



Scrutiny Adults & Health Committee

ASC Performance Update

27 July 2022

An introduction to Adult Social Care - 1



What is Adult Social Care?

- Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness (aged 18 plus) to live independently and stay well and safe. It can include 'personal care', such as support for washing, dressing and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities. Social care includes support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers.
- Social care is often broken down into two broad categories of 'short-term care' and 'long-term care'. Short-term care refers to a care package that is time limited with the intention of maximising the independence of the individual using the care service and eliminating their need for ongoing support. Long-term services are provided on an ongoing basis and range from high-intensity services like nursing care to lower-intensity community support. Both long and short-term care would be arranged/sourced by a local authority and could be described as 'formal' care.

An introduction to Adult Social Care - 2

Who provides adult social care?

Local authorities are responsible for assessing people's needs and, if individuals are eligible, funding their care. Our service in Somerset is made up of two functions: an operational service (made up of frontline social care teams), and an adult social care commissioning and quality service.

Most social care services are, however, delivered directly by independent care sector providers, which are mainly for-profit companies but also include some voluntary sector organisations. Many people will also have this care organised and purchased by their local authority, though many people with disabilities directly employ individuals ('personal assistants') to provide their care and support.

Costs and demand:

There is a rising cost of social care which driven by two main factors: increasing demand for services and rising costs of providing them.

Somerset's population is growing faster than national averages with almost all of our growth being of elderly persons outside the working age population

There are also growing workforce challenges, both within Local Authority social care services and across the wider care provider market.



An introduction to Adult Social Care - 3

Key Statutory Duties under The Care Act 2014:

- Provision of social care: *assessment of individuals' and carers' needs, provision of detailed care and support plans; duty to meet the needs of someone assessed as eligible for care and support; financial assessments*
- Provision of preventative services and information/advice: *reducing, preventing, delaying the need for care and support*
- Promotion of individual wellbeing
- Promotion of integration between health and social care services including integrated commissioning
- Safeguarding adults at risk and Safeguarding Adults Boards
- Market shaping: quality, choice, sufficiency of provision; provider failure contingencies

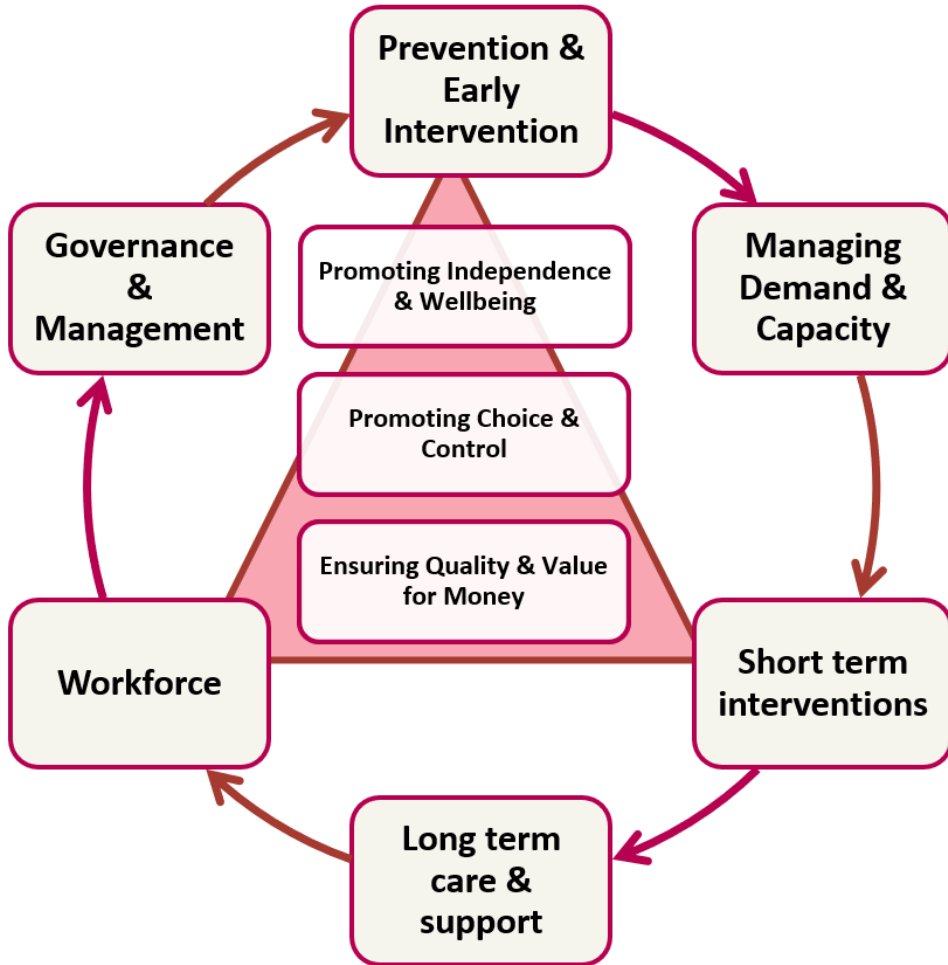
Also:

- Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards
- Equality Act 2020
- Employer Standards



An introduction to Adult Social Care - 4

Our Strategy is focused on **Promoting Independence** & adopting **person-centred approaches**:



We want to support people in Somerset to:

- Be able to remain in their own homes for as long as possible
- Enable people to recover and return home from hospital quickly
- Reduce our use of out of county placements by ensuring we have a sufficient range of mixed economy provision.
- By enabling people and their carers to tell us what 'good' looks like for them and help design their support
- Be able to have equal access to mainstream support within their local community
- Have tailored assistance to support where they need it
- Have enabling conversations focused on their strengths and to offer informed choice.

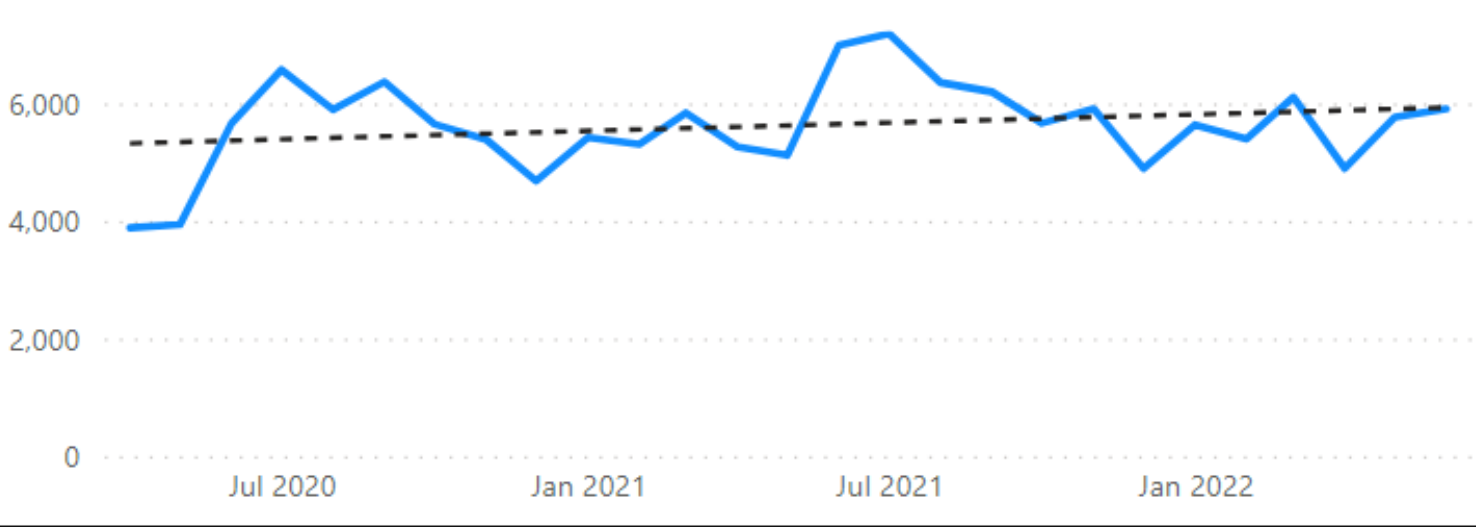
"at every interaction with a person, a local authority considers whether or how the person's needs could be reduced or other needs could be delayed from arising" **Care and Support Statutory Guidance 1.14c p.3**



Adult Social Care Performance – Front Door



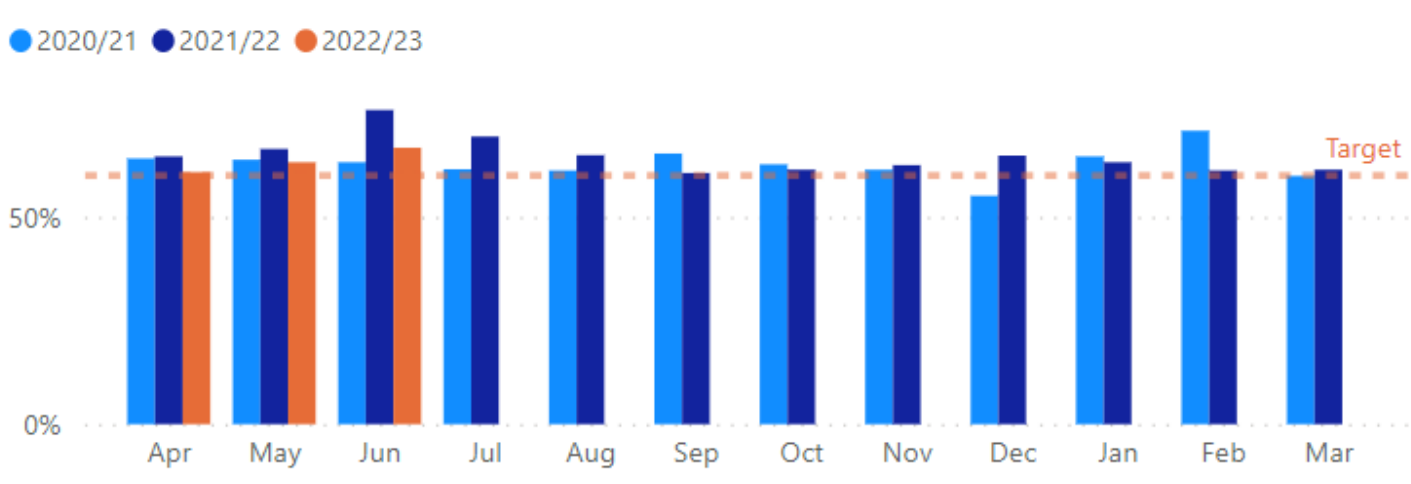
Number of contacts handled by Somerset Direct:



The monthly average volume of calls handled by Somerset Direct in 2021/22 was **5,893**.

Despite demand through the Council’s ‘front door’ remaining high into the new financial year, 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.

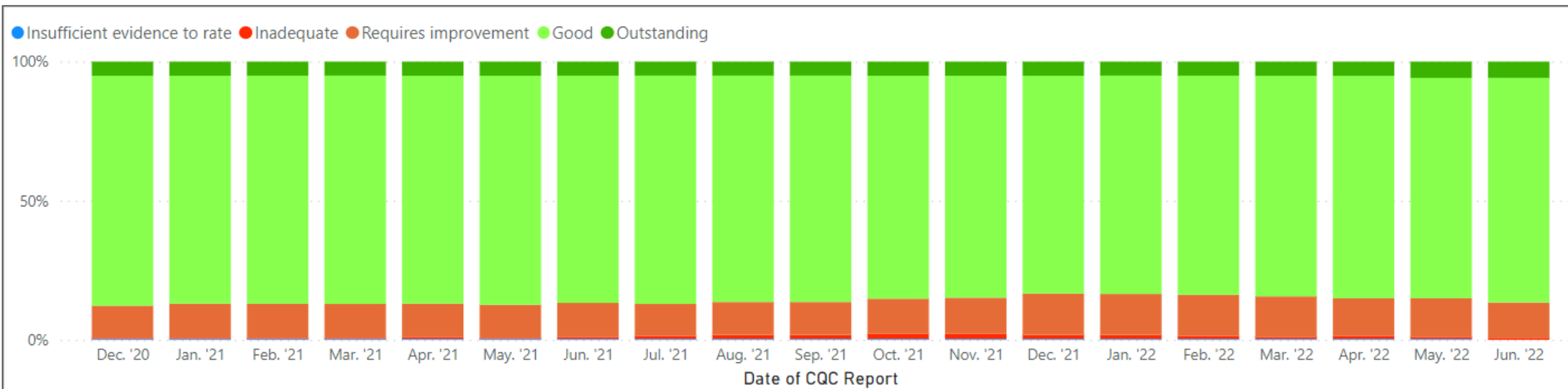
Resolution Rate - Somerset Direct:



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.

Adult Social Care Performance Provider Quality

As of the end of June 2022, **86.5%** of regulated adult social care providers in Somerset were CQC rated **Good** or **Outstanding**

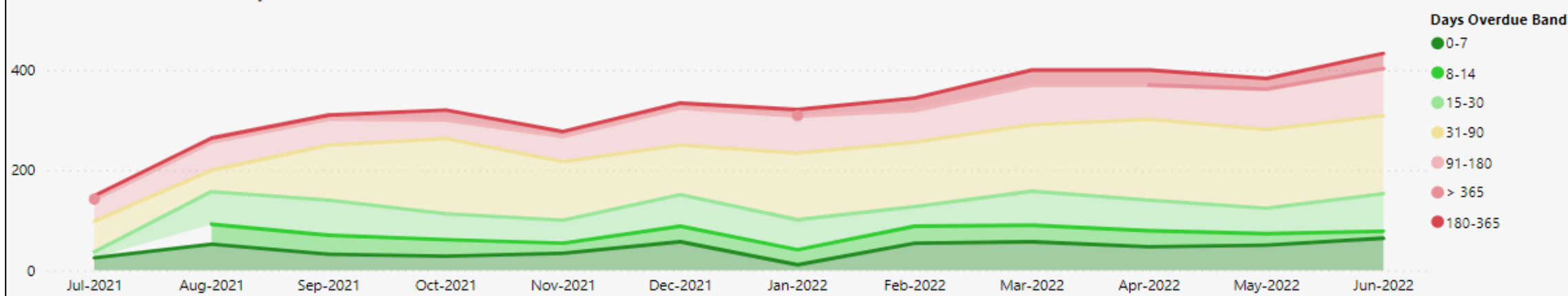


- As the independent regulator of health and adult social care, the Care Quality Commission (CQC) has an overarching role to monitor, inspect and regulate health and social care services to make sure those who use these services receive high-quality, safe, effective and compassionate care. In May 2021, the CQC launched a revised Inspection Framework.
- The Local Authority works closely with the CQC as part of our routine system surveillance activity. It is in our collective best interest to have local services that meet the needs of our citizens and that thrive and succeed. Through our monitoring and assurance function, we support and work alongside our local care providers in obtaining the best possible standards of care, as well as holding them accountable for doing so.
- Our Quality Assurance Team continues to work closely with any provider who falls below a 'Good' overall rating as part of a quality improvement policy and process. We saw an increase in these numbers during the pandemic and invested more capacity into our quality and contracts team to support provider improvement, along with regional work to support market shaping and oversight responsibilities via the Provider Assessment and Market Management System (PAMMS) commissioning toolkit from April 2022.



Adult Social Care Performance – Overdue Care Act Assessments

Number of Assessments by Overdue Band

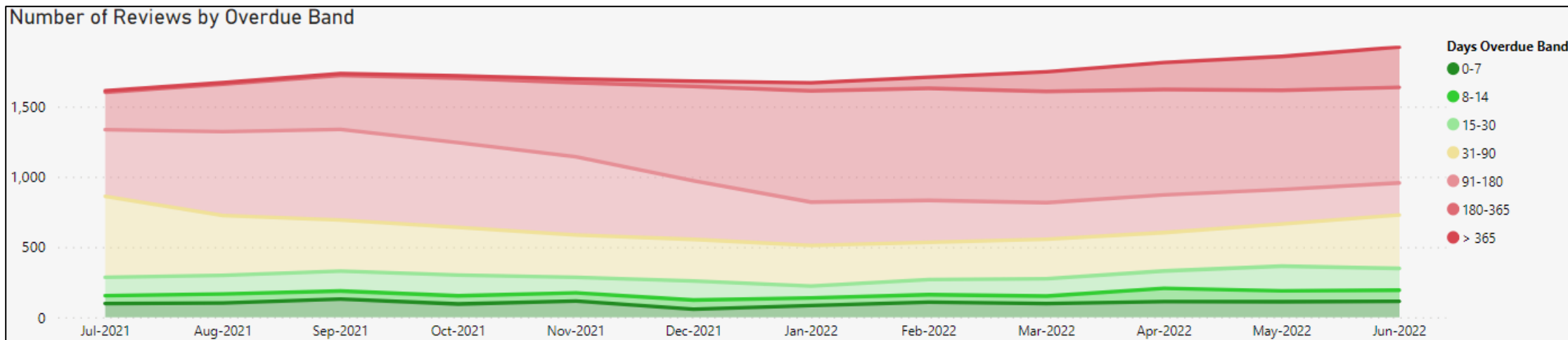


Operational leaders have clear plans to tackle the backlog in overdue assessments, which has included procuring an external team to deliver the review function so that teams can concentrate on addressing assessments.

For context, between April and June 2022 a total of **1,044** Care Act Assessments were completed - an average of **348** per month.



Adult Social Care Performance – Overdue Reviews



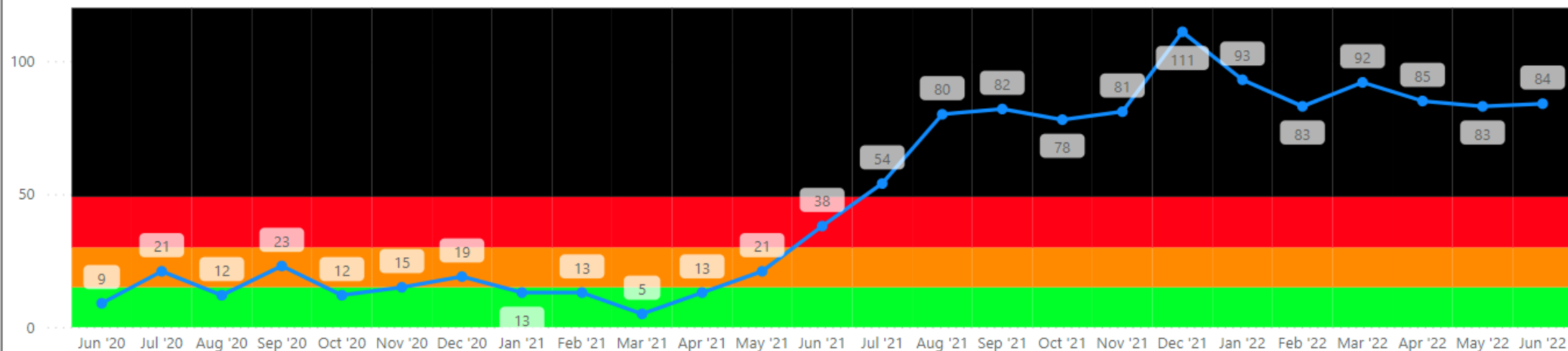
- Analysis shows our service is completing more reviews than we have done in the past; this means individuals are often being reviewed multiple times within a 12-month period.
- The service procured some external social work capacity to help tackle the backlog in overdue reviews
- Regional analysis of the statutory SALT (Short and Long Term) national return for 2020/21 revealed that Somerset has been one of the best performing LAs for a couple of years for clients in receipt of services for over 12 months who have received a review - performing above regional and national averages across a range of related review measures.

Between April and June 2022 a total of **1,735** Reviews were completed - an average of approx. **580** per month.



Adult Social Care Performance – Unmet Needs*

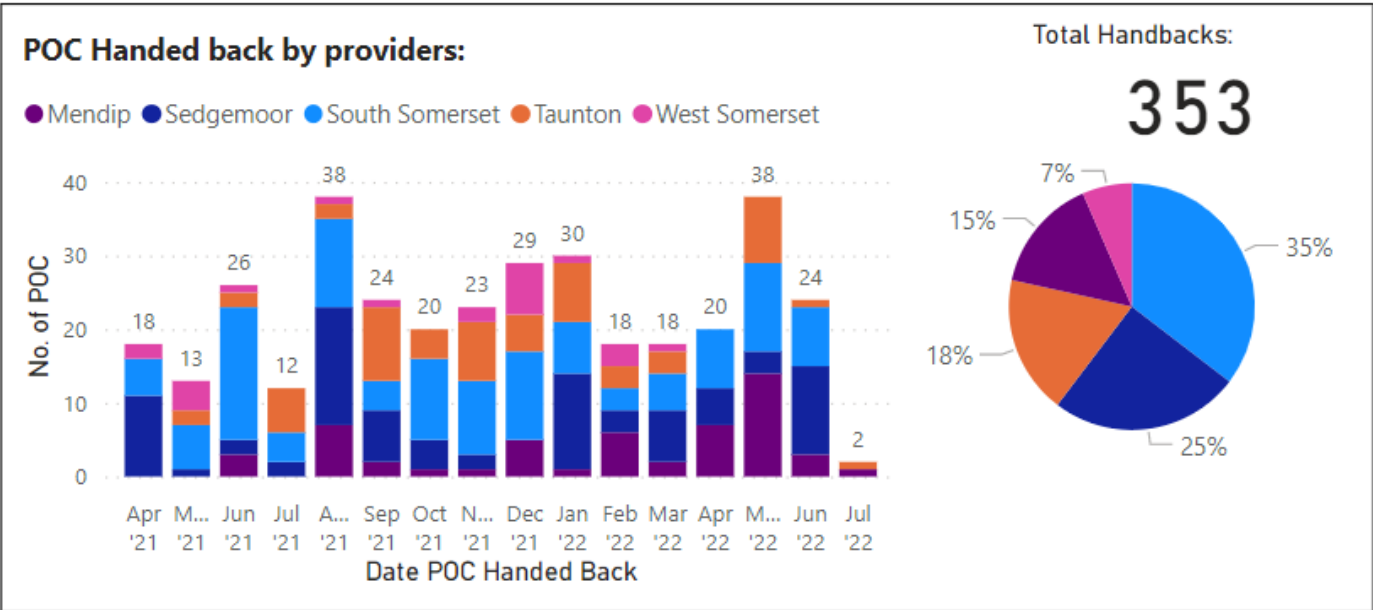
Unmet Needs - OPEL Levels - Monthly Report (last 2 years): Figures are as of last working day of the month



- Demand for homecare has remained very high both locally and nationally, but supply has been severely impacted by provider workforce capacity and availability. The service saw a reduction in the number of average hours of homecare sourced per month during 2021/22 when compared with the previous financial year but an increase in the average care package size suggesting an increasing level or complexity of need.
- Although 16,159 hours of homecare were sourced during 2021/22, levels of unmet care need have remained stubbornly high since “freedom day” (July 2021) consistently reporting at high OPEL 4 escalation level despite investment into sector pay.
- A Fair Cost of Care exercise is currently underway, alongside domiciliary care re-commissioning activity to help address the challenges across the homecare market.

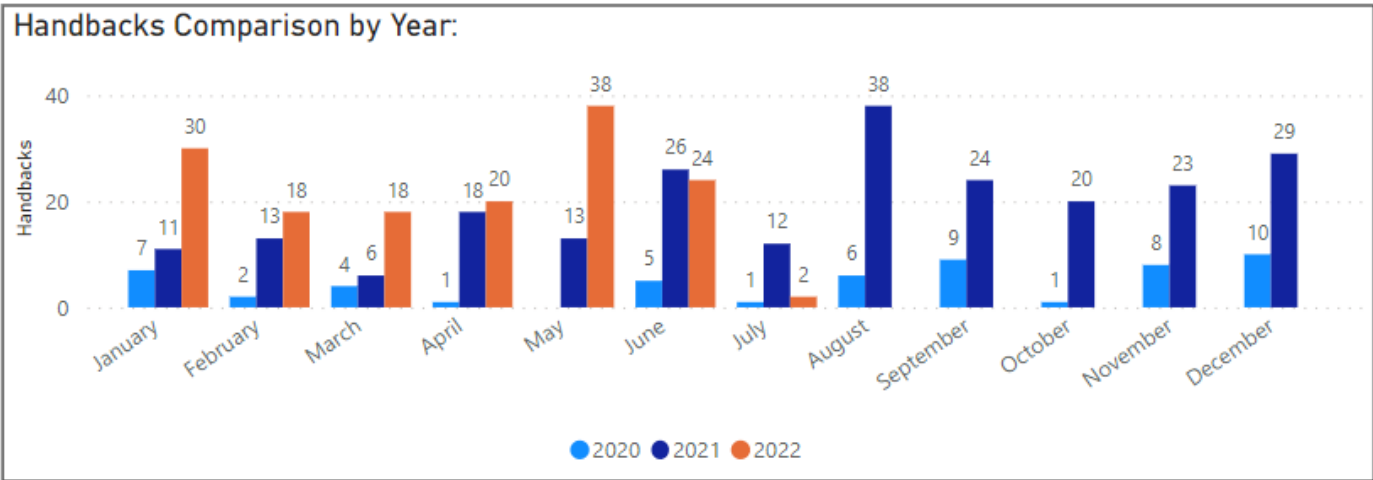
* unmet need is here defined as homecare packages requested and advertised that have not been sourced within a week

Adult Social Care Performance – Provider Handbacks



In addition to packages of care proving hard to source, the Local Authority has also had to manage and risk assess unprecedentedly high levels of care package contract 'handbacks' throughout 2020/21 and into the new financial year.

The most common recorded cause for these have been staffing capacity challenges within domiciliary agencies to enable the safe delivery of care.



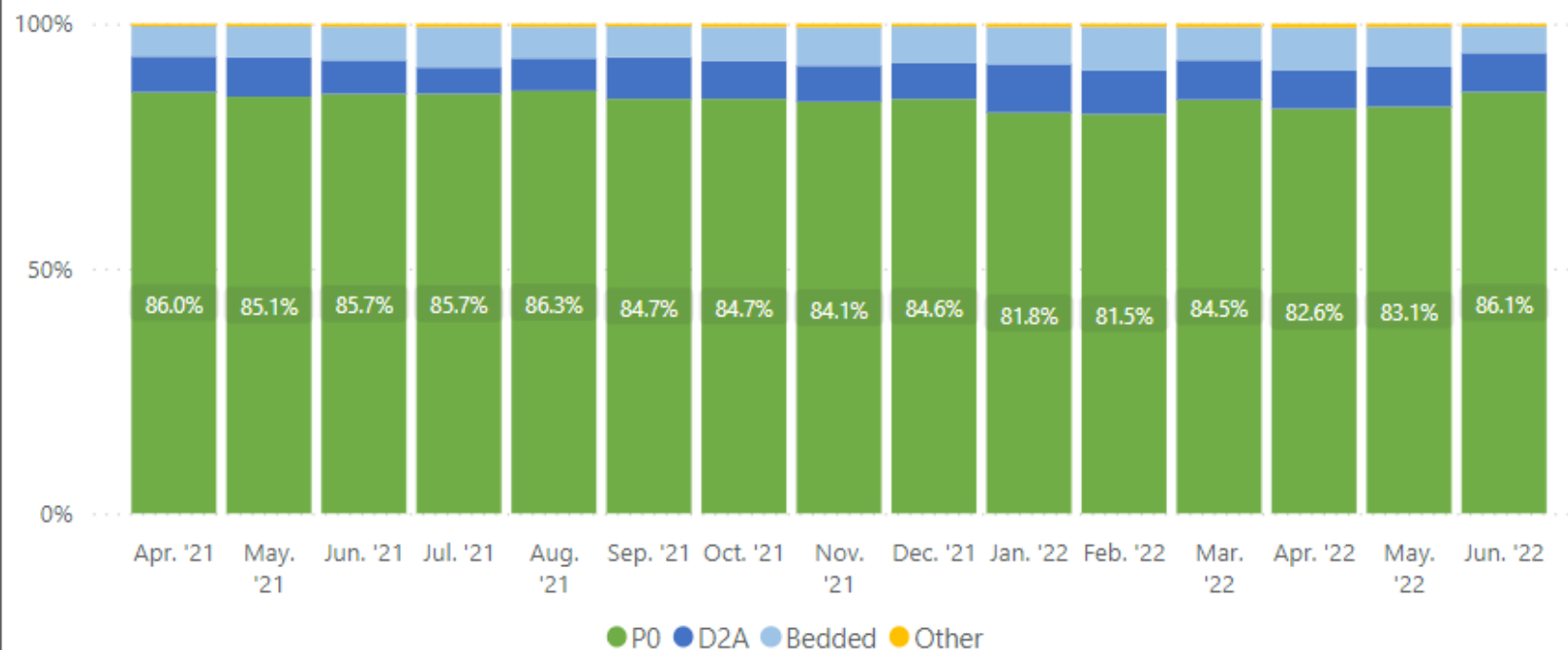
Although occasional care package 'handbacks' are not uncommon, and can and will occur for a variety of reasons, during 2021/22 there were a total of 269 package 'handbacks' (an average of approx. 22 per month) placing additional pressure on Local Authority staff to find replacement care within an already over-stretched care market. The monthly average so far in 2022/23 is 27.



Adult Social Care Performance – Intermediate Care

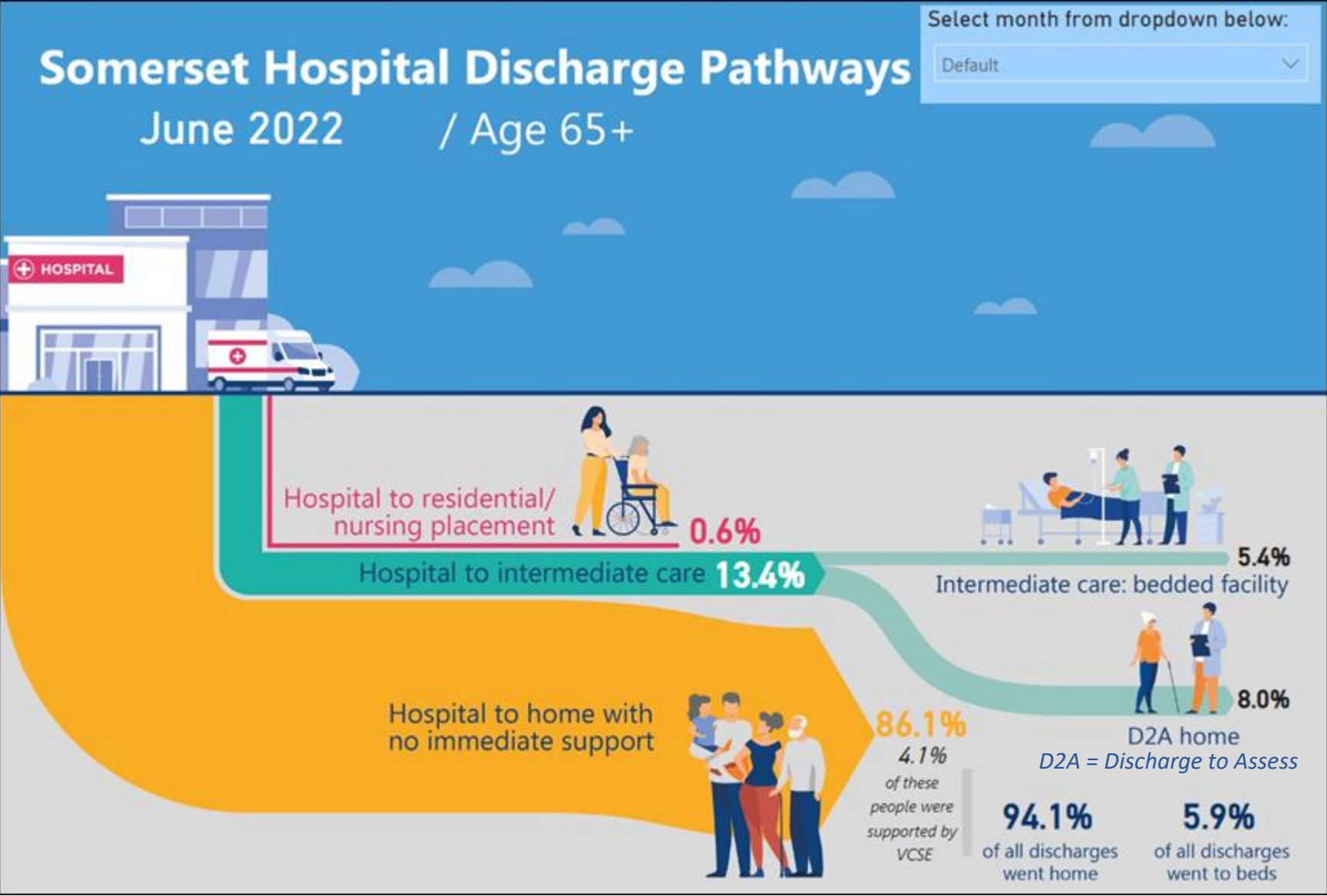
% of people (aged 65+) who went home from hospital with no formal support (target is 85% - higher is better)

Hospital Flow Analysis:



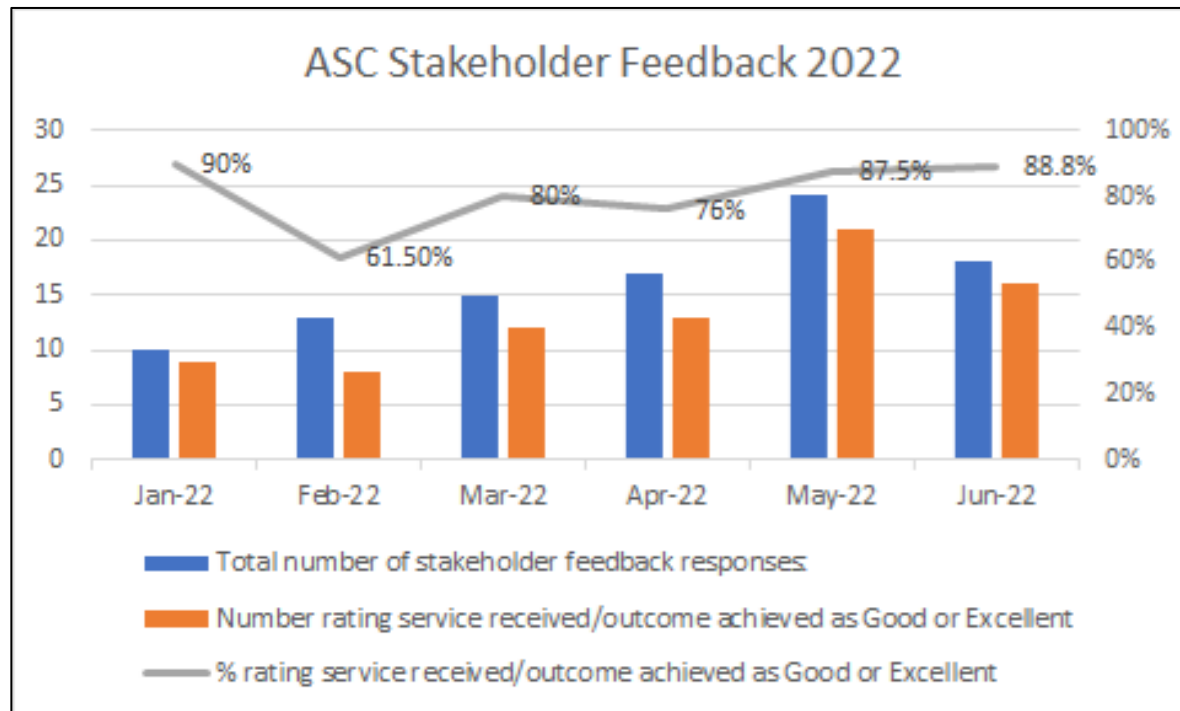
This measure shows the proportion of people (aged 65+) that are able to leave hospital with no formal support (*i.e. a package of home care or a placement in a care home*).

Adult Social Care Performance – Hospital Discharge Pathways





Adult Social Care Performance – Stakeholder Feedback



The Service launched a new ASC Stakeholder feedback approach in January to enhance our ability to collate and learn from the experience of those using our services or their families/carers, and our key partner colleagues. Our data shows a month on month increase in the number of responses being received, about teams and functions across our service and from a wide variety of sources.

During June 2022, 18 stakeholder feedback responses were submitted, of which 88.8% rated the service that had been received or the outcome achieves as either 'Good' or 'Excellent'. The top 3 sources of feedback to date are relatives/carers for someone being supported by our service, other LA colleagues, and independent care providers.

Both positive and less positive feedback is helping reinforce areas our understanding of what is working well and where more attention is needed, and has already been used to help inform learning and improvement activity, as well as staff 'shout outs' and recognition.