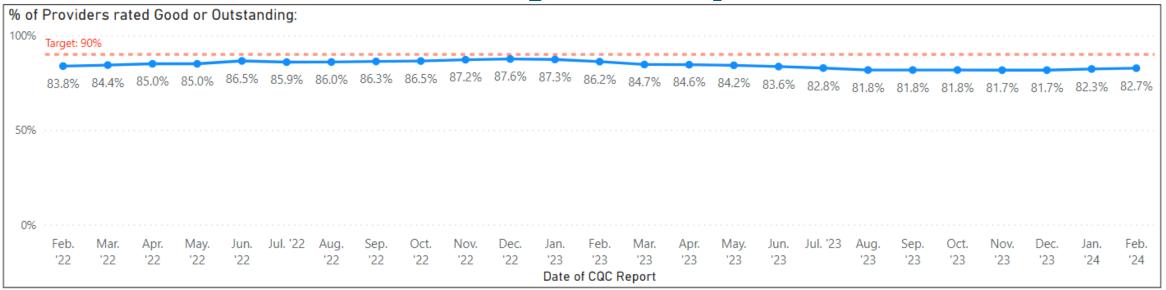
Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment of new starters over recent months. Levels of unmet needs have remained at very low levels since April '23. This significantly improved picture is partly consequent to:

- Homecare pods funded by system supported stimulation of the market (5 pods of 200hrs)
- Fee increase 2023/24 to £25 per hour has enabled providers to pay above national minimum wage, offer contracted hours and improved term and conditions.
- Oversea recruitment and focussed Proud to Care marketing has stimulated recruits coming into homecare market.



OPEL thresholds were revised in September 2022 to reflect the national care supply challenges/market position.

Care Provider Quality – inspection outcomes



82.7% of Somerset's active social care settings (*residential and community provision combined*) inspected by the CQC were rated as 'Good' or 'Outstanding' as of February 2024, down from 84.7% in March 2023 but making a steady improvement in recent months and remaining above national and regional averages.

Our multi-agency Commissioning and Quality Board met most recently in February 2024 and continues to support close monitoring of Somerset's care market.



Care provider contract 'handbacks'

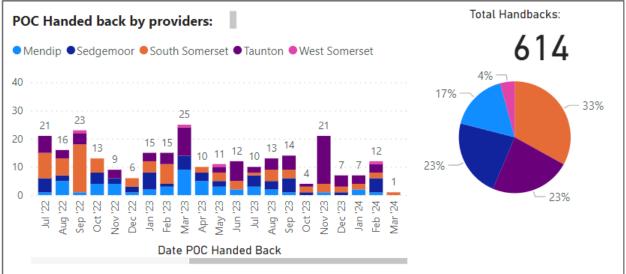
Homecare package contract 'handbacks' have steadily reduced since hitting 38 in May 2022. The average per month so far this year (to end of February 2024) is 11. This compares to 19.5 in 2022, and 16.9 in 2021.

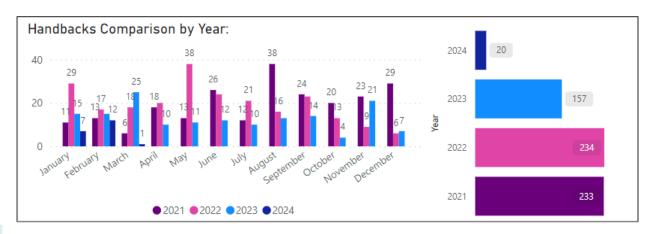
Although occasional care package contract handbacks are not uncommon and can occur for a variety of reasons (most commonly staffing capacity issues within the provider to safely deliver care required), we saw figures rise sharply during the pandemic as evidenced by annual stats below:

2020 – 54 package handbacks; 2021 – 233 package handbacks; 2022 – 238 package handbacks; 2023 – 157 package handbacks; **2024 to date – 20 handbacks**.

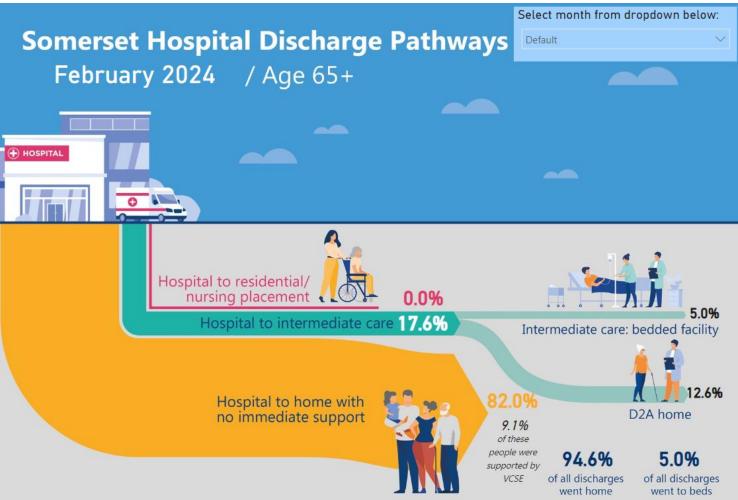
Care package contract handbacks place additional pressure on Local Authority staff to find replacement care within a stretched care market and is an indicator we monitor closely as part of commissioning and quality activity. This will also be monitored as part of new CQC assurance of LA Adult Social Care.







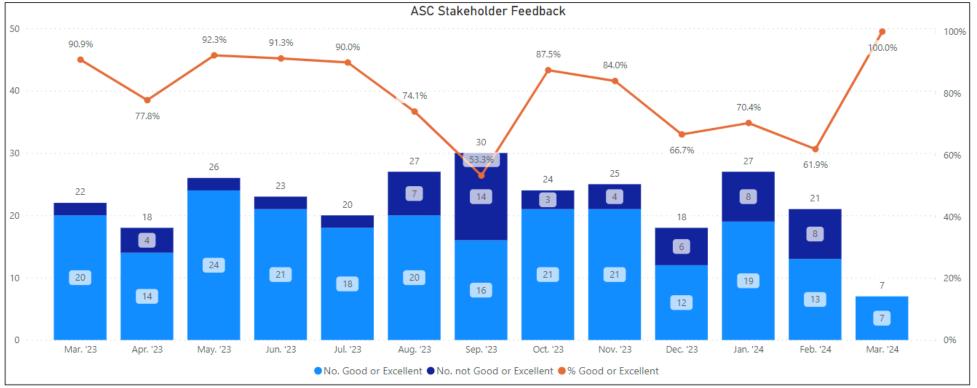
Intermediate Care - Flow



- 94.6% of people aged 65+ discharged from Somerset hospitals were able to return home (February 2024)
- 82% of people discharged were able to return home with no formal support.



ASC Stakeholder Feedback



Since launch in January 2022, our ASC Feedback form responses have offered valuable insights on the experience of service users and carers, partner colleagues and other key stakeholders, and opportunities for learning and improvement.

The single biggest element and influencer of both positive and negative feedback is communication – how clear, responsive, professional and compassionate we are in our respective job roles makes a fundamental difference to the experience of those we engage with and support.



Over the last 12 months, 78.5% of the 288 responses received via the ASC Stakeholder Feedback route rate the overall service received from our adult social care teams as either good or excellent.

ASC Practice Quality Audits

September 2023 saw the formal launch of the refreshed Somerset Adult Social Care Practice Quality Framework (PQF) and the aligned monthly auditing schedule. The PQF sets out clear practice standards and expectations for our workforce and forms an important part of our governance and assurance approach. It clarifies what good looks like and has been informed by people who draw on services.

Between September 2023 and February 2024, a total of 786 Practice Quality audits have been undertaken by staff at various levels across our service (including self audits and peer audits). The audits have focused on the following practice standards:

Month	Audit focus	Total audits completed
September 2023	Working with people	180
October 2023	Case recording	172
November 2023	Strengths-based assessments	142
January 2024	Working with risk	146
	Safeguarding people (addition)	28
February 2024	Personalised care and support	118
	planning	
	Total:	786

Themes and feedback emerging from the audits are shared and explored at the subsequent monthly Practice Quality Board meetings and have also been promoted in our monthly Staff Highlight Reports. Identified actions are logged and monitored for progress by the Practice Quality Board. Our Practice Development Advanced Practitioners are also taking a key role in monitoring and disseminating information including via team meetings and CPD sessions, and progressing any recommendations, actions or learning arising from the audits.



ASC Practice Quality Audits:

Results to date



Theme and practice standards		Meets	Exceeds	N/A
PQF Standard 1 - Working with people (Sept 2023)				
There is evidence from the records that the worker has built				
a positive relationship based on trust, kindness and respect	4.5%	67.6%	25.1%	2.8%
People are fully involved and their voice, wishes and feelings		07.000		
are evidenced in our records	5.6%	67.2%	26.1%	1.1%
Written documents are clear and precise, jargon free, and				
offers people information to make informed decisions	4.4%	79.4%	14.4%	1.7%
We celebrate the individual strengths of the person and their	0.00/	07.00/	10.00/	50/
networks	8.9%	67.8%	18.3%	5%
We ensure people know who to contact and how to contact				
them, and we respond promptly keeping people informed or	7.2%	67.2%	22.2%	3.3%
updated on progress or change		51.270	22.270	0.070
PQF Standard 2 – Case recording (Oct 2023)				
Recording is of a good standard including grammar and				
spelling. Records are written in plain language with no	6.4%	75%	18.6%	-
abbreviations or acronyms				
Records are person-centred and capture the views, wishes				
and feelings of the person and/or relevant others throughout	11.6%	65.1%	20.3%	2.9%
Decision making is defensible and clearly recorded.				
Records are accurate, objective and clearly define between	9.3%	72.7%	16.9%	1.2%
fact and professional opinion with valid supporting evidence				
Case notes are written within 48 hours of contact	7%	77.9%	14.5%	0.6%
Case/transfer/closure summaries are used at relevant				
intervals	16.3%	56.4%	8.1%	19.2%
Records are maintained in line with GDPR/data protection	4.1%	85.5%	9.9%	0.6%
Records evidence a clear rationale for key decisions made	9.3%	72.7%	16.9%	1.2%
PQF Standard 3 – Strengths-based assessments (Nov 202		12.170	10.070	1.270
The assessment seeks to understand the person's needs.	0/			
wishes, preferences and outcomes, and is proportionate to	3.6%	67.6%	26.6%	2.2%
the presenting circumstances	5.070	07.070	20.070	2.270
People and families are recognised as experts in their own				
lives	4.2%	73.9%	19.7%	2.1%
The focus is on what is strong in the person's life and the				
impact their care or support needs have on their wellbeing	6.3%	74.6%	16.2%	2.8%
Time is taken to understand the person's aspirations.				
relationships, and explore opportunities to sustain or develop	4.9%	73.9%	17.6%	3.5%
further networks of support	4.070	10.070	17.070	0.070
The aim has been to prevent, reduce and delay needs				
wherever possible seeking local and community options as	4.9%	71.1%	12%	12%
well as formal provision	4.070	71.170	12/0	1270
Specially trained staff have been involved as needed for				
specialist assessments (eg, deafblind assessments)	5.6%	46.5%	11.3%	36.6%
A whole family approach has been adopted by exploring the	1			
impact of the person's neds on those around them, including				21.8%
children and carers. The worker has been alert to potential	2.1%	58.5%	17.6%	
safeguarding concerns				
The person's care and support needs are clearly identified in				
the assessment and care plan documents, and we have		69%	11.3%	9.9%
	0.00/			
provided them with a copy. We have been clear which are	9.9%			
eligible for funded support and those which are not, and why				
UIIS IS 50				
this is so				



Theme and practice standards		Meets	Exceeds	N/A
PQF Standard 4 – Working with risk (Jan 2024)				
We recognise that taking risks is part of life and approach				
risk in a strengths-based way by helping people to	8.3%	67.6%	21.4%	2.8%
understand both positive and negative consequences so	0.070	07.070	21.470	2.070
they can make informed choices				
We discuss and consider risk throughout our assessment	10.3%			
conversations, supporting and planning and reviews, using		69.7%	19.3%	0.7%
risk assessment tools where needed and useful				
We ensure that we review relevant history to identify				
incidents, patterns or concerns where the nature of risks	9%	63.4%	26.9%	0.7%
relate to the person or others				
We ensure, where risks are identified, that the person's				
mental capacity to make decisions in relation to risks is	14.5%	64.1%	16.6%	4.8%
evidenced in their records				
We work together with the person and their circle of support	9%	64.1%	25.5%	1.4%
as appropriate to minimise, share and manage risks	0.00	01.170	20.070	1.170
Safeguarding people – additional audits (Jan 2024)				
There is recognition of our responsibility to recognise,				
respond and report any safeguarding concerns and adopt a	10.7%	78.6%	10.7%	-
whole family approach where others are at risk (where		10.070	10.170	
appropriate)				
We have sought to understand what will make the person				
feel safe by using a strengths-based, person-centred	-	71.4%	17.9%	10.7%
approach ensuring the person's wishes and outcomes are				10.170
heard and captured throughout				
We have supported the person's involvement by facilitating	7.1%	71.4%	3.6%	17.9%
advocacy where and when required			0.070	
We have ensured professional involvement in a person's life				
is proportionate and ensures the least intrusive response to	-	82.1%	14.3%	3.6%
the risk presented whilst maintaining professional curiosity				
throughout				
We have ensured the person's desired outcomes are				
identified early and have encouraged people to make their	-	64.3%	14.3%	21.4%
own decisions				
We have taken a shared responsibility for exploring and		05 70/		7
managing risk, developing 'keeping safe' strategies and co-	-	85.7%	7.1%	7.1%
producing person-centred risk assessments and plans				
Where any protective actions are declined, we have ensured		10.10	0.00/	10.10
these are recorded with clear reasons and shared with the	3.6%	46.4%	3.6%	46.4%
person and relevant others				

Any questions?

