

Adult Social Care Performance Update

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Cabinet Member: Cllr David Huxtable, Cabinet Member for Adults

Division and Local Member: All

1. Summary

- 1.1. The pandemic has reminded all of us of the importance of collaboration, communities, and of the care, support and protection of those who need some help the most. It has served to demonstrate why adult social care work is both vital and valuable. But it has also served to demonstrate the fragility of the sector, with COVID-19 adding significant additional need, activity and challenges to an already over-stretched and under-resourced set of services and supports for old and disabled people over the course of the past year and a half.
- 1.2. This report seeks to update Scrutiny Committee members on key updates in relation to demand and performance activity across adult social care, as well as associated risks and mitigation plans.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny Committee to note the key updates provided in relation to Adult Social Care demand and performance.
- 2.2. Scrutiny Committee to consider whether it wishes to make any recommendations arising from the report and discussion.

3. Background and Adult Social Care Performance Update

- 3.1. In June 2021, the Association of Directors of Adult Social Services (ADASS) published its [Activity Survey](#) which painted a picture of growing levels of need and requests for support across most aspects of adult social care.

Its [Spring Survey report](#), published in July, provided further evidence of unmet and under-met need, with local authorities increasingly having to rely on short-term funding and use of reserves to deliver care and support. The report noted that every Prime Minister since 1997 has promised reform and sustainable funding for adult social care but all have left office without delivering on that ambition to date.

- 3.2. Councils across the country are known to be facing significant pressures as rising numbers of people are seeking help, care and support as society has started to open up again. Both nationally and locally here in Somerset, there is growing evidence of 'carer breakdown' where families have coped without respite during the worst of the pandemic but are no longer able to carry on without assistance. Additionally, the inter-dependence of social care and the NHS has never been starker, with Local Authorities supporting growing numbers of individuals either awaiting hospital admission or being discharged from hospitals, with increasing numbers going on to have a social care package of support. 'System pressures'

right across health and care sector services and organisations, particularly over the summer period, has meant there is a lot of reactive urgency to our work, with little additional time, capacity or resource to proactively plan. There are also well known and long-standing challenges across the sector in relation to pay, recruitment, retention and turnover in care, highlighting the importance of a long-term national workforce plan. Care market sustainability is a continued concern and vital in mitigating risks of unmet care need within local communities and from hospitals.

The following sections outline the primary performance messages for Adult Social Care:

3.3. Demand for care and support

- The volume of contacts/calls handled by Somerset Direct, the Council's 'front door', increased by approximately 33% when comparing April 2020 data with April 2021 figures.
- This same demand is evident within the work of our Adult Social Care operational 'Locality' teams, with rising numbers of contacts received into social care and assessments being completed.
- Inevitably, this rising demand for support is impacting on timeliness of response; it is taking staff longer to allocate work, although the service is still managing to complete high proportions of assessments within 28 days, as evidenced by the table below:

Assessments:

	April	May	June
% allocated within 7 days	85.6%	71.2%	68.3%
% completed within 28 days	73.8%	95.0%	93.3%

However, the impact of this growth means there are growing numbers of overdue assessments and annual reviews. There are currently 387 overdue Care Act Assessments, which are risk assessed on a routine basis for urgency, and 1,894 reviews more than a month beyond the year overdue. These are also being risk assessed so we prioritise any outstanding review over a year for any out of county placements (*of the number above, 44 are placed out of county*) and anyone who lives in their own home first.

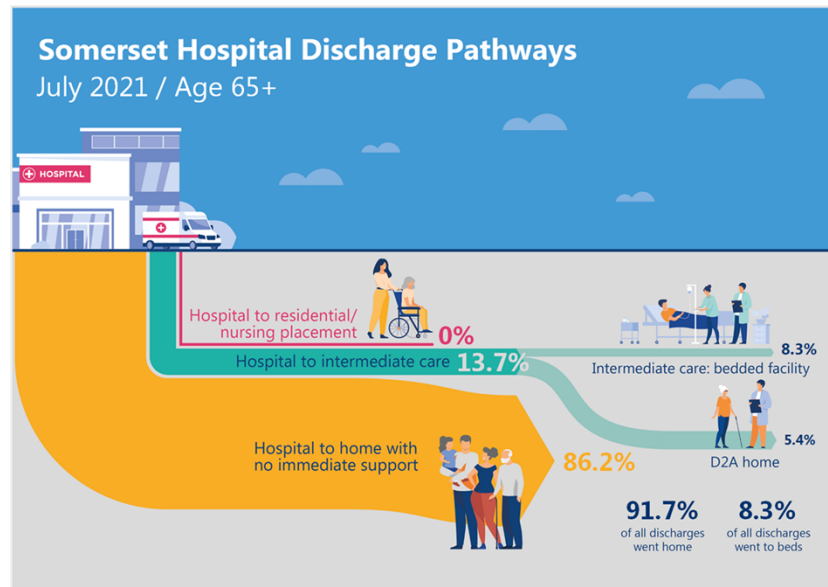
3.4. Adult Safeguarding

- Somerset has seen an overall reduction in the number of adult safeguarding concerns raised with the Local Authority during 2020/21 compared with the previous year, and also the number of concerns that require a Section 42 formal Safeguarding Enquiry process to commence.
- There has been a rise in the number of 'self-neglect' cases (66 in 2020/21 compared with 49 in 2019/20). We understand this rise to be directly influenced by greater community responses during the pandemic, with more neighbours looking out for each other for example, volunteers providing support within communities, and ambulance crews attending people's properties.

3.5. Intermediate Care and Discharge to Assess (D2A)

- During the pandemic, Somerset's D2A home pathway and Rapid Response Team (providing support to avoid unnecessary hospital admissions) rose to the challenge of significant rises in demand for intermediate care whilst ensuring

- fewer people required long-term care.
- D2A supported over 40% more people in 2020 than in 2019, with more complex needs being supported at home than in rehab beds, and, by embedding a 'home first' ethos, the county saw an incredible 86% reduction in care placements from hospital during 2020.
 - Somerset has recently been shortlisted for a Health Service Journal award for our Intermediate Care Model under the Health and Local Government Partnership Award category, as well as being shortlisted for an award in the Local Government Chronicle under health and social care.
 - The latest available Hospital Discharge Pathway outcomes data for July 2021 is captured below, with 91.7% of all hospital discharge patients returning home.



3.6. The independent care provider market & external social care workforce

- Demand for homecare has continued to rise, both locally and nationally. This reflects our 'home first' and D2A focus outlined above, as well as the growing demand for adult social care more generally.

Average hours of care sourced per month¹:

- 2019/20 = 1,076 hours
- 2020/21 = 1,758 hours (an increase of some 63%)
- 2021/22 Q1 = 1,504 hours

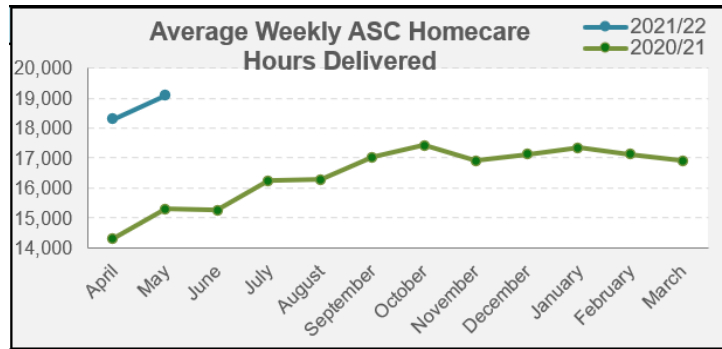
Average care package size per month

- 2019/20 = 9.9 hours
- 2020/21 = 10.6 hours (an increase of some 7%)
- 2021/22 Q1 = 10.26 hours

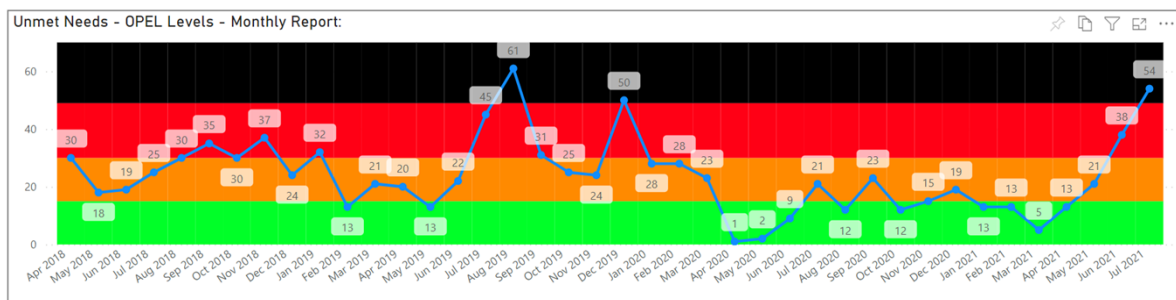
Hours of care delivered per month

- March 2020 = 71,486 hours
- March 2021 = 81,419 hours (an increase of some 13%)
- April 2021 = 90,404 hours
- May 2021 = 93,426 hours
- June 2021 = 82,721 hours

¹ These figures relate to new packages of care requested via our Sourcing Care Service



- The service is experiencing rising levels of unmet care need over a significantly pressured ‘summer holiday’ period, consequent to factors relating primarily to staffing shortages within care provider services which continue to struggle to both recruit *and* retain staff, as well as having to adjust to the impacts of the ‘pingdemic’ and staff absence.



The Local Authority is having to risk assess and manage growing care package ‘handbacks’ (due primarily to a lack of domiciliary care provider staff) alongside the number of people already awaiting a care package to commence. Since June 2021, there have been 56 homecare packages ‘handed back. 31 (55%) have since been sourced, 11 (20%) are currently waiting to be sourced, and the remaining 14 packages (25%) are being reviewed by our operational social care teams.

- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 (the “Regulations”), make it mandatory for those working in care homes to have the Covid-19 vaccination. This requires all staff to be double vaccinated by 11th November 2021; therefore (given the need to maintain 8 weeks between the two injections), will require staff to be single vaccinated by 16th September 2021.

We currently have 4,848 residents in regulated care settings and 7,897 staff. Of those, the vaccination rates are currently:

4,644	95.79%	Resident first dose
4,562	94.10%	Resident second dose
7,180	90.92%	Staff first dose
6,674	84.51%	Staff second dose

These figures suggest we have 717 staff members in care homes who have yet to be vaccinated with first dose, just under 10% of the care home workforce.

We are hopeful that a number of these will come forward for vaccination, and will repeat the monitoring exercise in September, but have to accept that we will

lose a significant number of staff. There are at least 110,000 care staff vacancies already in the UK and this is significantly impacting on the ability of local authorities and provider organisations to deliver packages of support, as detailed above. This is likely to worsen with mandatory vaccination and that situation places the social care system at greater risk of being unable to source timely and appropriate packages of care.

The Regulations not only require care home staff to be vaccinated but also any visiting professionals who need to enter the home to conduct assessments. This clearly includes ASC staff and the need to conduct assessments inside care homes is a core, fundamental part of the professional role of the vast majority of ASC staff. At this stage there are known to be only a handful of internal staff currently not accepting vaccination who may be required to enter care homes to undertake assessments (17 staff in total).

- Leading Local Government publication, the MJ, has shortlisted Somerset County Council for three separate Achievement Awards this year, which include 'Best Workforce Transformation' for its redeployment work during the pandemic, 'Community Heroes' for the work of Community Council for Somerset's Village and Community Agents, and 'Delivering Better Outcomes' for Somerset's Micro-providers, independent care providers who have proved a lifeline for the county's more isolated and rural populations throughout the pandemic. The live awards take place in London on 17 September 2021.

3.7. Internal Adult Social Care workforce capacity and practice quality

- Workforce continues to create challenges for the service, with turnover of staff a particular issue within Adult Social Care hospital and locality operational teams. The service has also seen some rising sickness absence particularly in relation to headaches/migraines and stress/anxiety-related illness. Of primary concern is the vacancy situation and high locum (agency) usage. There are currently 38 whole time equivalent vacancies across operational teams; these equate to 14% of the workforce in our Localities teams and 35% of those in our Hospital Interface teams. Recruitment activity continues and some staff have been recruited, but this is an area of continued focus and effort for the service, alongside retention of existing staff at a time of increased demand and pressure.
- The new Adult Social Care application case management system, Eclipse, went live in June 2021, with a successful launch across teams. Further modules will be implemented next year where we will then have a fully integrated system with Finance. Eclipse has the ability to adapt and evolve to better support ASC with practice development, quality assurance and robust data management.

4. Consultations undertaken

- 4.1.** Adult Social Care has continued to invest in strong engagement with the independent care provider market during the pandemic, with the quality and extent of our support and response activity receiving national recognition and praise. Our June 2021 survey of local adult social care providers, across a wide range of settings and services, revealed that, overall, 88% had felt 'well (49%) or 'very well' (39%) supported by the health and care system during the pandemic. The results and analysis of the survey have been widely shared across system partners to support recovery and transformation efforts. The service has recruited a Proud to Care Engagement Lead to work alongside care providers in

developing a strategy to help promote care as a valuable and viable career option, and champion the care sector workforce.

5. Implications

- 5.1.** The service maintains an up-to-date risk register on the corporate JCAD system, and has ensured transparency of risks and all possible mitigations at levels throughout the health and care system, and County Council. Financial monitoring also takes place on a routine basis with reporting at all levels.
- 5.2.** There are practice concerns associated with a service under such significant pressure, and the need to continue to develop professional practice in line with our practice quality framework, professional standards and the requirements of forthcoming legislative changes including the Liberty Protection Safeguards (LPS). The service has invited SWAP Internal Audit Services to undertake an objective review of how the service supports practice and performance oversight. This work will include that undertaken by the Principal Social Worker and Principal Occupational Therapist within Adults Social Care, and explore recent auditing activity undertaken within the service, including supervision frequency and quality, and a review of activity being undertaken by Adult Social Care Practitioners.

6. Background papers

- 6.1.** Adult Social Care – Care Provider Survey Results (June 2021)

Note For sight of individual background papers please contact the report author