

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Tuesday, 22 September 2020, 2.00 pm

Due to the current COVID-19 pandemic, Worcestershire County Council will be holding this meeting in accordance with the relevant legislative arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Please note that this is a public meeting, conducting remotely by videoconferencing between invited participants and live streamed for general access via a link on the Council's website to the Council's [You Tube Channel](#)

The Agenda papers and background papers can be accessed electronically on the Council's website. Members of the public and press are permitted to report on the proceedings.

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
 - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Adult Care and Well Being Overview and Scrutiny Panel Tuesday, 22 September 2020, 2.00 pm, Online only

Membership

Councillors:

Mrs J A Potter (Chairman), Mr R C Adams, Mr T Baker-Price, Mr A Fry, Mr P Grove, Mr P B Harrison, Mr R C Lunn, Mrs E B Tucker (Vice Chairman) and Ms S A Webb

Agenda

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1	Apologies and Welcome	
2	Declarations of Interest	
3	Public Participation Members of the public wishing to take part should notify the Assistant Director for Legal and Governance, in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 21 September 2020). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
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Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston telephone: 01905 844964 email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's [website](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Date of Issue: Monday, 14 September 2020

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 22 SEPTEMBER 2020

UPDATE ON RESIDENTIAL AND NURSING CARE PROVISION

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel is to receive an update on residential and nursing care provision, including quality, staffing, market resilience and capacity for people with dementia.
2. Senior Officers from the Directorate of People and the Cabinet Member with Responsibility for Adult Social Care have been invited to the meeting.

Background

3. Care and nursing home provision is part of the Panel's work programme. The recently completed scrutiny task group review into the Council's quality assurance of residential care and nursing homes (which the previous Panel Chairman participated in and is referenced in the background papers) recommended regular updates for the Panel on care home provision and the areas set out above.
4. Additionally, at its 11 June meeting, the Panel was briefed on the Council's COVID Care Home Support Plan, which the Government had asked all councils to put in place with local system partners by 29 May 2020, to help combat the spread of the virus in care home settings.

Residential and Nursing Care Provision - Update

COVID-19 and Infection Control

5. Since the start of the COVID-19 pandemic, intensive work has taken place to support care homes to put in place effective infection prevention and control measures. The "Worcestershire Care Home Hub" was established in March 2020 to strategically lead, co-ordinate and facilitate action across the system to support care homes and prevent infection during COVID-19. The joint working across Adult Social Care, Worcestershire Public Health, Public Health England, the Clinical Commissioning Group (CCG) and other health partners enables pooling of capacity and resources, using a proactive and supportive methodology, in order to minimise the number of homes experiencing an outbreak and reduce the absolute number of cases and deaths.
6. The Care Home Huddle meets daily to review the state of the care home market locally, using a risk-based assessment approach to target support to care homes. Discussions are underpinned by analysis of national capacity tracker information

(see below) and local data obtained from proactive engagement calls made to all care homes across the county on a regular basis (at least weekly with more frequent contact if required). Escalation pathways are in place to ensure any issues identified are addressed. When required, multi-agency Incident Management Team meetings are held with individual homes, to seek assurance, target support and formulate service-specific action plans.

7. As at the end of August, 69 care homes in Worcestershire had experienced outbreaks since the start of COVID-19, with outbreaks remaining ongoing at that time in four homes. The [national guidance](#) defines an outbreak in a care home as “two or more confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days”. New positive cases are generally now being found as a result of the regular whole-home testing which is ongoing in homes for older people and those with dementia and just re-commencing for all other homes. Staff are tested weekly and residents monthly. Recent testing has found that the staff found to be positive are generally asymptomatic, so their weekly tests are invaluable in identifying active COVID-19 cases.

8. Once identified, a thorough process commences to assess risk and manage the situation. This involves the undertaking of a robust risk assessment by either Public Health England, the Local Outbreak Response Team (WCC Public Health) or the CCG Infection Control Team. The risk assessment explores every aspect of COVID-19 management in the home to ensure there are no breaches which would enable transmission between staff or from staff to residents (or vice versa). It covers, for example, PPE usage, cleaning, social distancing, visiting arrangements, staff breaks, social activities of staff outside work hours including with each other, interactions between homes if any and admission protocols etc. This proactive process allows subsequent risks to be managed effectively and significantly reduces the risk of onward transmission.

Quality and staffing

9. As well as working at the core of the Care Home Hub and Huddle, the Council’s Quality Assurance Team has also continued to proactively quality assure services throughout the COVID-19 period and continues to maintain a close relationship with the Care Quality Commission, with daily conversations to discuss and address any quality concerns arising.

10. The number and level of high-risk issues being identified or notified have increased over recent weeks. Although restrictions due to COVID-19 have reduced the number of visits which can be made by regulators, the Care Quality Commission is now visiting homes where high-risk concerns have been identified. The Council’s Quality Assurance Team has also visited where deemed to be necessary, and with appropriate infection control measures in place such as full Personal Protective Equipment etc. The Council’s Provider Concerns process is implemented where required to ensure quality concerns are addressed with robust action plans, working across all partner organisations.

11. Staffing remains a key issue for care homes, with issues exacerbated by the COVID-19 situation and high vacancy rates. In some cases, this has led to reduced staffing levels and redundancies. The ongoing impacts continue to be monitored

proactively both by the Quality Assurance Team from a quality perspective, and in relation to the resilience of the sector (see below).

Care home resilience

12. Since May 2020, all care homes have been required to complete the Department of Health and Social Care's "National Capacity Tracker". As well as information about COVID-19 infections and infection control measures, the tracker also includes information about vacancy rates in care homes. As at 7 September 2020, the tracker was showing an overall vacancy rate of 20% in Worcestershire care homes, although with significant variation from home to home. 36 care homes were 100% occupied, and a further 40 had vacancy rates of less than 10%. However, 26 homes were reporting vacancy rates of over 30%.

13. Work is ongoing to analyse the resilience of the care home sector in Worcestershire and to plan appropriate support and mitigate risks identified. The West Midlands Regional Commissioning Network is co-ordinating a significant piece of work over the coming weeks, based on regional and national datasets. The "West Midlands Market Risk and Recovery Toolkit" will enable commissioners to analyse the market position in both a local and regional context and enable the signalling of clear commissioning messages to the market. The tool starts by using existing care data sets, which are supplied to each council, with data mapped against the emerging international evidence of key COVID-19 risk factors, for example the people living in the home and their experience of care, the quality of life in the home, the workforce etc.

14. The regional work will be informed by the Council's own financial resilience programme which has been initiated by the Commercial Team in response to the current economic climate that has been impacted by COVID-19. The objective is to protect the Council's services that are reliant on suppliers and providers for delivery. The key activities are to monitor and survey the supply base, report on trends and changes in supply base and to act.

15. The Council and Worcestershire Children First together buy from 2,500 suppliers, 1,000 of which are of interest as there is an annual spend of over £25k. These "at interest" suppliers are being followed by reference to Companies House, financial reporting results and credit rating. Suppliers and providers that are at a high financial risk (low liquidity & medium /high credit risk) or have a high credit risk assessment are identified and the Commercial Team works with the service areas to undertake an impact assessment and agree mitigation activities, should any of the suppliers cease trading. The most recent analysis flags up five Worcestershire care homes as high risk, but due to the volatile state of the market the situation is being kept under constant review.

Capacity for high needs dementia

16. As reported previously, it has been identified that meeting the needs of the growing number of people with dementia in Worcestershire will be a significant and increasing challenge. The current estimated number of people in Worcestershire with dementia (diagnosed and undiagnosed cases) is 9,560, with over 6,500 cases in those aged over 80. The total is projected to increase to 13,076 by 2030.

17. The cost of providing care within residential and nursing homes is rising, due to inflation, national living wage increases and workforce shortages. The cost of care is also rising significantly because of increasing complexity and life expectancy of people, particularly to care for those with behavioural issues linked to dementia. Increasingly the market is unable to meet the needs of individuals that require highly skilled dementia care and the individuals are placed in nursing homes due to the higher numbers of staff per resident when their need is for specialist residential dementia care. This is not appropriate and also takes up valuable capacity in nursing homes which is better suited for people who have physical health conditions which require nursing care. Alternatively, people could be placed out of the county which can be difficult for families and friends to visit leading to further deterioration of the person's quality of life.

18. An outline business case was produced in March 2020 exploring a proposal for Worcestershire County Council to build a residential care home specialising in high needs dementia care. While progress with this project was put on hold due to COVID-19 pressures, this is now being revisited with a view to assessing whether this project should be progressed to the next stage. Given the long-term nature of this project, options are also being explored in parallel to engage with and develop the external market, with a view to going out to tender in the coming months for a block contract for high needs dementia beds.

Purpose of the Meeting

19. Members are invited to consider and comment on the information discussed and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agendas and minutes from the Adult Care and Wellbeing Overview and Scrutiny Panel on 11 June and 27 July 2020 - [Agenda and minutes](#)
- Scrutiny Report 'Quality Assurance of Care and Nursing Homes in Worcestershire' - [scrutiny report](#)

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 22 SEPTEMBER 2020

REABLEMENT SERVICES

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel is to receive an overview of Reablement Services, which is part of the Panel's work programme.
2. Senior Officers from the Directorate of People and the Cabinet Member with Responsibility for Adult Social Care have been invited to the meeting.

Background

3. Reablement, which is generally provided in the person's own home or care home, is a goal-focused intervention that involves intensive, time-limited assessment and therapeutic work over a period of up to six weeks (but possibly for a shorter period).
4. Work was undertaken during 2019 and early 2020 to develop a Community Reablement pathway which would support people identified as needing a package of care and support. The service was due to 'go live' in April 2020. However, due to the coronavirus pandemic, this was put on hold.

Reablement Services - update

6. During the period that the Community Reablement pathway has been on hold, the staff recruited and trained have been supporting the Urgent Promoting Independence service with hospital discharges. The hospital discharge pathway has a reablement element, and so this has allowed the team to develop and utilise their training and skills.
7. We are now at a point where we can consider implementing the Community Reablement pathway and have drawn up plans to do this with effect from October 2020.
8. Alongside the implementation of the pathway, a wider restructure within the Homecare service area will enable us to focus the entire resource on the principles of reablement. Consultation is underway with the staff groups to implement a refreshed structure to define the service as a Reablement Service, incorporating the Community Reablement pathway. A presentation of the model of the Reablement Service is included as Appendix 1.
9. Implementation of the Reablement Service within the new structure is expected to deliver a range of benefits, including a reduction in the number of people requiring

domiciliary care, efficient and streamlined processes, stronger relationships with partners and financial savings of £1.5m.

10. To support the implementation of the reablement approach across the whole health and social care system, the implementation includes forging links with relevant internal and external partners in order to embed the principle of 'reablement first' and to support the wider system principle of 'Home First'. This includes sharing the model with stakeholders and partners so that they are clear on what the service can do.

Equality and Diversity Implications

11. An Equality and Public Health Impact Assessment has been carried out and is attached as Appendix 2. This is currently in draft form pending the outcome of consultation.

Purpose of the Meeting

12. Members are invited to consider and comment on the information discussed and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

Supporting Information

- Appendix 1 – Presentation on Reablement Service Model
- Appendix 2 – Equality and Public Health Full Impact Assessment (draft)

Contact Points

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Reablement Service

Prevent...Reduce...Delay

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What, when, how
September 2020

WHAT IS IT?

Reablement is an approach that will enable people to recover function, confidence and independence.

It employs a strengths based approach to living independently

Can be therapy led where there is a need for Occupational Therapy or Physiotherapy

Time limited support – maximum of 6 weeks.

It does not replace the need for Conversations 1 or 2 to be completed robustly.

How will it work

- Referrals via operational teams – including Onward Care Team
- Operational teams will allocate/pass to reablement
- OT/Physio and Service Assessor allocated
 - Set goals/objectives
 - Put agreed plan in place
 - Consider equipment/AT/minor works/adaptations
 - Oversee progress with regular review
 - Identify any on-going care and support needs
 - Oversee handover to lead provider (where appropriate)

Who

- Anyone referred to social care teams where it appears that care and support is required (C1+2 completed and actions taken)
 - Includes self-funders
 - Those who would previously be assessed for a package of care
 - Where a decision about long term care is being considered
 - Includes all adults, regardless of conditions/disabilities
 - Could be used to prevent admission to hospital/care home

Who – continued

- New referrals to adult social care teams
 - Includes people in pathway 3 D2A beds
 - Self funders with depleted funds
- People identified at:
 - Annual review
 - Unplanned review
- Package of care “handed back” as a result of changes to provider commissioning/provider failure
- Prisoners
- Packages where provider can't be found immediately
- Discharges from hospital (pathway 1)

Case study – Bradford Enablement Support Team (BEST)

Mr A is a 91 year old man who lives alone with his dog in his house. He is usually independent, is a passionate cook and enjoys socialising. He drives a car. Whilst out walking his dog he suffered a stroke, he fell, causing a fractured neck of femur. He was admitted to hospital and underwent surgery for a hip replacement which meant he had to follow hip precautions for 6 weeks.

The stroke had left him with slight left-sided weakness and problems with concentration, sequencing and attention. He was transferred to a community hospital for rehabilitation where the physiotherapists (PTs) and occupational therapists (OTs) worked on mobility, transfers, personal care following hip precautions, stair climbing and kitchen tasks. Cognitive screens were completed and the OTs targeted their input on helping improve concentration, sequencing and attention.

Case study - continued

Mr A was discharged, independently mobile using a frame, independent transferring using equipment and stair climbing with supervision. He was discharged home with 4 calls per day from BEST plus (Bradford Enablement Support Team).

Joint sessions between the PTs and OTs and BEST plus were completed to work on the following:

- practising walking safely indoors using 2 walking sticks
- increase hip strength through exercises
- to be safe and independent washing and dressing
- to be safe and independent preparing hot drinks and simple snacks and transport safely using trolley

Case study - continued

The above goals were achieved and new goals were set in consultation with Mr A:

- to be safe and independent walking outdoors using 2 sticks
- to be safe and independent bathing using bath lift
- to be safe and independent preparing hot meals from scratch
- to be safe and independent completing shopping using Access bus
- to be safe and independent walking dog short distances using 4 wheeled walker.

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After 6 weeks of continued BEST plus input in Mr A's home, he was able to achieve all of his goals and all Social Services input was withdrawn. Aspects of Mr A's wellbeing have been promoted including physical wellbeing, social wellbeing, and control over day-to-day life.

Hours of operation

Operates:

Mon – Sun: 07:30 – 22:00

New allocations received:

During normal operating hours above

Reablement – meet the team

AD - Hannah Needham

SRO - Morgan Price

Registered Managers – Rhian Hill and Debbie Bell

Contact details: Reablement Contact Centre – 01905 822876

On-going care and support

- Identified at earliest stage of reablement
- External provider informed
- Care Act Needs Assessment completed
- Financial assessment undertaken
- Care and support provided by Provider – clear handover plan agreed
- Continue working with the provider during handover to promote the reablement approach – not “Time and Task”

Ongoing care and support

- Information shared with the individual at every point
- Date of handover agreed
- Handover/transition arrangements agreed
- Follow-up process in place



Equality and Public Health Full Impact Assessment

Impact Assessment Id: #79

1.0 Screening Information

Project Name

Living Independently

Name of Project Sponsor

Hannah Needham

Name of Project Manager

Katie Ryder

Name of Project Lead

Morgan Price

Please give a brief description of the project

The purpose of this project is to ensure we have one reablement focused holistic service area that meets the needs of Worcestershire residents. This will be achieved by ensuring we still provide key service areas such as Service of last resort and Prisons, but the proposed service model will enable most people to regain their confidence and functional abilities and go on to lead independent lives, delaying the need for adult social care services.

The focus on providing reablement support will reduce:

- Forecast demand in older person's domiciliary and long-term residential care in the medium term.
- Hospital admissions and increase the pace that people, who are admitted to hospital return home.
- The number of people who move to care home placements, following a hospital admission.
- Re-admissions of people, returning home after a hospital stay.
- Duplication, thereby increasing capacity across the system through synergy of roles
- Travel costs, travel time and admin time is likely to occur within the new service, but this is reliant upon a varied operating model.
- Redundancies, and associated costs through linking the closure of side by side with the implementation of the new reablement service.

Data Protection screening result

Will require a full impact assessment

Equality and Public Health screening result

Will require a full impact assessment

Environmental Sustainability screening result

Will require a full impact assessment

1.1 Background and Purpose

Background and Purpose of Project?

To support your answer to this question, you can upload a copy of the project's Business Case or similar document.

The purpose of this project is to ensure we have one reablement focused holistic service area that meets the needs of Worcestershire residents. This will be achieved by ensuring we still provide key service areas such as Service of last resort and Prisons, but the proposed service model will enable most people to regain their confidence and functional abilities and go on to lead independent lives, delaying the need for adult social care services.

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- Duplication, thereby increasing capacity across the system through synergy of roles
- Travel costs, travel time and admin time is likely to occur within the new service, but this is reliant upon a varied operating model.
- Redundancies, and associated costs through linking the closure of side by side with the implementation of the new reablement service.

Previously there has not been a joined up approach across the Council for delivering person centered, reablement led care. All too often individuals have been given short term residential care placements to rehabilitate following a hospital stay or due to carer breakdown. Once this occurs the individual becomes reliant on support, and ability to remain independent diminishes rapidly resulting in the emergency placement becoming permanent.

The Care and Support services, will focus on delivering a therapy led holistic approach with reablement support provision to residents that will reduce forecast demand in older person's domiciliary and long term residential care in the medium term

The combined and whole system impact of the move to a reablement focused adult services provision will ensure that there is dedicated resource to support our communities in helping residents to live at home, independently, for longer and be a key additional support resource that our social work teams are able to offer.

Upload Business Case or Support documents

No files uploaded

Project Outputs

Briefly summarise the activities needed to achieve the project outcomes.

- Clarity on the number of potential service users coming through the service
- A cost model to compare the cost of re-ablement versus the reduction in services required
- Trend identified including expected growth based on current trends (cost avoidance) and savings (%'s and £'s)
- Cost Recovery (Debt)
- Caseload Management
- Financial Control

Project Outcomes

Briefly summarise what the project will achieve.

- Reduced costs through a reduction in long term services,
- More efficient and effective use of resources
- Reduce, prevent or delay, for 12 months or more, the need for Domiciliary Care Provision. This will, in turn, relieve pressure on residential and nursing placements and costs for Council.
- Increased independence and quality of life for Worcestershire residents.
- Outcomes Based Commissioning

Is the project a new function/service or does it relate to an existing Council function/service?

New

Was consultation carried out on this project?

Yes

1.2 Responsibility

Directorate/Organisation

People

Service Area

Public Health

1.3 Specifics

Project Reference (if known)

Not Recorded

Intended Project Close Date *

September 2020

1.4 Project Part of a Strategic Programme

Is this project part of a strategic programme?

Yes

An overarching screening has already been carried out for the following areas:

Environmental Sustainability

What was the conclusion?

Agreed

Upload previous impact assessment documents if available

No files uploaded

2 Organisations Involved

Please identify the organisation(s) involved:

Worcestershire County Council

Other - C.Co

Details of contributors to this assessment:

Name	Katie Ryder
Job title	Senior Project Manager
Email address	kryder@worcestershire.gov.uk

Name	Morgan Price
Job title	Provider Services Manager
Email address	MPrice1@worcestershire.gov.uk

Name	Nicky Kirkland
Job title	Project Manager
Email address	NKirkland@worcestershire.gov.uk

3.0 Who will be affected by the development and implementation

Please identify group(s) involved:

Service User
Staff

3.1 Information and evidence reviewed

What information and evidence have you reviewed to help inform this assessment? *

PeopleToo and C.Co have submitted recommendations which have been considered as part of the final proposals. The Unions are being consulted in August and their feedback will be considered

3.2 Summary of engagement or consultation undertaken

Who and how have you engaged, or why do you believe engagement is not required? *

This project has Cabinet endorsement.

C.Co have been involved in the design of the model.

We are going to Unions on or around 13th August, this assessment will be updated with any feedback from the Unions.

3.3 Summary of relevant findings

Please summarise your relevant findings. *

C.Co were engaged to bring challenge to Directorate's proposals and have identified that the current model for UPI is not optimum for efficiency, noting that the proposed model for the Community Reablement service is based on the model within UPI. The information provided by C.Co provides the baseline to determine the "To Be" model to deliver a holistic reablement focused service delivery approach.

4 Protected characteristics - Equality

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please select one or more impact box(es) below for each equality group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative for the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. who are part of these equality groups.

Age

Potential positive impact selected. Potential neutral impact selected.

Explanation of your reasoning:

Many of the services affected are delivered to older people. It is not anticipated that this group will be negatively affected, but as it is a large part of the service area there is potential that people who may not have had access to reablement support before can now access and live independently for longer as a result.

Disability

Potential positive impact selected.

Explanation of your reasoning:

Many of the services affected are delivered to older people. It is not anticipated that this group will be negatively affected, but as it is a large part of the service area there is potential that people who may not have had access to reablement support before can now access and live independently for longer as a result.

Communication regarding the service will be in appropriate formats and made easily available for all to access in order that informed choices can be made

Gender reassignment

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. Gender reassignment will not be a consideration.

Marriage and civil partnerships

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. Marital status will not be a consideration.

Pregnancy and maternity

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. Pregnancy/maternity will not be a consideration.

Race including travelling communities

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. Race will not be a consideration.

Religion and belief

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. Religious beliefs will not be a consideration.

Sex

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. Sex will not be a consideration.

Sexual orientation

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. Sexual orientation will not be a consideration.

5 Characteristics - Public health

Other vulnerable and disadvantaged groups

Potential positive impact selected. Potential neutral impact selected.

Explanation of your reasoning:

Many of the services affected are delivered to older people. It is not anticipated that this group will be negatively affected, but as it is a large part of the service area there is potential that people who may not have had access to reablement support before can now access and live independently for longer as a result.

Covid 19 measures have been put into place to mitigate the effect on vulnerable people. All government guidance and PHE recommendations regarding PPE have been applied. Staff receive training in Infection Control. Staff working in the Reablement Service receive training in Intermediate Skills Programme and this allows them to identify early warning signs about deteriorating health, and our processes ensure these concerns are reported and acted on.

Health inequalities

Potential neutral impact selected.

Explanation of your reasoning:

This service will be open to all. There will not be any positive or negative impact as a result of this project.

Social and economic

Potential positive impact selected. Potential neutral impact selected.

Explanation of your reasoning:

The service will be open to all, including self funders and others who do not have Care Act eligible needs so may have otherwise not had support from Adult Social Care.

Physical health

Potential positive impact selected. Potential neutral impact selected.

Explanation of your reasoning:

The aim of this service is to keep people active and living independently for longer. This may have a positive impact on their physical health as they are fitter and able to stay active following the reablement support.

Mental health and wellbeing

Potential positive impact selected. Potential neutral impact selected.

Explanation of your reasoning:

The aim of this service is to keep people active and living independently for longer. This may have a positive impact on their mental health and their carers as they are able to stay living at home rather than residential/nursing care.

Access to services

Potential positive impact selected. Potential neutral impact selected.

Explanation of your reasoning:

Many of the services affected are delivered to older people. It is not anticipated that this group will be negatively affected, but as it is a large part of the service area there is potential that people who may not have had access to reablement support before can now access and live independently for longer as a result.

6 Actions to mitigate potential negative impacts

You have confirmed that there are no negative impacts for equality protected characteristics and public health characteristics.

7 When will you review this equality and public health estimate(EPHIA)?

This EPHIA will be reviewed following consultation with the Unions. This is anticipated to be mid/late September.

8 Declaration

The following statement has been read and agreed:

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- Our Organisation will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others
- All staff are expected to deliver and provide services and care in a manner which respects the individuality of service users, patients, carers etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics

I confirm to the best of my knowledge that the information I have provided is true, complete and accurate

I confirm that I will make sure that Equality and Public Health have been and continue to be considered throughout the project life cycle and that, if circumstances change in the project, a further Equality and Public Health Impact Assessment Screening will be carried out.

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 22 SEPTEMBER 2020

PERFORMANCE AND IN-YEAR BUDGET MONITORING

Summary

1. The Panel will be updated on performance and financial information for services relating to Adult Care and Well-being.
2. Performance and financial information provides a further tool for the Scrutiny Panels in maintaining Members' understanding of services provided to the public, the effectiveness of current policies, and early knowledge of any issues or areas for further scrutiny.
3. The performance information provided relates to Quarter 1 (April to June 2020) and financial information for period 3.
4. The intention is for the Scrutiny Panels to consider this information on a quarterly basis and then report by exception to the Overview and Scrutiny Performance Board any suggestions for further scrutiny or areas of concern.
5. The Cabinet Member with Responsibility for Adult Social Care, the Strategic Director for People and the Head of Finance have been invited to attend the meeting to respond to any queries from Panel Members.

Performance Information

6. The Corporate Balanced Scorecard is the means of understanding progress against the Council's Corporate Plan. The Scorecard contains a range of indicators linked to key priorities and themes. Many measures are long-term and may be affected by a wide range of factors, some of which are outside the direct control of the Council.
7. Attached at Appendix 1 is a dashboard of performance information which covers the indicators from the Directorate level scorecard and those from the corporate scorecard and other management information (as appropriate) which relate to services relevant to this Scrutiny Panel's remit.
8. The Corporate Balanced Scorecard for each Directorate is reported to Cabinet and is also available on the Council's website [here](#)

Financial Information

9. In relation to Quarter 1 of 2020/21 detail has been provided in the form of presentation slides, which can be found at Appendix 2.

Purpose of the Meeting

10. Following discussion of the information provided, the Scrutiny Panel is asked to determine:

- any comments to highlight to the CMR at the meeting and/or to Overview and Scrutiny Performance Board at its meeting on 22 July 2020
- whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Dashboard

Appendix 2 – Budget Monitoring Information for period 3

Contact Points

Specific Contact Points for this Report

Emma James/Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964/ 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director of Legal and Governance) there are no background papers relating to the subject matter of this report:

- Agenda and Minutes of the Adult Care and Wellbeing Overview and Scrutiny Panel on 27 January 2020, 6 November, 25 September, 11 July, 14 March and 23 January 2019 – available on the website: [Weblink for agendas and minutes](#)
- Agendas and minutes of the Overview and Scrutiny Performance Board on 27 July and 24 January 2019, 28 March 2019 and 24 July 2019

[All agendas and minutes are available on the Council's website here.](#)

Key Priorities ASC business objectives:

Reduce the number of older and younger adults whose long term support needs are met by admission to care homes.

Increase the number of customers whose short term support services enable them to live independently for longer

Increase the number of older people who stay at home following reablement or rehabilitation

Sustain the current performance on delayed transfers of care from hospital

Prevent, reduce or delay the need for care

Priority- Reduce the number of older and younger adults whose long term support needs are met by admission to care homes

Indicator: Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population (ASCOF 2A(1)) (low is good)

Analysis: This national indicator looks at planned admissions and as such includes 12 week disregards, so potentially some of those included will eventually become self funders.

This includes people within the age group 18-64 who have physical disabilities, learning disabilities or mental health issues. Controls are in place to ensure that permanent admissions are minimised and are only used where there is no other support available in a community based setting. Work is ongoing to ensure that maximum use is made of services such as supported living, and all options to support young people to remain living independently or with families are considered as a priority.

The admission rate per 100,000 of the younger population for Worcestershire was 16.71 (57 young people) in the year to end of Mar-20, compared with 19.3 in the previous year (66 young people). In terms of benchmarking data, the latest available is 2018-19 - based on this data Worcestershire is above the national average of 13.9 (ie our admissions are above this but below the comparator averages (17.8) (national and comparator results are shown on the graph in the green and purple blocks). In Q1 2020-21 the rate has dropped to 14.96 (51 young people). Covid-19 will have impacted on this.

Priority- Reduce the number of older and younger adults whose long term support needs are met by admission to care homes

Indicator: Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (ASCOF 2A(2)) (low is good)

Analysis: This national indicator looks at planned admissions and as such includes 12 week disregards, so potentially some of those included will eventually become self funders. All people over the age of 65 are included in this indicator.

Measures are in place to control all permanent admissions to either residential or nursing care. Any new placements can only be approved at Area Manager level and all new high cost placements go through a scrutiny panel. Projects are underway to look at practice in authorities with lower rates of admissions. Compulsory pick ups such as those from continuing health care and self funders also impact on results here. There is a pilot in process where a single worker will complete all self funding pick ups using a risk assessment tool to ensure this is applied consistently.

The admission rate per 100,000 of the older population for Worcestershire was 627.64 at the end of Mar-20 based on 853 admissions compared with a rate of 637.9 last year. Comparing to 2018-19 national data - this is above the national (579.4) and comparator (571.3) averages.

For Q1 2020-21 the rate has dropped to 537.14 (730 people) and has been significantly impacted by Covid-19. Admissions are counted over a rolling year to end June 2020, the number dropped considerably during April and May and although still very low, in June it has started to rise slightly.

Priority: Increase the number of customers whose short term support services enable them to live independently for longer

Indicator: Proportion of people with no ongoing social care needs following reablement after hospital discharge - Sequel to short term services to maximize independence (ASCOF 2d) (high is good)

Analysis: This is a national ASCOF indicator which measures rehabilitation success rates for older people, in terms of the percentage who no longer require services following a reablement service. In Worcestershire this relates solely to services provided by the urgent promoting independence team. A service which is available to support hospital discharge. As such the service is working with people with increasingly complex needs. Despite the increasing acuity of people requiring the service, performance has increased over the last year and the result for 2019-20 is 84.21%.

For Q1 2020 the draft results are much lower at 66% for June 2020. This is due to increased complexity of people which includes a large increase in the need for double ups. New hospital discharge model in place since start of Covid-19 has meant that more complex people are being given the opportunity for reablement.

(This is draft data as recording was simplified at the start of the Covid-19 pandemic so work is currently still continuing to ensure ongoing accuracy and completeness of data).

Priority- Increase the number of older people who stay at home following reablement or rehabilitation

Indicator: Older people remaining at home following hospital discharge and a reablement service - Proportion of 65+ who were at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2b) (high is good)

Analysis: This is a national indicator used as a supporting metric for the Better Care Fund program. It measures the percentage of older people who have gone through a reablement program on discharge from hospital and are still at home 91 days later, on a quarterly basis. Reablement services include some that are health led.

The 2019-20 target for this indicator was 81.8%

For 2018-19 the result was 85.1 for Worcestershire which was above the family average of 83.3 and the England average of 82.4.

The acute hospitals is under increasing pressure, and there continues to be higher acuity in patients discharged to reablement services. These services support people being discharged to remain independent for as long as possible, and it becomes increasingly challenging to ensure that they are at home after 91 days as the needs of people using these services become more complex. Despite this performance on this measure has increased steadily through 2019-20, and is 86.9% for Q4.

For Q1 2020-21 the result is 85.9% so down slightly on the Q4 result due to the increased complexity of people's needs.

Priority- Sustain the current performance in delayed transfers of care from hospital

Indicator: No of days people are delayed in hospital each month that are a social care responsibility - No of days delayed per month (responsibility of social care, in and out of County) (low is good).

Analysis: Data on delayed transfers from hospital is published nationally and the results are shown here to Feb-20 (data is currently not being published due to Covid-19). Social care delays are 545 this month. The proportion of social care delays that are delays in acute hospitals is low (16% or 88 days), and of these acute delays the majority (94% or 83 days) are in out of county hospitals. The Directorate has achieved this by worked effectively with health colleagues to ensure that pathways are available to patients coming out of hospital and delays including social care delays are kept to a minimum.

Since the start of the Covid-19 pandemic reporting on delayed transfers of care has been paused. It has recently been announced that reporting will not resume but will be replaced by the requirement to report across a number of metrics included the number of people in hospital, the number discharged and the number awaiting discharge. As further details of this are released and reporting begins this section will be replaced with relevant information.

Priority: Prevent, reduce or delay the need for care

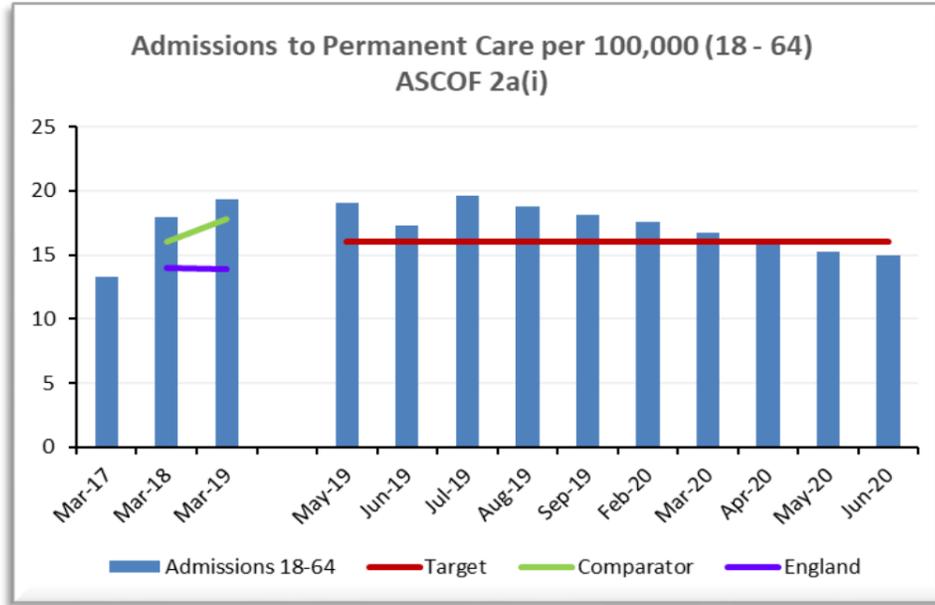
Indicator: Annual care package reviews completed - Percentage of people in services for 12 months who had a review completed in those 12 months or whose review is in progress at that point (high is good)

Analysis: This is a local measure that looks at people who have been in receipt of services for a year or more and checks that they have been reviewed in that period. Up until Mar-17 this measure was set at 15 months. The target has remained at 95% whilst reducing the time allowed to 12 months.

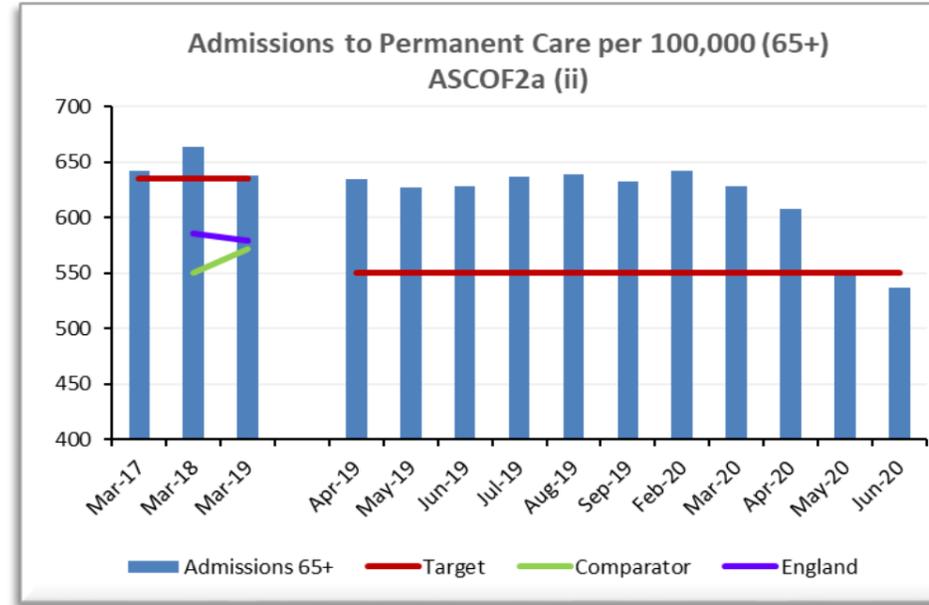
Performance at the end of 2019-20 is 85.8%. During Q1 2020-21 performance initially dipped in April but has since gradually increased each month to 86.3% at June.

Performance across different services varies with the area social work teams being on target, whilst mental health and learning disability teams are well below target and rated as red.

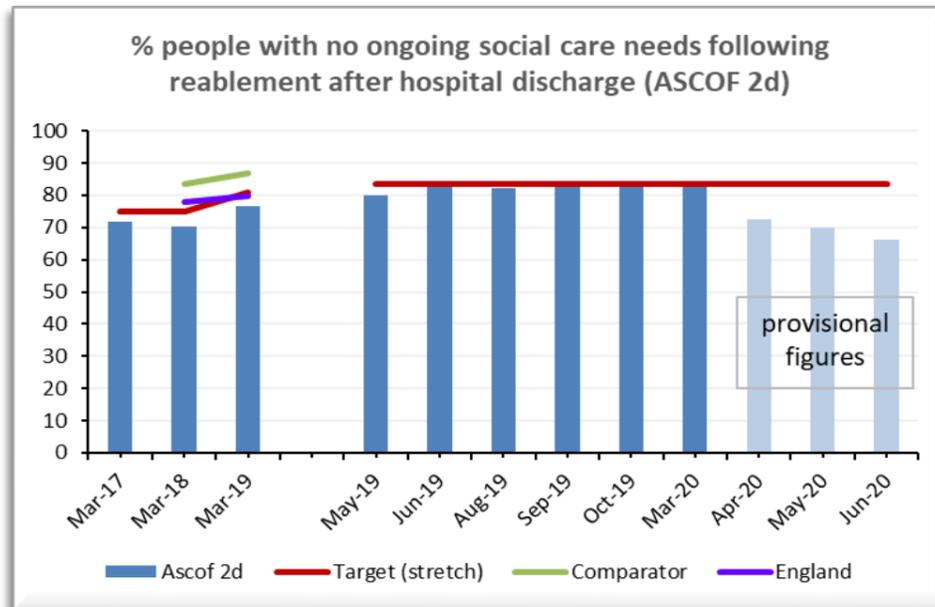
ASCOF 2a(1)



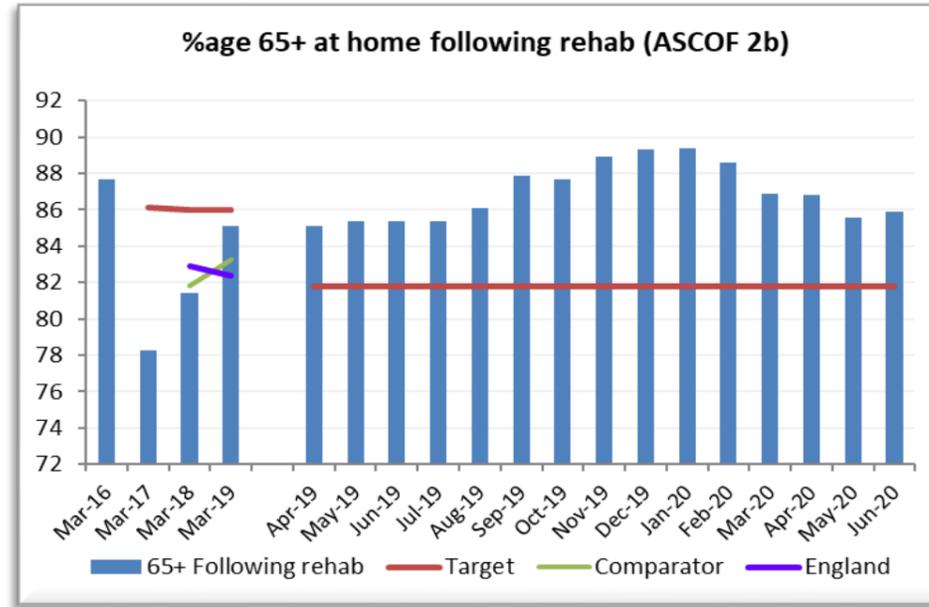
ASCOF 2a(2)



ASCOF 2d



ASCOF 2b

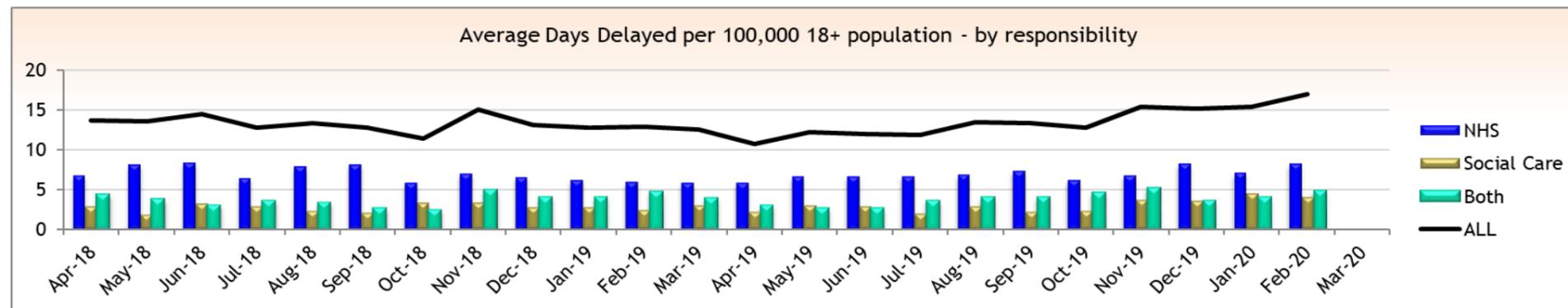


Note: The purple and green blocks are the comparator and England average

Please Note: Where there is a gap in reporting this is due to the move from Frameworki to LAS, when reporting was being re-established.

Delayed Transfers of Care

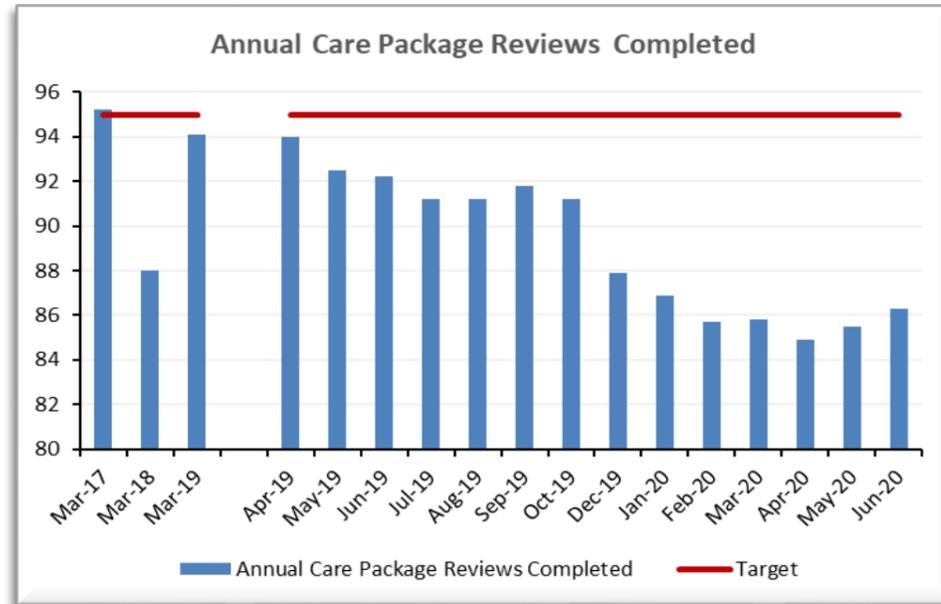
Data	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
NHS	937	1171	1164	915	1125	1127	830	973	929	882	774	837	801	970	940	961	991	1030	903	954	1200	1032	1123
Social Care	387	255	448	412	326	289	478	450	391	396	306	425	290	430	395	278	404	309	322	506	514	646	545
Joint	595	534	415	512	470	369	345	686	571	563	609	548	409	384	364	507	585	561	655	721	506	575	656
Total	1919	1960	2027	1839	1921	1785	1653	2109	1891	1841	1689	1810	1500	1784	1699	1746	1980	1900	1880	2181	2220	2253	2324



(Mar-20 has not been published nationally due to Covid-19)

New reporting requirements have recently been announced - as more details come through and these are set up new data will be provided for this section

Annual Reviews Completed



Please Note: Where there is a gap in reporting this is due to the move from Frameworki to LAS, when reporting was being re-established.

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Adult Care and Well Being Overview and Scrutiny Panel

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22 September 2020

**Quarter 1 2020/21
Financial Update**

Q1 Forecasted Position – Adult Care

Service	2020/21 Gross Budget	2020/21 Net Budget	2020/21 Forecast	Variance	Variance
	£000	£000	£000	£000	%
Older People	98,433	63,507	63,598	91	0.1%
Learning Disabilities	70,724	61,262	63,217	1,955	3.2%
Mental Health	22,405	17,111	17,846	735	4.3%
Physical Disabilities	18,980	16,132	14,962	(1,170)	-7.3%
Adult Provider Services	13,728	9,299	9,574	275	3.0%
Adults Commissioning Unit	2,342	597	500	(97)	-16.3%
Support Services, Grant allocations and savings	(1,338)	(27,666)	(27,394)	273	-0.3%
Better Care Fund (excluding Health)	10,128	(267)	(267)	0	0.0%
TOTAL	235,402	139,975	142,036	2,060	1.5%

Key Headlines – Adult Care

Overall the current forecast position is an overspend of c£2m

Key variances relate to care management budgets, particularly Mental Health and Learning Disabilities

Although placement numbers remain fairly static, the price and mix of care is causing a pressure on maintaining within the budget set

Physical disabilities service is showing an underspend due to less clients requiring care than predicted

The Leadership Team are reviewing all budgets within Adult Care to identify areas of mitigation

Impact of COVID-19

The forecast position shown in this document excludes the impact of COVID-19, as it is assumed to be funded from the following external funding sources

- COVID-19 grant - £29m
- Test and Trace - £2.75m
- Infection Control - £7.45m
- Transport - £1.3m
- Community Hardship - £0.6m
- Support for loss in sales, fees and charges
- CCG grant relating to hospital discharges and avoiding admission to hospital

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Areas where COVID related spend / loss of income has occurred relevant to this panel include

- Loss of income from clients
- Additional costs associated with supporting care providers including in-house services
- Additional costs of PPE
- Delay in implementation of change programmes

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 22 SEPTEMBER 2020

WORK PROGRAMME 2020/21

Summary

1. From time to time the Adult Care and Well Being Overview and Scrutiny Panel will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The suggested 2020/21 Work Programme has been developed by taking into account issues still to be completed from 2019/20, the views of Overview and Scrutiny Panel Members and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The Adult Care and Well Being Overview and Scrutiny Panel is responsible for scrutiny of:
 - Adult Social Care
 - Health and Well-being
5. The overall scrutiny work programme was discussed by OSPB on 22 July and agreed by Council on 10 September 2020.

Dates of Future Meetings

- 18 November 2020 at 10am

Purpose of the Meeting

6. The Panel is asked to consider the 2020/21 Work Programme and agree whether it would like to make any amendments. The Panel will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

- Appendix 1 – Adult Care and Well Being Overview and Scrutiny Panel Work Programme 2020/21

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- [Agenda and Minutes of Council on 10 September 2020](#)
- [Agenda and Minutes of OSPB on 22 July 2020](#)

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
22 September 2020	Reablement Services		
	Update on Residential and Nursing Care Provision		
	Performance (Q1 April to June 2020) and In-Year Budget Monitoring		
18 November 2020	People and Communities Strategy		Suggested at 27 July 2020 meeting
	Plans for Independence		Suggested at September 2020 Agenda Planning meeting
	Performance (Q2 July to September 2020) and In-Year Budget Monitoring		
Possible future Items			
January 2021	The Council's Adult Services Respite Offer		Suggested at 11 June 2020 meeting
January 2021	All Age Refresh of the Carers Strategy	15 September 2019	
January 2021	The Council's approach when self-funders in residential care homes run out of funds		Suggested at November 2019 OSPB meeting
January 2021	All Age Disability Strategy		Suggested at September 2020 Agenda planning meeting
Spring 2021	Integrated Care System (NHS Policy Requirement by April 2021)		
Spring 2021	Fair and Transparent Funding arrangements between the Council and Clinical Commissioning Group (adults and children) including Continuing Health Care	25 September 2019 11 June 2020	Cross cutting with Health Overview and Scrutiny Committee and Children and Families Overview and Scrutiny Panel

TBC	Health and Social Care inequalities		Panel Member suggestion
TBC	Care Act easements as a result of COVID-19	11 June 2020	Watching brief as the Council has not applied any at this current time
TBC	Overview of services provided to adults of working age		Panel Member suggestion
Standing Items	Performance and In-Year Budget Monitoring Budget Scrutiny Process Adult Safeguarding – Annual	Jan/March/July/Sept/Nov November 2020 and January 2021?	