

Adult Social Care Performance Update

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Cabinet Member: David Huxtable, Cabinet Member for Adult Social Care
Division and Local Member: All

1. Summary

- 1.1. This report follows on from previous reports provided to Scrutiny Committee and highlights key performance activity and indicators relating to Adult Social Care. The report is supported by an accompanying appendix which provides further detail in relation to some of the key indicators being monitored closely by the service and helps to evidence the improvements and areas for further development identified within this covering report.

2. Issues for Consideration/Recommendations

- 2.1. For members of the Scrutiny Committee to comment on the updates in relation to Adult Social Care performance trends captured within the report and the actions being taken to continue to improve the service.

3. Key Achievements

- 3.1. **Managing Demand** - Our continued focus on managing demand, improving outcomes and investing in strengths-based conversations with those seeking assistance via Somerset Direct (our call centre) has enabled the Adults team to meet the target of 60% resolution at first point of contact. In recent months we have seen a sharp increase in the number of calls and e-mails being received by Somerset Direct but the target of 60% has still been achieved.
- 3.2. Since April 2019 we have also reported on the 'combined resolution rate' – this refers to the proportion of calls that are resolved either by Somerset Direct or by our locality triage teams. The target for this combined measure is 75% and average monthly performance so far during 2020/21 has been 71.7% (*Appendices 1.1 and 1.2 refer*).
- 3.3. The number of referrals being received by the 4 Locality Teams has increased sharply in the last few months; up from 1,371 in April 2020 to 2,064 in July 2020 (an increase of approximately 50%).

- 3.4. The number of overdue assessments for Locality Teams stood at 133 at the end of July 2020; an increase on the previous year and a further reflection of the increased workforce demands in recent months. For assessments completed by Locality Teams since April 2020 the average time someone waited for an assessment was approximately 8.5 days – this is measured from the date of the initial contact to the date the assessment was completed. The target for this is 35 days (7 days for allocation and 28 days for the assessment to be completed).
- 3.5. Addressing overdue reviews has been a key priority for our operational adult social care teams. The number of overdue reviews stood at 556 at the end of July 2020; down from 1,627 at the same point last year and achieving a reduction of approximately 65%. Over 90% of people with an overdue review have received a review within the last 2 years.
- 3.6. **Care provider quality and support** - The quality of local regulated care provision in Somerset has seen steady and continuous improvement over recent years, evidenced by the high proportion of providers judged by the Care Quality Commission (CQC) to be 'Good' or 'Outstanding'. In November 2016, 83% of providers were 'Good' or better. This figure has risen to 87% at December 2019 (*Appendix 1.5 refers*). This compares positively to a national average of approximately 84%. Inspection outcome data and analysis hasn't been provided by CQC since January due to the pandemic, as routine inspections have been put on hold. However, we continue to liaise closely with local CQC representatives as part of local safeguarding and quality activity, and are aware from the Emergency Support Framework measures the regulator has introduced as part of its COVID-19 response that all Somerset settings contacted to date report to 'be managing'.
- 3.7. The service currently has 7 provider settings on its Managed Placement memo where our quality assurance teams are supporting quality improvement activity; of these, we are restricting placements in 3 and have temporarily suspended any new placements in the remaining 4.
- 3.8. On 7 August 2020, Somerset County Council became the first council in the South West region to sign up to Unison's 'Stop the Spread' pledge, a key initiative to support care workers in the fight against coronavirus. The pledge introduced a series of measures designed to protect care workers and reduce the spread of the virus in care settings. This endorsement is the latest in a series of measures the Local Authority has taken to support our vital care sector. We rely heavily on our care sector and have been hugely grateful for the incredible work and commitment care staff have demonstrated throughout the pandemic. They have stepped up like never before, often at great personal cost, and we are absolutely committed to ensuring they receive

the support, protection and acknowledgement they deserve in what is likely to be one of the most challenging times in their careers.

- 3.9. An update submitted to the Government at the end of May 2020 and published here outlines summarises much of the support provided to the care sector in the early months of the pandemic:
<https://www.somerset.gov.uk/coronavirus-support-for-adult-social-care-providers/>
- 3.10. We continue to operate our dedicated mailbox and hotline number for providers, update our dedicated provider information webpage, have issued 33 email briefings to our care market since 1st April, have hosted multiple webinars to update on latest developments nationally and locally, and offer opportunities for questions and answers of us and other partner colleagues, including Public Health leads and health representatives from the local Infection Prevention and Control team.
- 3.11. In recent months, the Service has focused a lot of its efforts on supporting Somerset care providers to benefit from and access the national Adult Social Care Infection Control Fund. The primary purpose of this ring-fenced fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and to support wider workforce resilience. The funding has been paid in two tranches/halves - the first received late May, and the second in the last week. The Somerset allocation totalled just over £8.3m. 75% of the grant is to be allocated to support care homes; the remainder can be used to support domiciliary care providers and wider workforce resilience to deal with infection control. Somerset has chosen to distribute the 25% to home care providers, as well as supported living and extra care housing provision. Some monies have also been provided to assist micro-providers and carers. Settings are also required to ensure that they routinely update the National Capacity Tracker database (at least twice weekly) to comply with the grant conditions and access funds.
- 3.12. Based on the latest return submitted to the Government on 23 July 2020, examining Local Authority spending of the initial first tranche of the Infection Control Funds, 190 care homes, 72 domiciliary care providers and 21 other providers had received funding. Of the care homes who had signed up to the grant conditions and submitted a return outlining how and where monies had been committed to date:
- *22% of Somerset care homes had allocated/used funds for measures to isolate residents within their own care homes;*
 - *18% of Somerset care homes had allocated/used funds on restricting staff movement within/across care homes;*

- *13% of Somerset care homes had allocated/used funds to pay staff full wages while isolating following a positive test result;*
- *47% of Somerset care homes had allocated/used funds on other infection control related measures.*

The Government's expectation is that the grant will be fully spent by local authorities by end of September. A second and final report in respect of both instalments must be submitted to the Department of Health and Social Care by 30/09/20

3.13. **Permanent Placements into Residential and Nursing Care** – An important component of our Promoting Independence approach is to reduce reliance on permanent placements into Residential and Nursing care. Whilst for some people a nursing care service is the best service for them to receive care and support, for others it is not. Some of the reasons for this are as follows:

- Placing people into permanent care often reduces their independence;
- It can limit peoples' choices and control. Residents have less control over who comes into their home and they may lack privacy;
- The council has a duty to provide the least restrictive support and, in some cases, residential care can restrict a person's liberty;
- We want to enable Somerset residents to live their best life;
- It often does not provide best value for the Council or residents.

Appendix 1.6 highlights the year-on-year reduction of placements of people aged 65 and over.

For 2019/20 the target was stretched to 468 placements per 100,000 population. This represented a 10% reduction compared to the target for the previous year.

Our actual performance during 2019/20 was 435.4 placements per 100,000. This equated to 584 actual placements.

During the first 3 months of 2020/21 we have made 101 placements. If we continue to make placements at this same rate then our outturn position will be 416.5 placements per 100,000 which would represent a reduction of approximately 4% from 2019/20.

3.14. **Self-Directed Support** – this measure examines the number of eligible service users that have been offered either a personal budget or a direct payment. Changes to the way that assessments are recorded that were introduced in August 2018 have seen a significant improvement in local performance. Our performance exceeded 90% for the first time in March 2019 and in May 2020 our performance exceeded 95% (*Appendix 1.7 refers*).

- 3.15. **Safeguarding** – the proportion of concluded safeguarding enquiries where the risk was reported to have 'reduced' or been 'removed' following our involvement was 90.4% for all enquiries concluded during 2019/20. The adult safeguarding service routinely audit cases where the risk 'remains'; however, this is commonly due to respecting the individual's capacitated wish to continue to have contact with the alleged perpetrator of the abuse.
- 3.16. **Delayed Transfers of Care (DToC)** – the measures previously reported on DToC have been suspended due to the pandemic.
- 3.17. **Complaints** – The chart at appendix 1.8 provides details of the number of complaints received by Adult Social Care between April 2019 and July 2020. During this period the average number of complaints per month was approximately 13. However, since March 2020 the monthly figures have been significantly below this.

Between April 2019 and March 2020, a total of 75 Adult Social Care complaints were handled by the Local Government and Social Care Ombudsman (LGSCO).

The LGSCO suspended taking on new complaints during the peak of the pandemic but resumed on-going casework and accepting new referrals at the end of June. We currently have 5 on-going investigations with the Ombudsman.

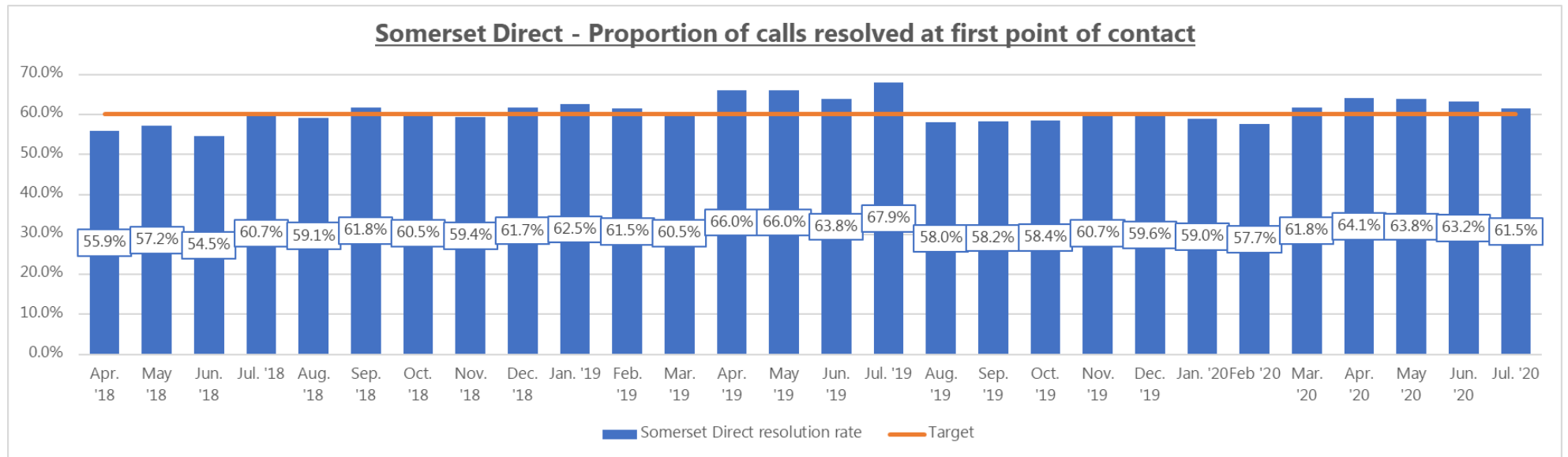
4. **Practice Quality** – Adult Social Care staff had conducted and completed a total of 593 audits since launch of the new online auditing tool framework in September 2019 to mid-June 2020; the audits examine the achievement of quality standards across a wide range of core activity, including assessments, reviews, safeguarding activity and staff supervisions. Overall numbers of audits reduced in recent months as a natural consequence of COVID demands but have started to pick back up.
 - 4.1 The process has dual benefit: it offers the service an additional means of routinely monitoring, dip-sampling and tracking the quality of our work, but it is the 'soft intelligence' and benefits that are proving most useful – enabling greater reflective practice, enhancing conversations between supervisors and those they supervise, and supporting team workshop activities. Thematic reports are presented to monthly PIMS (Performance Improvement Meetings) for scrutiny and used by our Principal Practice Leads for social work and occupational therapy to improve and enhance practice standards.

- 4.2 Work is currently concentrated on supporting our operational workforce to undertake their professional practice and recording differently but in a meaningful way to the individual during COVID-19.
5. **Performance priorities for the year ahead** – COVID-19 has changed the landscape in many areas, but for every challenge it has presented it has also offered up multiple opportunities for enhanced partnership working, better use of technology and improved community cohesion.

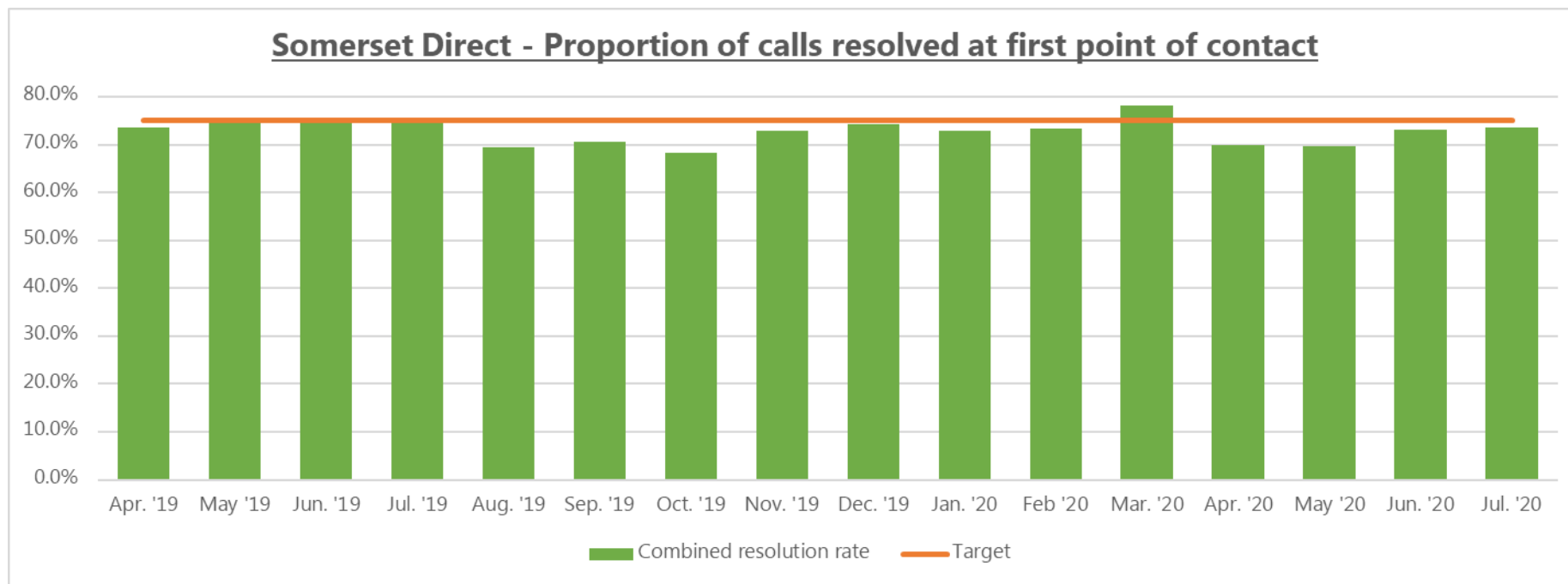
Strategic Managers are currently working closely with Directors and finance leads to review and agree operational and transformational priorities for the coming year, and deliver our ambition for supporting people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high-quality and efficient support when they need. A lot of work is taking place to analyse demand and performance trends during the pandemic to inform and enhance our activity. We look forward to welcoming a new Assistant Director for Operations in September 2020.

Appendix A – ASC Performance Trends

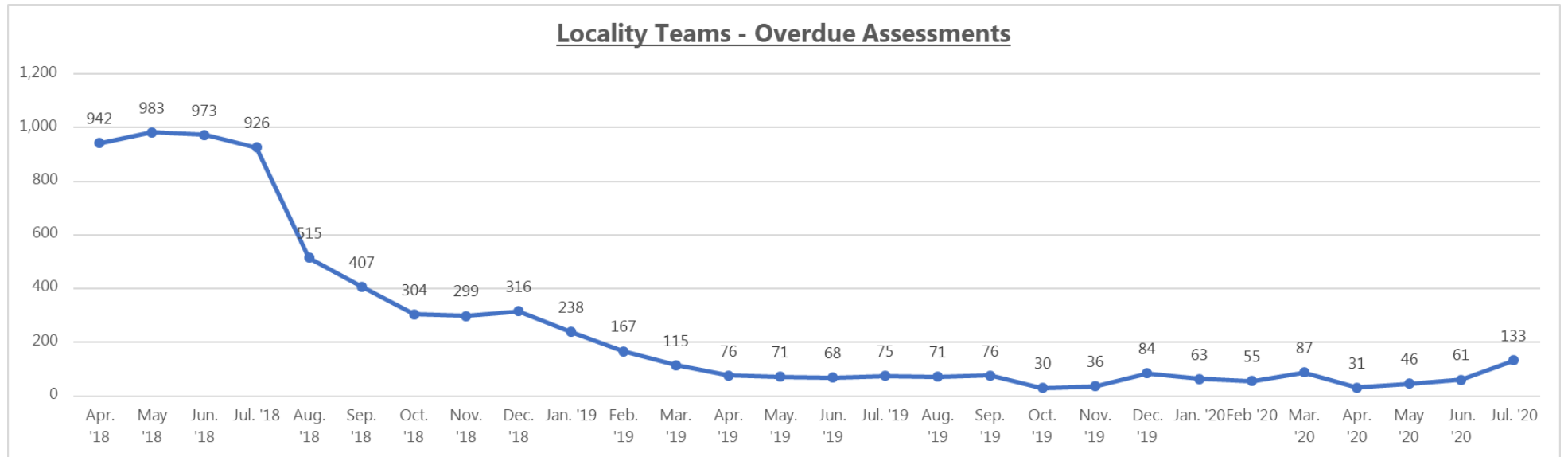
1.1 Somerset Direct – proportion of calls signposted from April 2018 to July 2020.



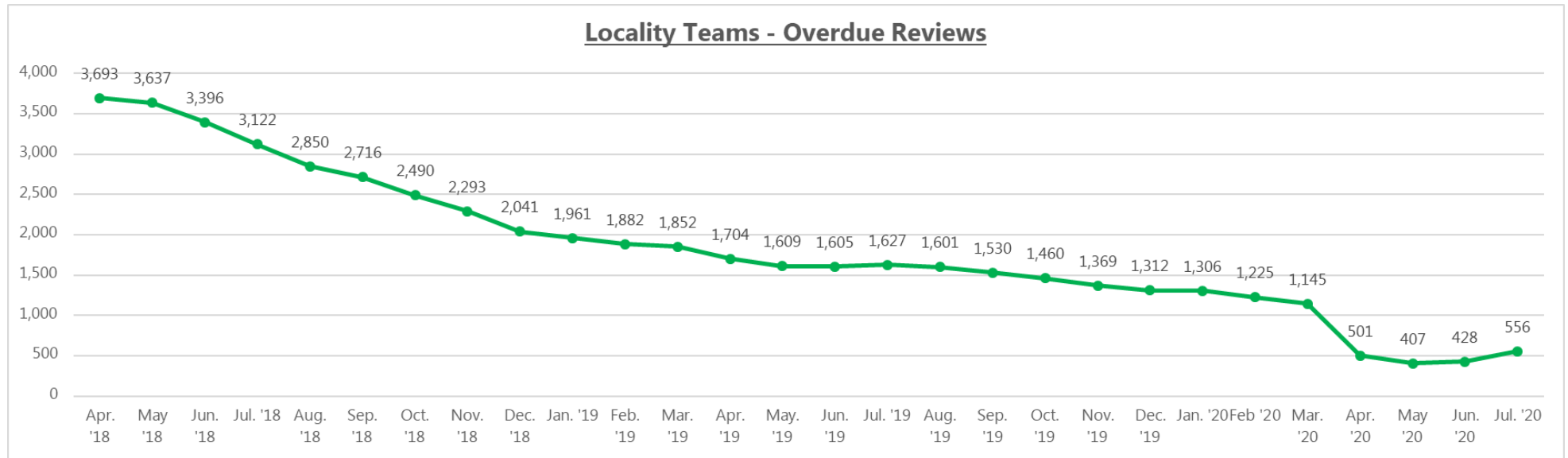
1.2 Combined resolution rate – proportion of calls signposted by either Somerset Direct or locality triage teams from April 2019 to July 2020.



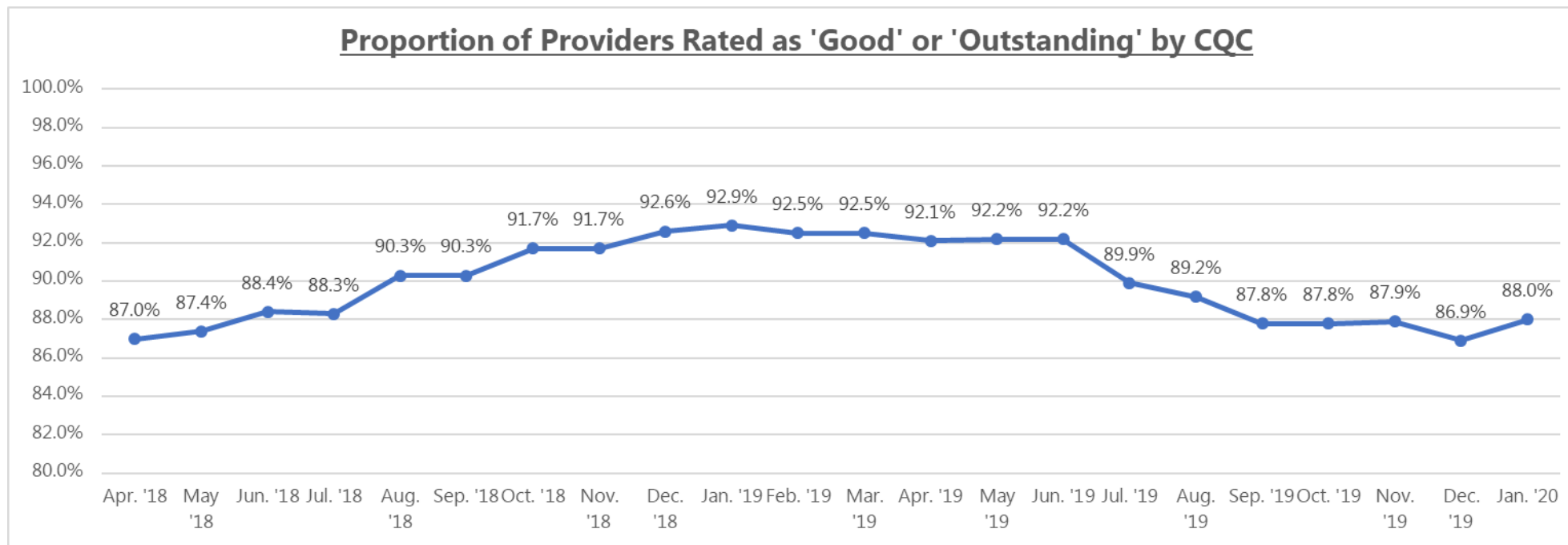
1.3 Locality Teams – reduction in overdue assessments from April 2018 to July 2020.



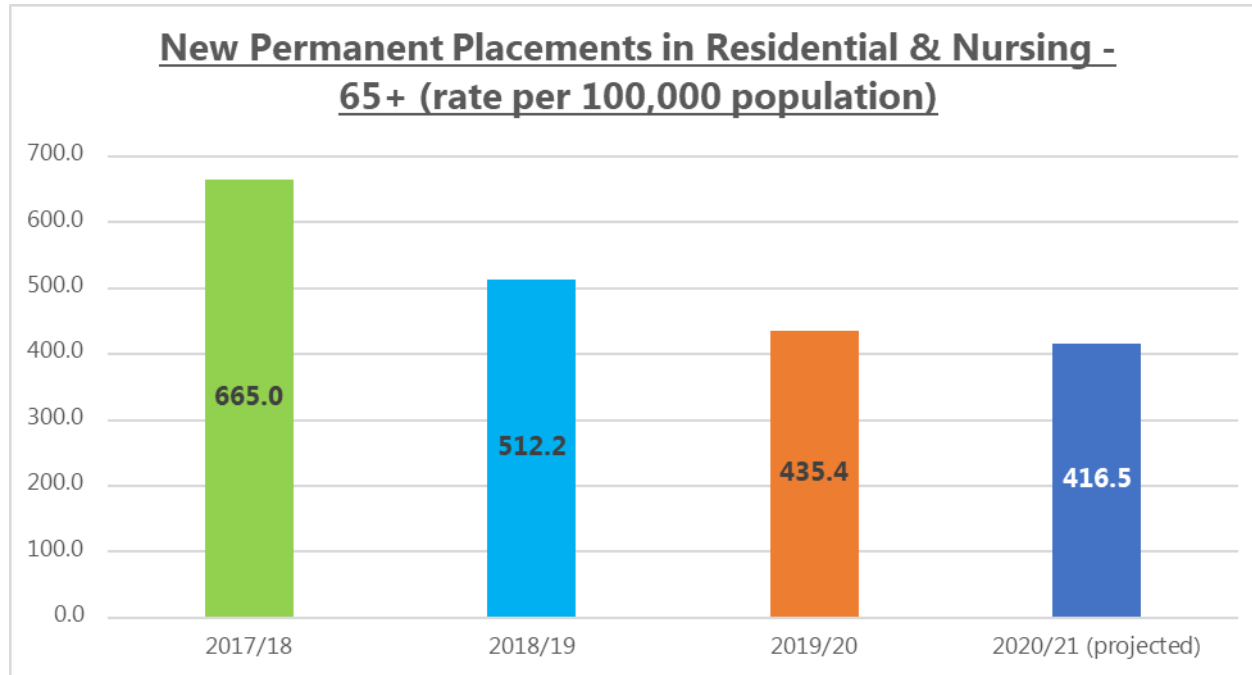
1.4 Locality Teams – reduction in overdue reviews from April 2018 to January 2020.



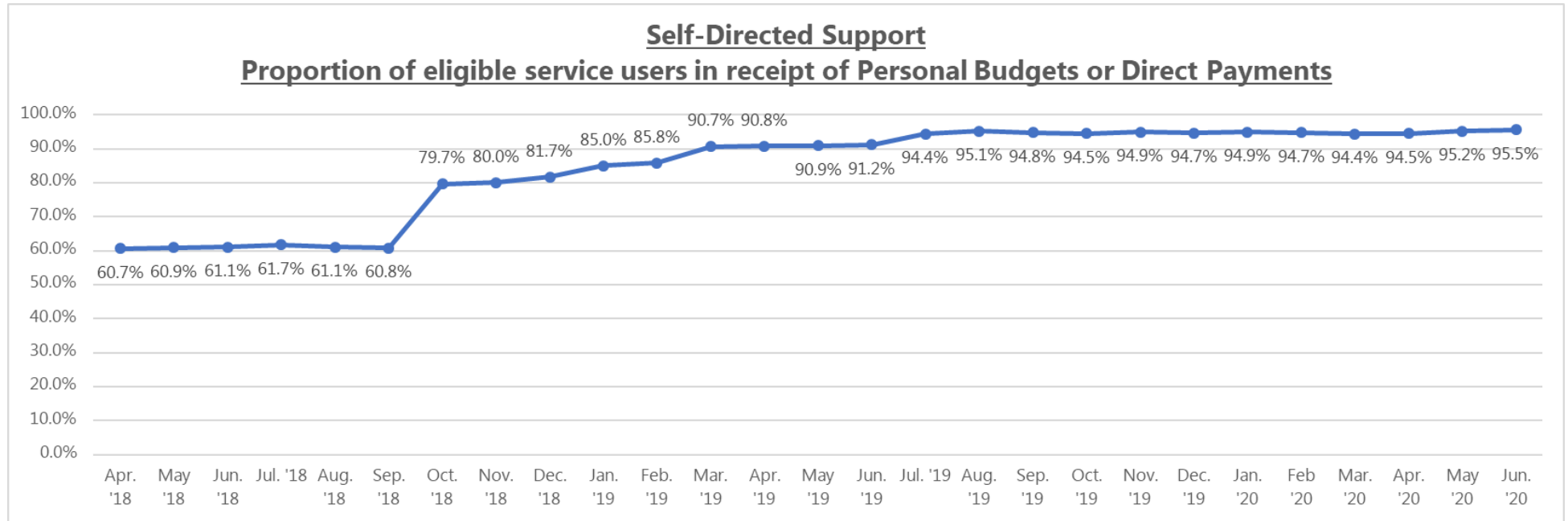
1.5 Providers with CQC rating of 'Good' or 'Outstanding' from April 2018 to January 2020.



1.6 Permanent admissions to Residential and Nursing care:



1.7 Self-Directed Support from April 2018 to June 2020:



1.8 Adult Social Care Complaints Received from April 2019 to July 2020:

