

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Monday, 15 November 2021, 2.00 pm
County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing scrutiny@worcestershire.gov.uk

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

Monday, 15 November 2021, 2.00 pm, County Hall, Worcester

Membership

Councillors:

Cllr Shirley Webb (Chairman), Cllr Jo Monk (Vice Chairman), Cllr David Chambers, Cllr Lynn Denham, Cllr Paul Harrison, Cllr Matt Jenkins, Cllr Adrian Kriss, Cllr James Stanley and Cllr Emma Stokes

Agenda

Item No	Subject	Page No
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 e-mail indicating both the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 12 November 2021). Further details are available on the Council's website. Enquiries can also be made through the telephone number/e-mail address listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Performance, In-year Budget Monitoring and 2022/23 Budget Scrutiny (indicative timing: 2:05-2:30pm)	1 - 14
6	Compliments and Complaints for Adult Services (indicative timing: 2:30 – 3:15pm)	15 - 34
7	Council's Approach to Self Funders and Residents with Depleting Funds (indicative timing: 3:15 – 3:45pm)	35 - 52
8	Review of the Consultation on Council Provided Day Services for Adults with Learning Disabilities (indicative timing: 3:45 – 4:15pm)	To follow
9	Work Programme (indicative timing: 4:15 – 4:25pm)	53 - 56

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](#)

Date of Issue: Friday, 5 November 2021

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 NOVEMBER 2021

PERFORMANCE, IN-YEAR BUDGET MONITORING AND 2022/23 BUDGET SCRUTINY

Summary

1. The Panel will be updated on performance and financial information for services relating to Adult Care and Well Being.
2. In addition, as part of the Budget Scrutiny process, the Leader of the Council has suggested that Panels take this opportunity to discuss emerging pressures and challenges for services in relation to the 2022/23 Budget. This will help to inform the Overview and Scrutiny Panels' scrutiny of the draft 2022/23 Budget at meetings in January 2022.
3. The Cabinet Member with Responsibility for Adult Social Care, the Strategic Director for People and the Senior Finance Business Partner have been invited to attend the meeting to respond to any queries from Panel Members.

Performance Information

4. 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.

This is reported to Cabinet and is also available on the Council's [website](#).

5. Attached at Appendix 1 is a dashboard of performance information relating to Quarter 2 (July to September 2021). It 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.
6. 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.

Financial Information

7. In addition to regular performance information, the Panel also receives in-year budget information. The information provided is for period 6 and is attached in the form of presentation slides at Appendix 2.

Budget Scrutiny 2022/23

8. As part of the Budget Scrutiny process for 2022/23, Panels are asked to discuss the emerging pressures and challenges for services. The Leader of the Council has suggested that this may include:

- The latest forecasts for demand-led services
- The continuing impact of the pandemic and the ongoing uncertainty
- The impact of inflation and supply side difficulties.

9. The Panel's discussions will help build up a current picture of the budget challenges facing each area and be reported to OSPB on 15 December 2021.

Purpose of the Meeting

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

- any comments to highlight to the CMRs at the meeting and/or to Overview and Scrutiny Performance Board at its meeting on 17 November 2021
- any comments to report back as part of the budget scrutiny process on the emerging pressures and challenges for services, to the OSPB at its meeting on 15 December 2021
- whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 - Adult Services Performance Information Dashboard

Appendix 2 – 2021/22 Financial Information (Presentation Slides)

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 of Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Adult Care and Well Being Overview and Scrutiny Panel on 29 September, 8 July and 28 January 2021, 18 November, 22 September, 27 July and 27 January 2020, 6 November, 25 September, 11 July, 14 March and 23 January 2019 – available on the website: [Weblink for agendas and minutes](#)

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

People ASC - Summary Data for Scrutiny Panel

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
- Prevent**, reduce or delay the need for care

1. Admissions to Permanent Care per 100,000 (18-64)

2021-2022 Target rate = 16

Worcestershire 18-64 Population = 341,279

Good Performance = Lower ↓

Definition: 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))

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.

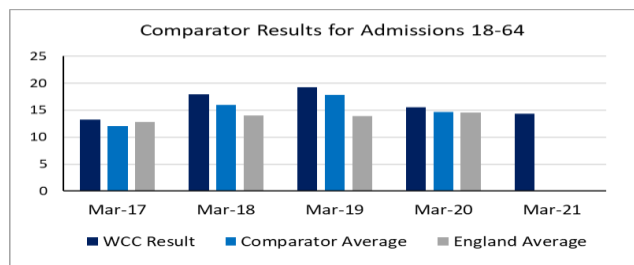
The data includes people within the age group 18-64 who have physical disabilities, learning disabilities or mental health issues.

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.

Comparator Data:

Comparator data is currently only available to March 2020 when the national England average was 14.6 and comparator authorities 14.7.

The Mar-21 comparator data is due to be published in Oct-21 and will be included in the next report.



Year/Month	WCC Result	Comparator Average	England Average
Mar-17	13.3	12.0	12.8
Mar-18	17.9	16.0	14.0
Mar-19	19.3	17.8	13.9
Mar-20	15.5	14.7	14.6
Mar-21	14.4		

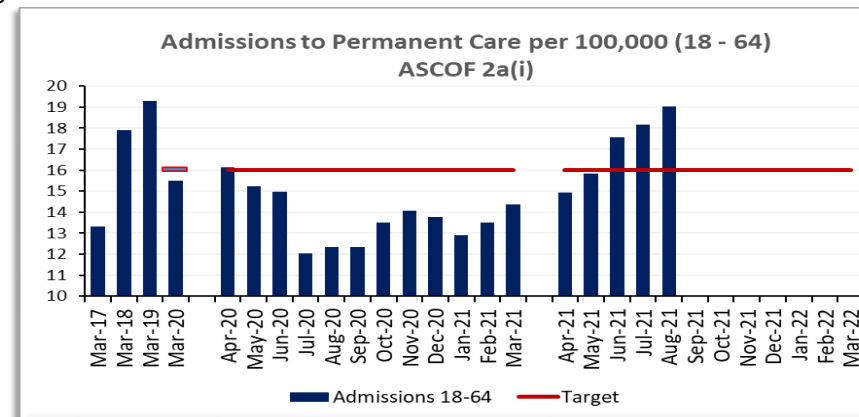
Worcestershire Results

Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	14.4	14.9	15.8	17.6	18.2	19.1							
Numerator	49	51	54	60	62	65							

Q2 2021-22 Commentary:

Over the last 3 years the rate of admissions per 100,000 18-64 year olds has fallen year on year from 19.3 (66 young people) Mar-19 to 15.5 (53 young people) in the year to Mar-20, and was 14.4 (49 young people) in the year to end Mar-21.

The upward trend from Apr-21 has continued and the result for Aug-21 is a rate of 19.1 which is 65 admissions. An action plan for operational, finance, reporting and commissioning staff has been established as part of monthly performance review cycle and is focussing on all admissions to care, particularly alternative provisions such as shared lives and supported living and the impact of the domiciliary care market.



2. Admissions to Permanent Care per 100,000 (65+)

2021-2022 Target rate = 574

Worcestershire 65+ Population = 137,440

Good Performance = Lower ↓

Definition: 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))

Analysis:

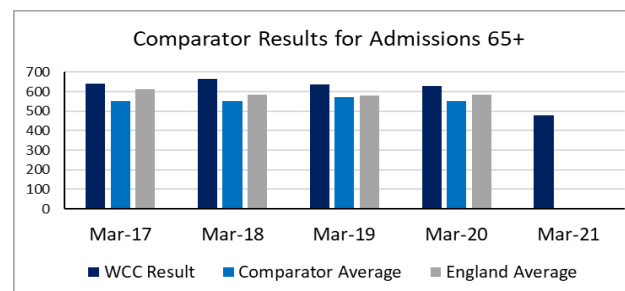
This national indicator looks at planned admissions and as such includes 12-week disregards, so potentially some of those included will eventually become self funders. Permanent admissions for people over the age of 65 are included in this indicator.

The aim is to support older people to remain living independently, in their own homes, for as long as possible. Measures are in place to ensure that admissions only occur where there is no other option to meet a person's needs. There are audits of all new admissions to ensure they are appropriate and to identify any key trends/themes. These are reported to the Assistant Director monthly and PDLT quarterly. As the population ages and has increasingly complex needs the pressure on preventing admissions becomes increasingly challenging. There will be an implication of Covid on people's long-term health and well-being that could impact on the need for 24/7 care.

Comparator Data:

Comparator data is currently only available to March 2020 when the national England average was 584.0 and comparator authorities 553.7.

The Mar-21 comparator data is due to be published in Oct-21 and will be included in the next report.



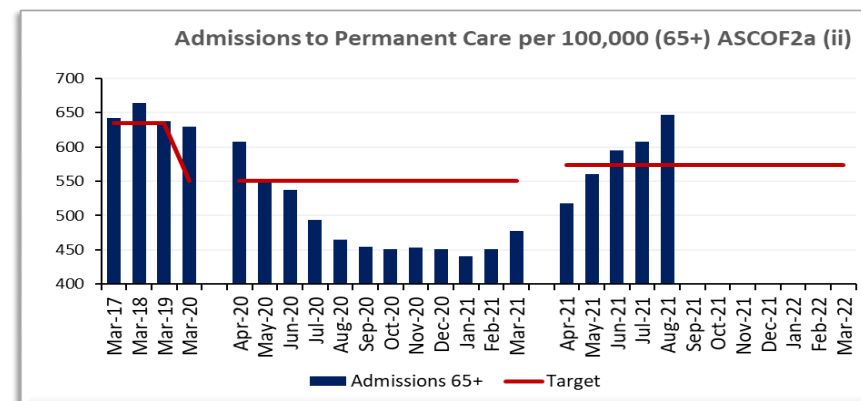
Year/Month	WCC Result	Comparator Average	England Average
Mar-17	642.0	552.2	610.7
Mar-18	663.9	549.8	585.6
Mar-19	637.9	571.3	579.4
Mar-20	629.1	553.7	584.0
Mar-21	477.3		

Worcestershire Results

Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	477.3	518.1	560.3	595.2	607.5	646.1							
Numerator	656	712	770	818	835	888							

Q2 2021-22 Commentary:

Over the last 4 years, the admission rate per 100,000 of the older population has fallen from 663.9 (850 older people) in 2018 to 482.69 (656 older people) in the year to end Mar-21. Results up to August 2021 the rate has increased steadily each month to 646.1 (888 people). Work streams include exploring average length of stay, impact of the domiciliary care market particularly in rural areas, supporting information & advice for people self-funding care & ensuring alternative housing-based provision is able to meet peoples increasing needs for as long as possible to prevent or delay a move to care home. Monitoring of those who are already in care homes but are no longer Continuing Health Care Funded is also in place. A large proportion of these admissions are people who have recently had a hospital admission.



3. Outcomes of Short-term Services

2021-2022 Target = 83.5%

Good Performance = Higher ↑

Definition: Proportion of people with no ongoing social care needs following a reablement service - sequel to short term services to maximize independence (ASCOF 2d)

Analysis:

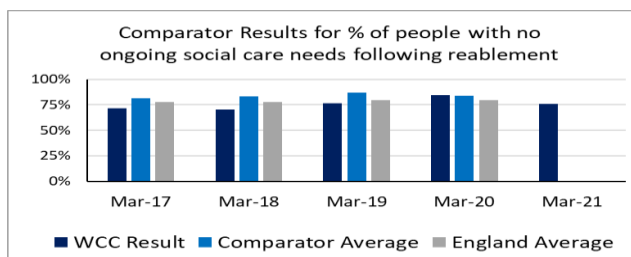
This is a national ASCOF indicator which measures rehabilitation success rates for people (all ages 18+) , in terms of the percentage who do not require ongoing services following a reablement service. In Worcestershire this has related solely to services provided by the Urgent Promoting Independence Team (UPI) (which focusses on hospital discharge) but from Oct-21 the new community reablement service is also included.

COVID-19 has significantly impacted the cohort of people using these services, particularly for those discharged from hospital where the focus has needed to be on system flow. New hospital discharge models were in place from the start of Covid-19 and have meant that more complex people are being given the opportunity for reablement and leaving hospital via Pathway 1 with the UPI team.

Comparator Data:

Comparator data is currently only available to March 2020 when the national England average was 79.5% and comparator authorities 83.9%.

The Mar-21 comparator data is due to be published in Oct-21 and will be included in the next report.



Year/Month	WCC Result	Comparator Average	England Average
Mar-17	71.7%	81.2%	77.8%
Mar-18	70.1%	83.5%	77.8%
Mar-19	76.6%	86.7%	79.6%
Mar-20	84.2%	83.9%	79.5%
Mar-21	76.0%		

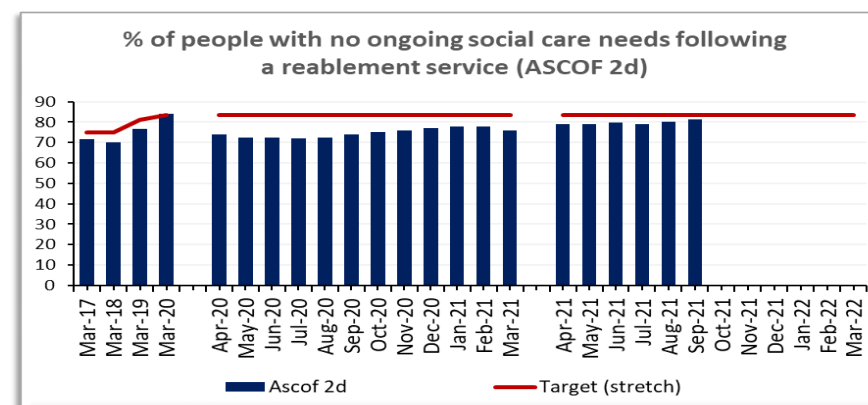
Worcestershire Results

Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	76.0%	78.9%	79.0%	79.6%	79.2%	80.0%	81.4%						
Numerator	1207	116	169	258	334	412	516						

Q2 2021-22 Commentary:

For 2020-21 the result was 76% compared with 84.2% in the previous year. This decrease is linked to pressures during the pandemic meaning people with more complex needs were discharged from hospital through pathway one to facilitate hospital discharge and flow across the whole system.

In Quarter 2 2021-22 the result has gradually increased to 81.4%. There continue to be pressures across the system so any increase shows how well the service are doing. This does fit with previous trends for performance to increase over Sept and Oct then gradually decline as focus tends to be on flow through winter.



4. People aged 65+ at home following Rehabilitation

2021-2022 Target = 82.0%

Good Performance = Higher ↑

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

Analysis:

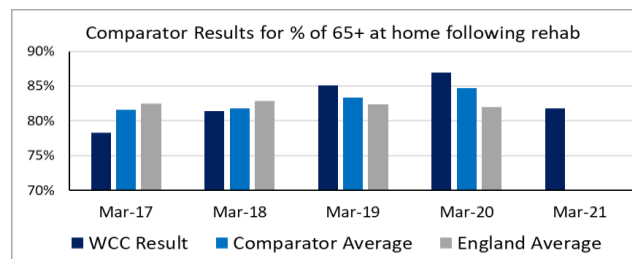
This is a national indicator that measures the percentage of older people who have gone through a reablement program on discharge from hospital and are still at home 91 days later, on a quarterly basis. Reablement services include some that are health led.

The acute hospitals are 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. As before, COVID-19 has significantly impacted this cohort of people.

Comparator Data:

Comparator data is currently only available to Mar-20 when the national England average was 82% and comparator authorities 84.7%.

The Mar-21 comparator data is due to be published in Oct-21 and will be included in the next report.



Year/Month	WCC Result	Comparator Average	England Average
Mar-17	78.3%	81.6%	82.5%
Mar-18	81.4%	81.8%	82.9%
Mar-19	85.1%	83.3%	82.4%
Mar-20	86.9%	84.7%	82.0%
Mar-21	81.8%		

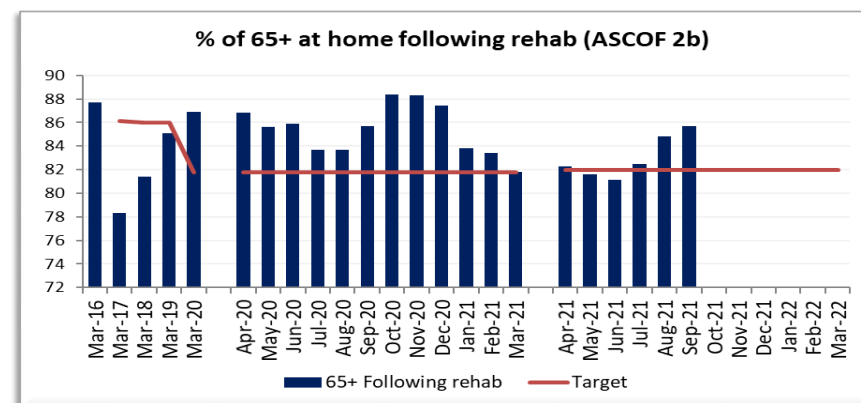
Worcestershire Results

Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	81.8%	82.3%	81.6%	81.1%	82.5%	84.8%	85.7%						
Numerator	453	428	421	450	442	474	466						

Q2 2021-22 Commentary:

Despite the pressures across the health and social care system due to Covid, performance on this measure for 2020-21 was 81.8%. This was lower than the previous year's result of 86.9% but a good result in the pandemic.

In Quarter 2 2021-22 the result was has steadily increased to 85.7%. There has been a historic trend for results to be higher in Sept and Oct and then to fall through the winter months as the focus needs to be on hospital flow to alleviate pressures across the system.



5. Annual Care Package Reviews Completed

2021-2022 Target = 95%

Good Performance = Higher ↑

Definition: Percentage of people in services for twelve months who had a review completed in those twelve months or whose review is in progress at that point

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.

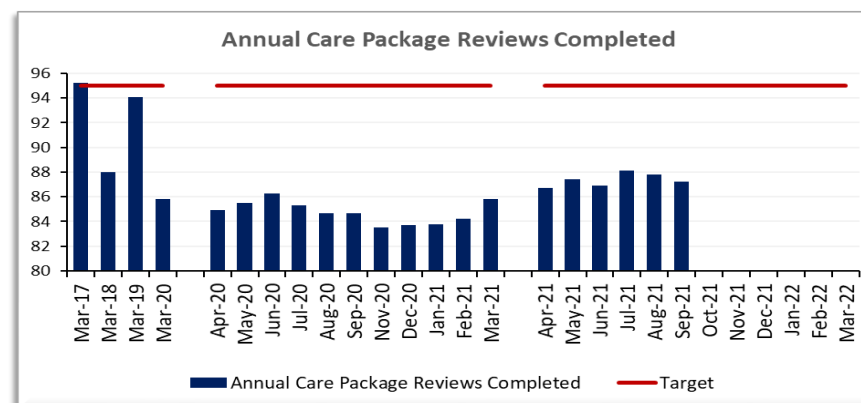
Worcestershire Results

Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	85.8%	86.7%	87.4%	86.9%	88.1%	87.8%	87.2%						
Numerator	4016	4079	4131	4087	4181	4184	4172						

Q2 2021-22 Commentary:

Performance at the end of 2020-21 was 85.8%. During 2020-21, in addition to the usual process of annual reviews social workers were also involved in reviewing people who had been funded via Covid special grants and carrying out a significant number of welfare checks for people living alone to check they have been supported throughout the pandemic.

For Quarter 2 2021-22 the result is 87.2%. Service areas with higher levels of overdue reviews have action plans in place to improve performance and are tackling those overdue the longest. Staffing issues in learning disability services and mental health have been reviewed and recruitment is underway as vacancy rates are impacting on this performance.



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Adult Care and Wellbeing Scrutiny Panel

15 November 2021

Quarter 2 Forecast Outturn 2021/22

Q2 Financial Position – Adults

Adults Revenue Forecast	2021-22 Gross Budget Q2	2021-22 Net Budget Q2	2021-22 Forecast Outturn Q2	2021-22 Forecast Variance Q2	2021-22 Forecast Variance Q1
	£'000	£'000	£'000	£'000	£'000
Older People	102,301	66,275	66,280	5	-1,266
Learning Disabilities	72,490	60,313	63,437	3,124	2,816
Physical Disability	19,586	15,430	14,643	-787	-308
Mental Health	28,149	18,297	18,119	-178	-119
Adults Commissioning Unit	14,260	2,304	2,174	-130	7
Central Services (incl iBCF and Social Care Grant)	1,652	-28,812	-30,856	-2,044	-1,130
Provider Services	16,267	9,209	9,209	0	0
TOTAL ADULTS	254,705	143,016	143,006	-10	0

Key Headlines – Adults

- Broadly a breakeven position is currently forecast across the service as a whole
- Additional activity and increased unit costs are causing pressures on placement budgets in particular Learning Disabilities and Mental Health
- Offset in year by underspends in budget allocated for Liberty Protection Safeguards, one-off income and vacant posts within a number of areas including Mental Health
- Funding continues to be claimed via the NHS Hospital Discharge Grant
- Ongoing implementation of transformational change via the People Services “Three Pillar” Strategy to support ongoing efficiencies and demand management

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Key Forecast Variances – Adults

- Underspend in Older People services which includes Liberty Protection Safeguards growth not expected to be fully utilised in 2021/22 following national regulation changes and lower than forecast placement costs
- Increased placement costs for Learning Disability, with the majority being a forecasted reduction in income expected and increased unit costs
- Underspend in Physical Disability services as a result of lower than budgeted cost of people receiving services
- Mental Health services demonstrating a forecasted overspend on placement costs offset by one off staffing savings
- Support services - the underspend showing in this area is due to additional one-off Direct Payment income recovery

Risks and Potential Pressures – 2022/23 Onwards

- Increase in National Minimum Wage on the cost of care
- Increase in demand above forecast
- Impact of delayed discharges from acute hospitals
- Impact of the lifetime care cap on council budgets, including direct costs, financial assessments, care assessments
- Local authority being asked to procure care for self-funders – cost of admin and self-funders able to buy care at lower rates
- Impact of national insurance increase on providers and their staff
- How the funding for “Build Back Better” is allocated to councils
- Lack of capacity in the care sector
- Increased costs of providing care due to staff shortages and costs of living impacts (Pandemic and Brexit)
- Health / Care Bill

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 NOVEMBER 2021

COMPLIMENTS AND COMPLAINTS FOR ADULT SERVICES

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel is to be briefed on compliments and complaints relating to Adult Social Care Services.
2. Information on the process of monitoring compliments and complaints was requested by Panel members during the Panel's induction following the County Council elections.
3. The Strategic Director of People and the Cabinet Member with responsibility for Adult Social Care, have been invited to the meeting.

Background

4. Information in this report includes the formal complaint and compliments process, data on the types of complaints, time taken to resolve and how many are upheld, those dealt with by the Directorate and those dealt with by the Consumer Relations Unit. It also includes an overview of numbers and themes.
5. The Council is required to produce an annual report of compliments, complaints and comments received concerning adult social care, which is published on the Council's website and a copy of this year's report is attached at Appendix 1.

The Adult Social Care Process

6. The Adult Social Care complaints process has been produced in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009)
 - An individual can complain when:
 - they are in receipt of or have received a service.
 - they are a person affected, or likely to be affected by the action, omission or decision of the Authority.
7. A complaint can be accepted on behalf of the above when they:
 - have died
 - are unable to make a complaint themselves due to lack of physical or mental capacity
 - have asked a representative to make a complaint on their behalf.
8. Consent is sought before disclosing any personal or confidential information in compliance with GDPR. The Consumer Relations Officer (CRO) will consider

whether the person is acting in the best interests of the adult with care and support needs, and if considered unsuitable then the CRO will provide a written explanation. The CRO will discuss this decision with relevant operational managers as appropriate.

9. Reasonable attempts are made to check if the adult with care and support needs wants to pursue a complaint with alternative support or an advocate.

10. Anonymous complaints should be referred to the Consumer Relations Unit (CRU) and it is then for the CRO to decide if any further action should be taken.

11. Self-funders can only use this procedure in regard to the actions of the Local Authority. Complaints about care which they have funded themselves will be directed to the provider of their service or Local Government & Social Care Ombudsman.

12. Similarly, those in receipt of a self-managed Direct Payment can only complain about the involvement of Social Care. Any complaint regarding services purchased by Direct Payment will go directly to the Local Government & Social Care Ombudsman.

When Complaints may not be considered

13. Matters going before a court cannot be considered.

14. A complaint made one year or more after the complained about event taking place, need not be investigated, unless it would be unreasonable to expect the complainant to have made the complaint earlier, for instance if it was reliant on information becoming available; and notwithstanding the delay it is possible to consider the complaint effectively, efficiently and fairly. The CRO will make this decision. If the complaint is not accepted the complainant is notified in writing of the reasons why, and of their right to approach the Local Government & Social Care Ombudsman.

15. Complaints will not be considered where other procedures, or statutory processes exist, for example:

- Disciplinary proceedings.
- Adult - Safeguarding
- Complaints from staff about personnel issues.
- Criminal investigations.
- The Corporate Representations Procedure.

16. A complaint investigation will not run concurrent to any of the above processes.

17. **All** complaints however made or received must be forwarded to the Consumer Relations Unit. These include complaints received via MP's or Councillors.

What is a Complaint

18. A complaint is an expression of dissatisfaction, however made, about the standard of service, actions or lack of actions by Adult Social Care, the discharge of, or failure to discharge, a Social Services function. If an expression of

dissatisfaction is more than an observation and requires either action or a response then it is deemed to be a complaint.

Types of Complaint

19. **Informal Complaints:** an informal complaint must be:

- a verbal complaint which is:
about a matter of low concern, where immediate intervention will resolve the issue or prevent the complaint escalating and:
- can be dealt with rapidly, within 24 hours or:
- Where the complainant has stated that they do not want to make a formal complaint.

20. If a complainant does not want to make a formal complaint, but the issues raised are of a serious nature, the CRO will decide how to deal with it.

21. **Formal Complaints:** complaints can be made either verbally or in writing. The complaint is acknowledged within 3 working days. The CRO risk assesses the complaint and sends the complaint to be allocated for investigation. Where a complaint is redirected to the Safeguarding process, the complainant must be advised.

22. Complaints are investigated independently of the complained about service area. A rota exists managed by Adult Social Care Managers who deal with low/moderate risk complaints. No formal complaint is to be dealt with outside of this process. All managers tasked with investigating complaints must have the relevant competencies to conduct investigations. If they do not feel adequately equipped to take on an investigation, they will contact the CRO for additional training. Managers and staff must make themselves available for interview, clearing a space in their diary if necessary, and requests for information should also be dealt with promptly.

23. Where an investigation identifies issues of performance and capability this will be raised immediately with the Team Manager. If management process or disciplinary is felt appropriate, then the complaint will be suspended pending the outcome of that process.

24. If the Authority has done all it can to resolve the complaint, and the complainant is not satisfied, they are directed to the Local Government & Social Care Ombudsman.

Process for Conflict Resolution and Mediation

25. The complaint process is flexible to allow for a variety of options to be used to reach an acceptable resolution.

26. All complaints are received by the CRO, and risk assessed. Based upon that risk assessment and preliminary discussion, the CRO will either assign the complaint to be investigated, conduct an investigation themselves, appoint an external investigator or the manager allocated the investigation upon contacting the complainant may look to set up a conflict resolution or mediation meeting to seek resolution.

27. Once the allocated manager has spoken to the complainant, they may feel that a low-level meeting is an option to enable the complainant to air their views and identify actions that may satisfy the complainant.

28. Where this is considered an option, the Manager can arrange the meeting and identify any potential actions that can be taken forward with the relevant service manager. Where it is possible to carry out the identified action, and the complainant is satisfied, then there is no need to conduct any further investigation.

29. A written response will still be required outlining issues discussed at the meeting, and agreed actions, and this will need to be signed off by the Quality and Safeguarding Services Manager. It will then be considered that the complaint has been dealt with.

30. If following the meeting, the complainant remains dissatisfied then the matter should be referred to the CRO to determine whether any additional investigation is required. Where the complainant refuses the option of a meeting and requests a formal investigation and response then this should be carried out.

Learning from Complaints

31. The manager dealing with the complaint should consider whether there is any learning; there are 3 types of learning:

- Team/Staff specific – for instance where there is a local issue with staff or a team not following or understanding procedures, policies, legislation or best practice. Training issues.
- Improvements/actions/innovations – where it is identified that improvements to procedures or practices either locally or directorate wide would be beneficial. Where there are service improvement issues, where action needs to be taken to restore the adult to the service they should be receiving.
- General learning/reminders – where issues identified are service wide, and a reminder needs to be issued to staff.

32. Any learning identified as a result of a complaint should be agreed with the manager responsible for the service area and noted Key Learning document prior to returning it to the CRO. They will then follow through on the learning points and evidence what actions have been taken. This document is sent to the CRO to log. The complaint will then be closed.

Withdrawing a complaint

33. A complaint may be withdrawn either orally or in writing at any time by the complainant, their representative or Advocate. Confirmation in writing must then be sent to the complainant that their complaint has been withdrawn.

Joint NHS Complaints

34. Where a complaint is received, and it is entirely a matter for the relevant NHS body, then within 3 working days the complainant is contacted to ask if they want their complaint redirected and consent obtained (GDPR). If the complainant is in

agreement then the complaint is forwarded immediately to the relevant NHS complaints manager, and an acknowledgement sent to the complainant detailing where and to whom their complaint has been sent.

35. Where a complaint is made which contains elements relating to both the Social Care and Health functions, then the complaints managers from each organisation shall determine which organisation should take the lead. Issues to consider are:

36. Once the lead organisation has been determined then they will take responsibility for directing the complaint in line with the complaint's procedure. The other involved organisations will cooperate with their investigation and provide relevant access to information and staff with due regard to Data Protection issues.

37. The Complaints Managers will liaise in regard to the progress of the complaint, and any response will be jointly signed by all involved organisations. The learning will be shared across the organisations concerned.

Provider Complaints

38. Where a complaint is about a commissioned service then in the first instance the complainant is directed to the provider. Where the complainant is adamant that they do not want to approach the provider, or the issue is serious, then they can access the complaints procedure straight away. Where the provider responds but the complainant remains dissatisfied, they can then enter the complaints process. If the complaint is accepted, then in most instances the CRO will investigate.

39. Where findings are made against a provider the outcomes will be shared with the Care Quality Team for follow up action.

Comments

40. A comment is a general observation about a service, or a service improvement suggestion. Comments are logged with the CRU. Where a comment is received, an acknowledgement is sent within 3 working days. The comment will then be responded to by the relevant manager within 35 working days. A copy of the comment and response must be sent to the CRU.

Compliments

41. A compliment is an expression of gratitude or satisfaction which is more than a simple thank you and should identify the area of good practice. Compliments should be forwarded to the CRU with the name and address of the adult with care and support needs. If the compliment is received by CRU we will acknowledge the compliment and send details to the staff member's manager if they are not already aware of it.

Points to Note

42. Less than 2% of total number of complaints received in 2020/21 were escalated to the Ombudsman.

43. The number of complaints has increased in Adult Social Care from 117 in 2019/20 to 123 in 2020/21.

44. The primary areas of complaint are in assessment, support planning and resource allocation: this is the core business of Social Work and includes assessment, support planning and resource allocation. Within this area, the largest areas of complaint are around communication and staff attitude and behaviour.

45. The other main area is contracted residential care and domiciliary care and financial assessments. There has been an increase in complaints regarding externally commissioned home care, and an increase in complaints regarding services that fall under Adult Safeguarding.

46. Financial Assessments and Direct Payments is an area that has also seen an increase in complaint numbers.

Purpose of the meeting

47. Members are invited to consider and comment on the information within this report and agree:

- whether any further information or scrutiny work is required at this time
- arrangements and frequency of future reports
- whether there are any comments to highlight to Cabinet Member

Supporting Information

Appendix 1 – Adult Social Care Statutory Representations and Complaints Procedure
Annual Report 2020-21: Compliments, Comments, Complaints

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 for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes from the Overview and Adult Care and Wellbeing Overview and Scrutiny 8 July 2021

Minutes and Agendas are available on the Council's website: [weblink to agendas and minutes](#)

Adult Social Care Statutory Representations and Complaints Procedure Annual Report 2020-2021

Adult Social Care Services



Compliments Comments Complaints

Make your views known

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1. Purpose of Report

1.1 This is the Annual Report for Worcestershire County Council on the operation of the Representations and Complaints Procedure in respect of Adult Social Care Services from 1 April 2020 to 31 March 2021.

2. Background

2.1 The Local Authority Social Services Act 1970, as amended by the National Health Service and Community Care Act 1990, and Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require the County Council to have a procedure for resolving complaints and representations received by, or on behalf of, adult service users.

2.2 A requirement of the procedure is that an annual report is presented to the County Council about compliments, comments and complaints received through the year. This report is open to inspection by members of the public under the terms of the Local Government (Access to Information) Act 1985.

3. Overview of complaints

3.1 Number of complaints received

3.1.1 The number of complaints increased in Adult Social Care, increasing from 117 in 2019/20 to 123 in 2020/21. There were 22 informal complaints reported this year. (See appendix 1 for full data).

3.1.2 Some Social Care complaints, which do not relate to individuals or the services they receive, are dealt with through the Corporate process. This year 7 complaints were dealt with through the Corporate complaints procedure, mainly in regard to the standard of service received.

3.2 Ombudsman Complaints

3.2.1 This is a brief summary of the Local Government Ombudsman (LGO) complaints received, and those where decisions were made this year:

- 7 complaints were received, and 4 were determined.
- Of the determined, 2 were upheld, and were found maladministration with injustice. 2 were closed after initial inquiries with no further action.
- The 2 upheld decisions were complainants who were dissatisfied with the response they had received to their complaint from Worcestershire County Council.

3.2.2 For the purposes of this annual report we have used the Council's figures. The LGO has published a report, but accepted that their figures would not match the data collected by Local Authorities due to the timescale of decisions being reported.

3.3 What is being complained about?

3.3.1 The primary areas of complaint are as follows (See appendix 1 for full data):

a) Assessment, support planning and resource allocation

3.3.2 The core business of Social Work includes assessment, support planning and resource allocation, which receives the highest level of complaints. Within this area, the largest areas of complaint are around communication and staff attitude and behaviour.

b) Other areas: Contracted residential care and domiciliary care and financial assessments

3.3.3 There has been an increase in complaints regarding externally commissioned home care, and an increase in complaints regarding services that fall under Adult Safeguarding. These figures only show the complaints being dealt with through the Council's formal process, and do not include complaints received directly by the services or dealt with via the Council's quality assurance processes.

Financial Assessments and Direct Payments is an area that has also seen an increase in complaint numbers.

3.4 Upheld Complaints

3.4.1 For those complaints either fully or partially upheld, one of the main issues was around staff attitude and behaviour and communication.

3.5 Learning from Complaints

3.5.1 Learning from complaints is an important aspect of the complaint procedure, and there is a requirement that Adult Social Care evidence how learning from complaints feeds into service delivery and development.

3.5.2 A Key Learning Form is used to capture the learning and provide an audit trail of its implementation. The information from the Key Learning Form then feeds into the quarterly reports provided for the Senior Management Team meetings. In this way information derived from complaints can be used as a measure of performance and can contribute to practice development, commissioning and service planning. In many instances, outcomes to complaints are specific to the case and there are no general learning points that would influence policy or procedure.

3.5.3 Key Learning Forms are also discussed in the Operational Manager's meetings, where specific elements of learning are discussed, and actions agreed. Individual issues about specific teams are dealt with through supervision with the area managers and team meetings.

3.5.4 These are some examples of learning this year:

What people have complained about	What action has been taken as a result
Support was stopped four days prior to when it was agreed during a review.	The manager of the service will address the communication concern with the member of staff following Worcestershire County Council policies and procedures. The team will reflect and learn from this to improve the service.
Support was not completed as agreed within the care plan. Failed to change their PPE in between tasks and not signing care records. Entered the property with muddy shoes. Information provided on discharge promising actions has not happened	Officers to be more vigilant when providing support and ensure they clean up after tasks are undertaken. Ensure they follow care plans as agreed. Officers to be given clear instructions on the donning and doffing of PPE. Officers to record information relating to support given, ensuring dates and signatures appear on all entries
Communication was poor and inadequate	Conversation with the allocated worker have taken place to highlight the importance of communication. At the same time general learning will be issued to the Social Work teams to reiterate the importance of accurate and timely communication to prevent such occurrences happening again.

3.6 Financial Redress

3.6.1 As an outcome of some of the upheld or partially upheld complaints Adult Social Care agreed to write off certain charges or make ex gratia payments. Payments this year totalled £4,802.

3.7 Time Limits

3.7.1 There are no prescribed time limits for dealing with complaints, although the legislation suggests a maximum of 6 months. The expectation is that reasonable timescales are negotiated and agreed with the complainant. Adult Social Care has set default time limits of 35 working days for the completion of complaints, although it is possible to extend the timescales for more complex complaints.

3.7.2. Of the Low-Risk complaints responded to, 59% were responded to within timescale; for Moderate Risk complaints 26% were responded to within timescales. However moderate complaints tend to be more complex and cover more than one service.

3.8 Advocacy

3.8.1 There were 2 complaints this year supported by an advocate.

3.9 Compliments and Comments

Detailed information is contained in Appendix 4

Comments on this report are welcomed and requests for further information should be directed to:

The Consumer Relations Officer, (Adult Social Care Services)

Telephone: 01905 844096

Email: representations@worcestershire.gov.uk

Consumer Relations Unit
County Hall
Worcester
WR5 2NP

This document can be made available in other languages and alternative formats (large print, audio tape, computer disc and Braille) by contacting the Consumer Relations Unit on telephone number 01905 844096.

Appendix 1

Formal Complaints Process

Complaints are grouped according to the area of service provision, which are:

Numbers of Adult Service complaints received

	2019-20	2020-21
Low Risk	103	95
Moderate /High Risk	14	28
Informal	4	22
LGO	12	7
Total	133	152

Complaints by Service Area

Service Area	2019 -20	2020-21
Central Services	24	19
Commissioning	13	6
Mental Health & Learning Disabilities	12	7
Operations & Intergration	52	39
Provider Services	7	30
Quality, Safeguarding, DOLS & Prisons	9	19
Urgent Care	-	3
Total	117	123

N.B These totals are for those complaints entering the formal process, excluding those received via the LGO.

Services Being Complained About

(N.B Totals may differ as some complaints cover more than one service)

Service	2019-20	2020-21
Access & Patient Flow Centre	-	2
Brokerage Process	-	4
Charging (Day Care)	1	-
CHC	3	2
Contracted out (Day Care)	2	-
Decision making	4	8
Duty, Care and Support Planning	35	46
Financial Assessment/ Direct Payment	18	33
Financial (home care)	-	8
Finance	22	14
Externally Commissioned Home Care	6	13
Externally commissioned respite	1	1
Externally Commissioned Res/Nursing	8	7
Supported Living	2	-
Other	18	-
LD	4	2
MCA	1	-
Promoting Independence	-	16
Review	6	-
Safeguarding Process	5	12
Shared Lives	1	2
Staff	10	11
Total	147	181

Nature of Complaints

(N.B Totals may vary as some complaints have various natures)

Across all the Service Areas the issues being complained about are:

	2019-20	2020-21
Staff Attitude and Behaviour	25	34
MCA	1	-
General lack of Communication	34	46
No return telephone calls	1	4
Practice non-compliant with leg/procedure	1	-
Policy Decision/Resource Allocation	2	2
Decision Making	2	3
Lack of Service	28	9
Delay in Providing a Service	7	11
Care Plan Assessment	3	1
DOLS	-	9
Standard of Service Delivery	11	118
Financial	45	13

	2019-20	2020-21
Direct Payment (Financial)	14	4
DPA Process	2	-
Inaccurate Information	4	3
Adult Safeguarding	-	13
CHC	3	-
Changes to call times (home care)	2	1
Duration of Call (Home care)	1	-
Hygiene (home care and residential)	2	-
Health/Personal Care (home care and residential)	1	3
Hospital Planning discharge	-	2
Medication (home care and residential)	1	-
Provider management/Admin	1	1
Other	2	2
Reviewing	4	-
Support Planning	-	6
Confidentiality	1	10
Total	198	295

Break down by Service area

2020/21	Central Services	Commissioning	Mental Health & Learning	Operations & Intergration	Provider Services	Quality, Safeguarding, DOLS & Prisons	Urgent Care
Adult Safeguarding	-	-	2	3	1	7	-
Breach of Confidentiality	1	-	-	7	1	-	-
Change to Call Times	-	-	-	1	-	-	-
Conduct/Behaviour of Staff	4	-	2	8	-	-	-
Delay in Providing a Service	-	-	-	8	2	-	-
General Lack of Communication	21	-	-	25	9	-	8
Direct Payment	3	-	-	3	-	-	-
DOLS	-	-	1	8	-	-	-
Delay in Providing a Service	-	-	1	-	-	-	-
Care Plan Assessment	-	-	-	1	-	-	-
Standard of Service Delivery	29	1	3	46	13	8	11
Financial	7	-	-	6	-	-	-
Health /Personal Care	-	-	-	2	1	-	-
Lack of Service	2	-	-	3	3	1	-

2020/21	Central Services	Commissioning	Mental Health & Learning	Operations & Intergration	Provider Services	Quality, Safeguarding, DOLS & Prisons	Urgent Care
Hospital Discharge Planning	-	-	-	-	-	-	2
Staff Attitude/Behaviour	5	-	2	5	1	7	-
Duty Care & Support Planning	-	1	-	4	1	-	-
Providers Mgt/Admin	-	-	-	-	1	-	-
Process dec/Alloc	2	-	-	-	-	-	-
Other	-	-	-	1	-	-	-
Total	74	2	11	131	33	23	21

Appendix 2: Outcomes of Formal Complaints

Low Risk Complaints	2019-20	2020-21
Upheld	23	21
Partially Upheld	12	22
Not Upheld	26	20
Re-directed	5	6
Discontinued (includes referred to Safeguarding)	21	37
Permission Required	5	1
Suspended	4	-
Total	96	107

Low Risk complaints are relatively straight forward and relate to a single or a few issues that can be readily resolved. Some complaints were redirected, such as to other partner organisations or to the provider's own complaints process.

Moderate Risk Complaints	2019-20	2020-21
Upheld	-	4
Partially Upheld	10	8
Not Upheld	5	2
Discontinued	1	4
Suspended	-	-
Redirected	-	1
Premature	2	-
Total	18	19

Moderate Risk complaints are generally those that deal with a number of issues, or a number of teams and cross organisational issues. These are either dealt with by a relevant Social Care manager or Advanced Social Work Practitioner or the Investigating Officer for Adult Social Care.

High Risk Complaints

There were no High Risk complaint this year.

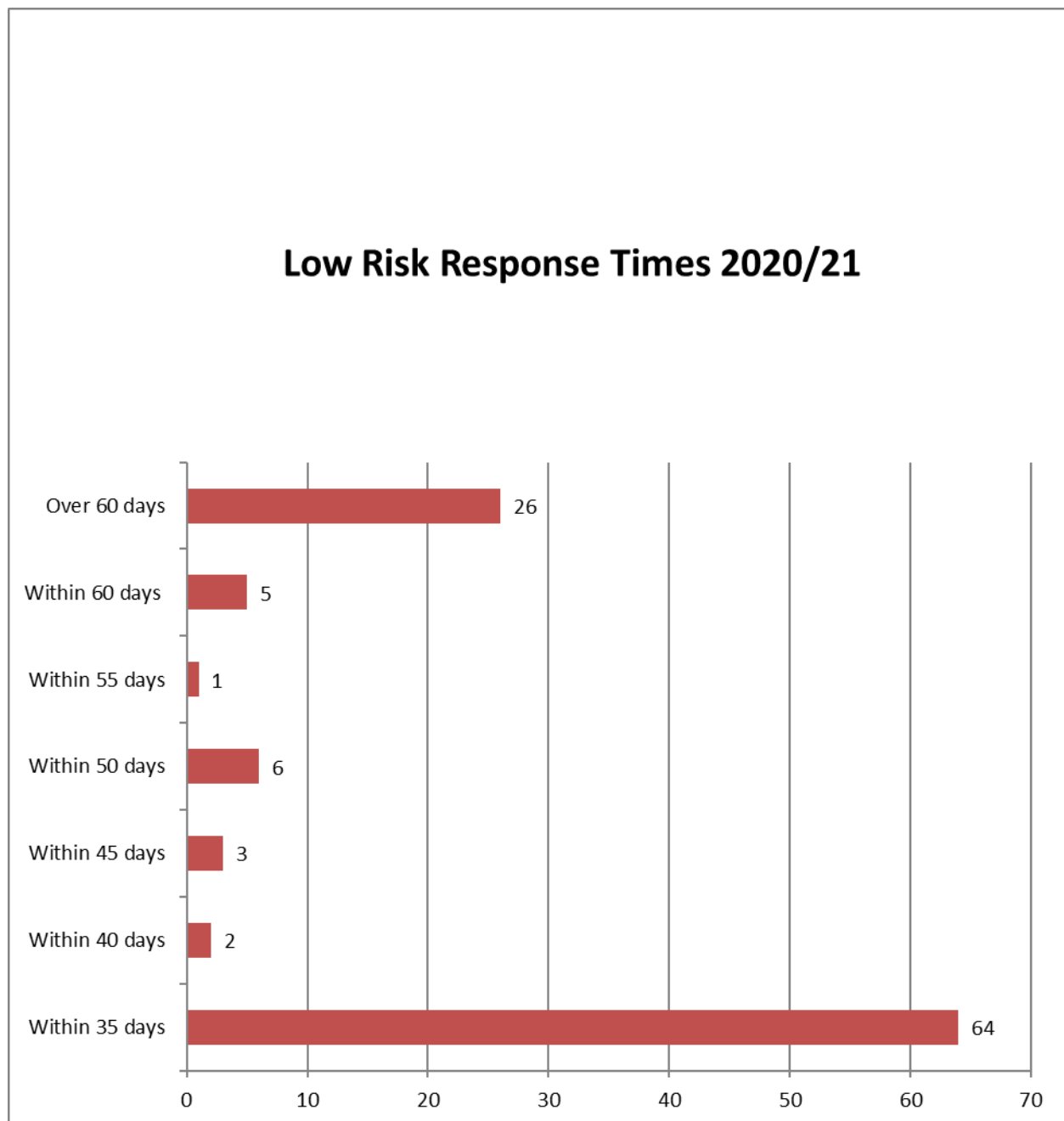
Appendix 3: Time Limit

There are no prescribed time limits for dealing with complaints, although the legislation suggests a maximum of 6 months. The expectation is that reasonable timescales are negotiated and agreed with the complainant. Adult Social Care have set default time limits of 35 working days for the completion of complaints, although it is possible that such timescales are extended for more complex complaints.

Overdue complaints are those not completed within the default timescale, or that have gone beyond the agreed timescale with the complainant.

Low Risk Timescale

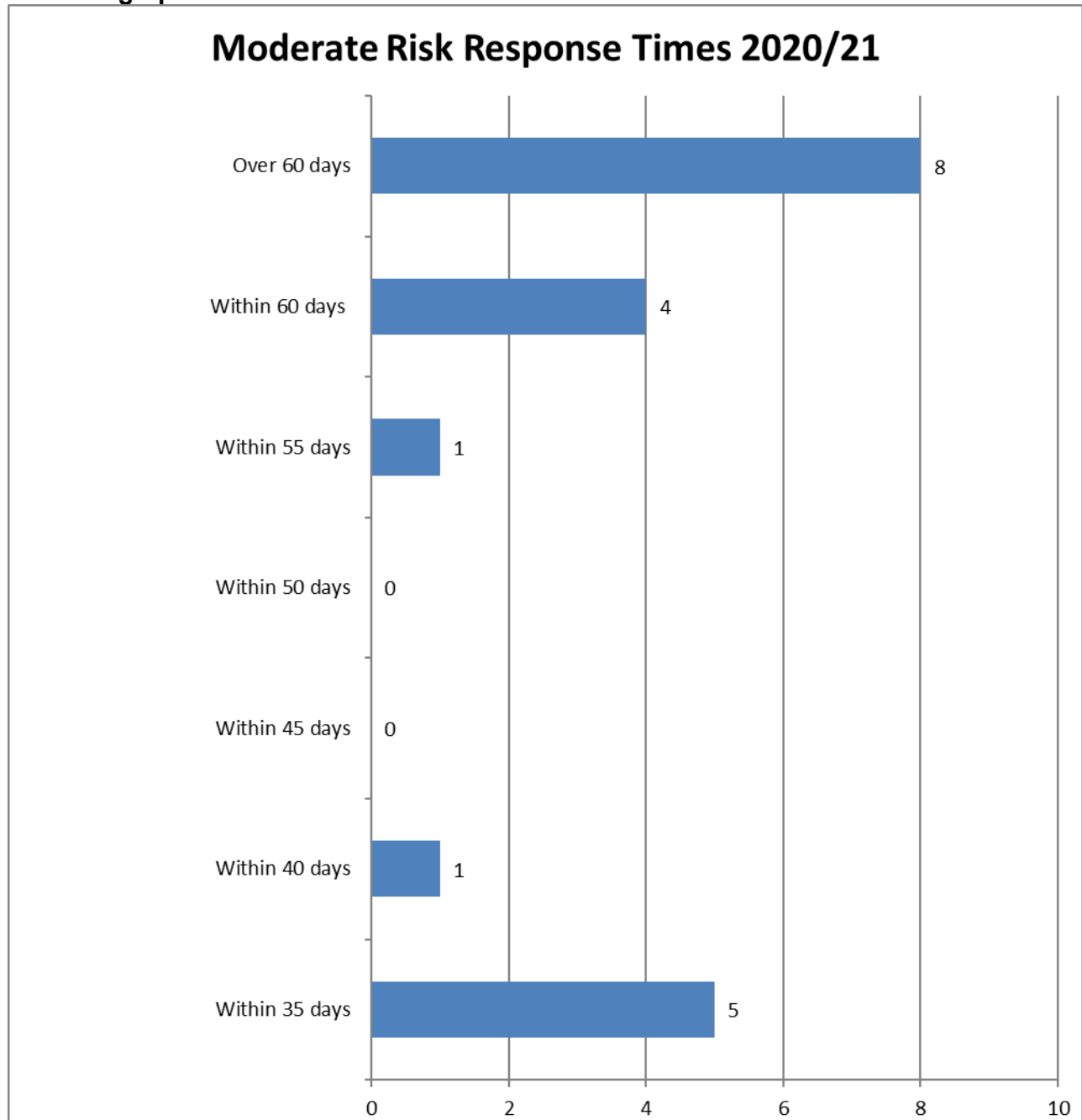
Of the Low-Risk complaints, the majority were responded to within timescale.



Moderate Risk Timescales

Of the Moderate Risk complaints responded to within the year just over a quarter were responded to within timescales. As moderate risk complaints are generally more complex, it is not unusual for them to extend beyond the 35 working days, and complainants are generally kept updated as to progress. There were a few however, which were considerably overdue.

This is a grap



All overdue complaints are pursued with the relevant managers. The Consumer Relations Unit issues alerts as a complaint approaches timescale, and then thereafter, until it is responded to.

Appendix 4: Compliments and Comments

The process also reports on Comments and Compliments received by Adult Social Care.

Comments

There were 8 comments received this year.

Service Area about which compliments were received

	2019/20	2020/21
Central Services	1	15
Commissioning	-	
Mental Health & Learning Disabilities	-	11
Operations & Intergration	100	133
Provider Services	52	93
Quality, Safeguarding, DOLS & Prisons	3	1
Urgent Care	-	14
Total	156	267

The majority of compliments are regarding exemplary assistance from staff, and the standard of service provided. There has been an increase of 71%.

Compliments are logged and the members of staff involved congratulated on their good practice. Statistics regarding compliments are also supplied in a quarterly report to DMT and SMT, thus ensuring that the service is not only learning from complaints, but also learning from compliments.

A compliment logged under this process must be more than a thank you and should demonstrate exceptional service. Some compliments received therefore, although always shared with the individual worker are not logged under this process.

In addition to the compliments logged under this process there have also been

Examples of compliments received

From a service user about a Social Worker:

“I have received excellent support and you have helped us with everything and explained everything really clearly.”

From a person that was supported by their Social Worker

"I know you have done an exceedingly large amount of work to keep our happy family together. You gave me a lot of advice with a long conversation."

From the daughter of a service user

"Thank you for all the assistance given to support with care calls for my father who was originally self- funding his care package."

From the mother of a Service User

"I was finding it difficult to allow carers to provide support to my son as I have always done it. You made some suggestions which would help me. I wanted to say how much your help and advice has helped me. It has made a big difference to me."

From a service user of the Reablement Team

"I want to say how impressed I was with your dedication, visiting I all weathers, at all times of the day. You provided a wonderful service."

From the daughter of a Service User about a Social Worker

"I want to praise you for giving me an excellent service. You were very pleasant and showed me a lot of empathy whilst I was at my lowest. Everything was meticulous and professional continuously. I would have gone under if it was not for you"

From a Service User

"Thank you so much, you have been a real star. Having this extra support through the care agency makes such a huge difference to my life, I would really struggle without them. Thank you so much again, I can't put into words how very much I appreciate all of you for this help."

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 NOVEMBER 2021

COUNCIL'S APPROACH TO SELF FUNDERS AND RESIDENTS WITH DEPLETING FUNDS

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel is to be briefed on the Council's approach when people who have been self-funding their own care in residential/nursing care homes, reach the threshold for financial support.
2. The Strategic Director for People and Cabinet Member with responsibility for Adult Social Care have been invited to the meeting.

Background

3. The term 'self-funder' is used to describe a person who pays for their own care and support. The current threshold set by the Government is £23,250. If the person has over £23,250 in capital and savings (or share of joint capital is over £23,250) the person is expected to pay in full for their care.
4. The Care Act 2014 (CA) states that self-funders are entitled to receive a needs assessment and a financial assessment (means tested) by the Council to determine the support required and to check if the person qualifies for any financial support. The Act also places a duty on councils to provide advice and information, therefore, self-funders should receive this if required in advance of arranging independent care and support. They are then able to choose a care home and enter into a private arrangement which can mean they have a wider choice of provision to choose from. It should be noted that many self-funders make such decisions without any input from the Council and choose homes which are more expensive than the rates set by the Council.
5. It is worth noting that under certain circumstances, self-funders may be able to get help from the NHS towards paying for their nursing home fees, through Continuing Health Care (CHC), or NHS-Funded Nursing Care (FNC). These are routes of funding to meet health needs via the Clinical Commissioning Group.
6. Self-funders that are looking to move to a care home, may be eligible for a twelve-week property disregard and/or Deferred Payment Agreement. These are arrangements that the person makes with the Council which allow the value of the person's home to pay for care home fees.
7. Under these types of arrangements, the Council pay care home fees and recover the cost at the point where the property is sold or from the estate.

8. Under the CA, the Council has a duty to provide services to people that help to prevent, reduce, or delay them developing a need for formal support. These duties must consider the importance of identifying adults whose needs are not being met and to arrange the provision of local preventative services, facilities, and resources for its residents.

9. Worcestershire County Council's vision is to ensure Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible. The People Strategy aims to ensure people are well, able to live a good quality of life, have a sense of belonging, positive relationships and contributing to community life. All these factors are important to good health and wellbeing and evidence shows that in supporting people at an early stage to build connections and local networks of support, including supporting carers, the Council can make a real difference to people's lives and prevent, reduce or delay the need for care home provision. Effective conversations with people can result in better outcomes as people then understand more about the types of care and support available to them that can delay the need for long term care – which is another duty set out in the CA (costed and universal services).

10. There are several avenues of support in providing information and advice and alternative options:

- Residents can complete their own searches by using the Council's website, Worcester Care Choice directory (Appendix 1) or the Here 2 Help Community Services Directory ([SearchForHelp \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/searchforhelp))
- Through conversations with local Social Work Teams and Access Service
- Promotion of Extra Care, Shared Lives, Supported Living and live-in care at home
- Increased carer support
- Access to the Council's brokerage services (at a cost) to support with Domiciliary searches to meet the needs at home (only the Council's contracted services searched)
- Residents can be signposted to independent brokerage providers that are able to search the independent market (more options)
- Council support by purchasing care and invoicing the resident.

National context and process for people who already reside in Care Homes and their funds are depleting

11. The Care Act (2014) sets out the legal context that Local Authorities need to adhere to at the point where a self-funding resident's funds are depleting (in paragraph 8.36 and 8.37 together with Annex A: Choice of accommodation and additional payment).

12. The above sections outline that the local authority must provide the person's preferred choice of accommodation, subject to certain conditions, as well as ensuring that the person has a genuine choice of accommodation.

13. Furthermore, a person must also be able to choose alternative options, including a more expensive setting, where a third party or the resident is willing and able to pay the

additional cost ('top-up'). However, an additional payment must always be optional and never as a result of commissioning failures leading to a lack of choice.

14. The term 'self-funding pick up' (SFPU) is used when a resident's savings decrease near or below the upper capital limit of £23,250, making them eligible for local authority funding following a review of care and support needs and also completion of a financial assessment.

15. If the person is eligible to receive support from the Council, a best value provider is identified and presented to the resident. If the person decides to use an alternative provider at a higher cost, then a third party needs to be able to make an additional payment for the resident. This additional payment is called a 'third party top-up' and represents the difference between the cost of the best value placement and the amount the chosen home charges.

16. It is important to note that councils have a duty to offer a provider that accepts the agreed funding rates and if no such provider is available, the additional cost should not be charged to the individual.

17. Residents/families will often express a clear view that they do not wish to move to an alternative, better value, provider but are often unable to fund the difference as a Third Party Top Up. The difference in cost will fall on Adult Social Care's budget if the placement continues at a higher cost. The Council needs to balance its responsibilities as well as ensure equity of price to operate within the allocated budget. This responsibility of ensuring that the funding available to the Local Authority is sufficient to meet the needs of the entire local population is also recognised in the Care Act (2014) in paragraph 10.27.

18. To mitigate these circumstances the Local Authority completes a risk assessment (Appendix 2) to consider any risk factors and the potential impact that a move would have on the resident. Where potential risks are identified, full consideration is given as to how the risk can be reduced and Adult Services work together with the person and their family to agree on realistic mitigation. Where a risk assessment concludes the person can safely be moved to a better value home that can meet the person's needs, this will be the recommendation and meets the Council's CA duties.

Data reporting and Monitoring

19. The number of long-term admissions to care homes are a key performance indicator. It is important to monitor overall admissions and the number of SFPU cases as well as admission sources (Appendix 3 & Appendix 4).

20. This data shows that the Council has an admission rate to long term residential and nursing care home placements (per 100,000 population) per rolling year to end of Aug 2021 of 646.10 which equates to 888 admissions giving this an amber rating. The target rate is set at 574 per 100,000 which equates to 789 admissions.

21. To put this in perspective for the last 4 months, there have been more admissions year to date (this year than last) – and the difference is rising (year to Aug-21 has seen 256 more admissions than year to Aug-20) (Appendix 4).

22. Current data suggests that on average 15% of monthly placements are SFPU case

(Avg. Oct 2015- Jun 2021) (Appendix 5).

23. There are a variety of reasons why admission rates have risen, including post Covid activity as a result of hospital discharges, people who are already in care homes but are no longer funded by CHC and become the responsibility of the Council, increased complexity of need and impact of covid on need and on carers.

Adult Social Care Reform announced by the Prime Minister on 7 September 2021

24. Following the Prime Minister's announcement around Adult Social Care reform the Council is keen to receive further detail and clarity from the white paper on how the additional funding and reform will enable Adult Services to continue to support Worcestershire residents; in particular:

- What proportion of the new levy will come to social care, including when and how the funding will be distributed
- How will the lifetime cap and reduction in funding thresholds impact on the local authority's income and ability to fund the additional requirements
- What support will be available to local authorities to administer the changes in policy, process, procedure and possibly the system
- How will the planned reform impact on the spending review – is this still expected to set out how immediate and short-term pressures, within Adults Social Care, will be addressed – along with funding to improve the quality, quantity and accessibility of care and support.
- Impact of the new lifetime cap on the overall cost of care in the care home sector due to greater access to LA funding rates

25. Particular concerns are around the direct impact on the Council's budget due to the upcoming reform.

26. Care providers in Worcestershire (Approx. 177) are reporting that on an average the occupancy rate of self-funders is approximately 20% of total capacity 5505 beds. Practically this means that the local authority would receive referrals from 1101 residents that have reached the new threshold which will have a direct impact on the budget and service delivery.

Purpose of the meeting

27. Members are invited to consider and comment on the information within this report and agree:

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

Supporting Information

Appendix 1 – Worcestershire Care Directory – available online [weblink: Worcestershire Care Services Directory | Publications | Care Choices](#)

Appendix 2 – Risk Assessment for transfer to alternative accommodation

Appendix 3 – Admission trends

Appendix 4 – Admissions by route of admission

Appendix 5 – Self-funding pick ups

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 for Legal and Governance) the following are the background papers relating to the subject matter of this report:

Minutes and Agendas are available on the Council's website: [weblink to agendas and minutes](#)

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Risk Assessment for transfer to alternative accomodation.

Service User

Date of Birth

Address

Liquid Logic Number

Type Of Risk

Other

Risk Category

What is the Risk?

(max 1000 characters)

Likelihood

Severity
of impact on
individual's health
and wellbeing

Risk

How Can We Reduce the Risk?

(max 1000 characters)

New
Likelihood

New
Severity

Risk

Communica
tion
Needs -
Example

Mr X is unable to communicate his needs, those engaged in his care and support must anticipate his needs through effective care planning

4 Likely

3 Moderate

High

12

Thorough care assessment and identification of care needs. Visits to identified home to meet and become familiar with manager/staff so staff can anticipate needs.

3 Possible

1 Insignificant

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Any Other

Significant

Any Other

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Support

Family (wider

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Individual

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Assessor

Comments:-

Managers

Comments:-

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Moderate

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High

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Extreme

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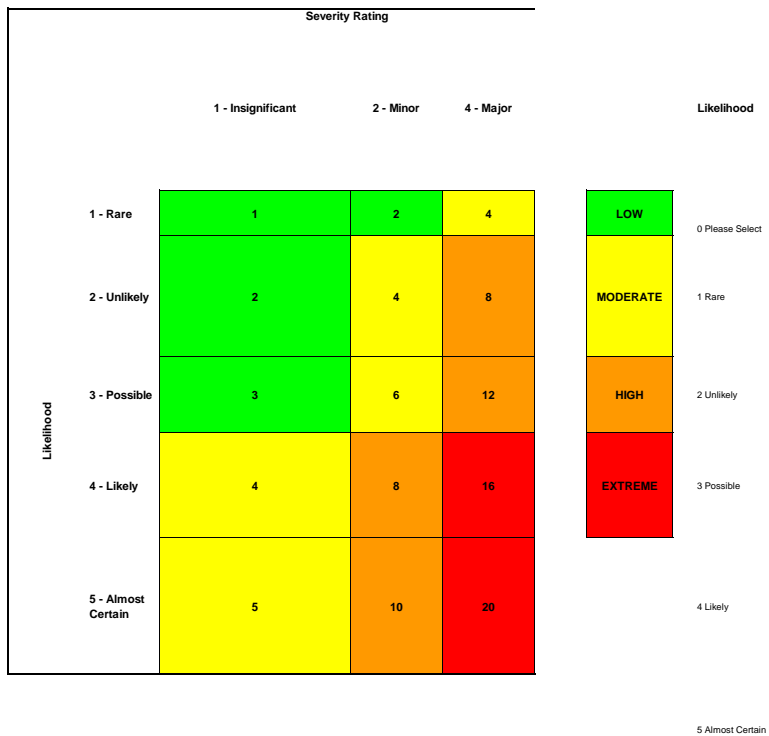
Completed by

Date

Likelihood
Rare = Almost
never
Unlikely =
Occurs rarely
Possible =
could occur,
but uncommon
Likely =

Severity
Insignificant = No harm
Minor = Minor Harm
Moderate = Temporary significant
harm.
Major = Near Death, permanent
harm/disability
Catastrophic = Death

When completed, save a copy of this template and email it to your line manager



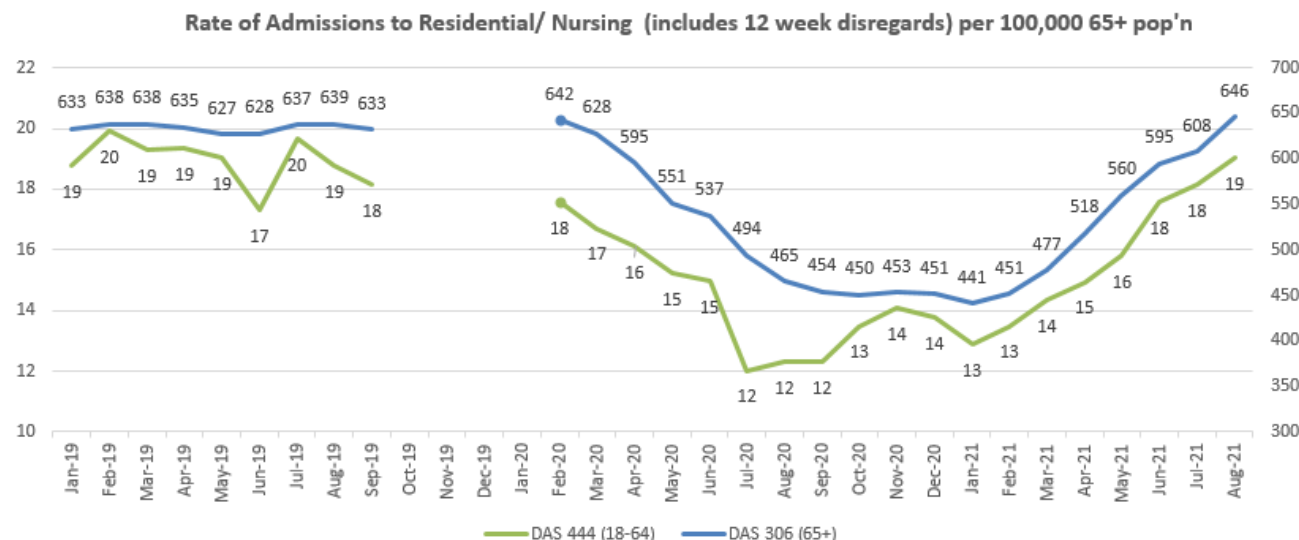
Low	1	0
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Moderate	4	0
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High	8	0
	9	0
	10	0
Extreme	12	0
	15	0
	16	0
	20	0
	25	0

change in accomodation
Day center / community
option c
other (Please state)

Admissions to long term residential/nursing care (rate per 100,000 65+ pop): Includes 12-week disregards

This graph shows the rate of admission to long term residential and nursing care home placements (per 100,000 population) in a rolling year to end of month

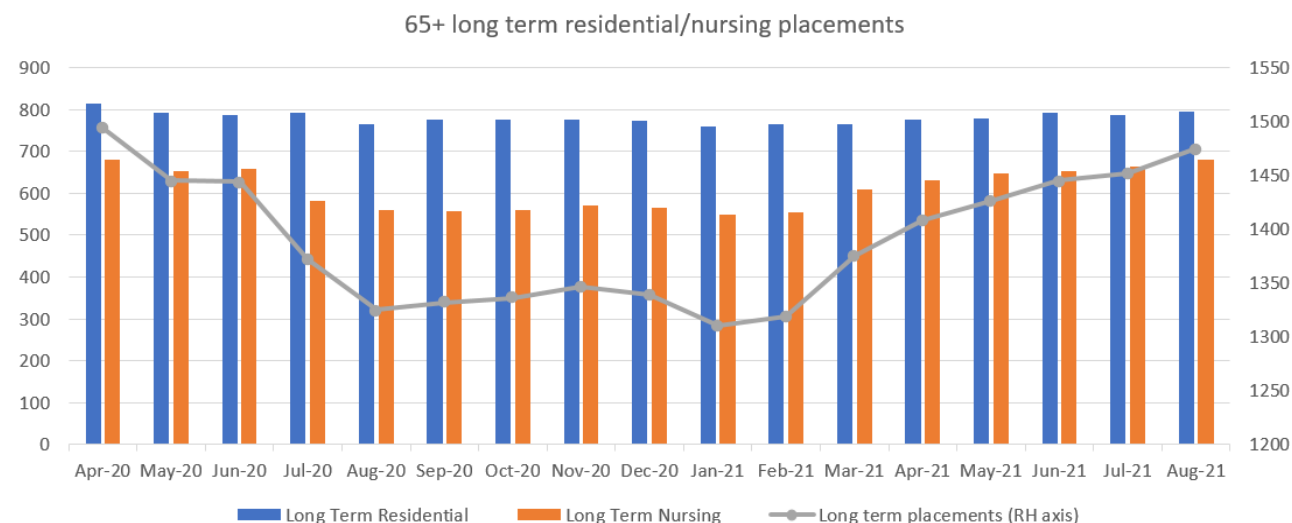
- For the year to end Aug-21 the rate is 646.10 which equates to 888 admissions (amber from green)
- The target is a rate of 574 per 100,000 65+ which equates to 789 admissions (66 per month)
- Apr-Jun-21 admissions per month have been just over 66 – at an average of 72.4
- For the last 4 months there have been more admissions year to date this year than last – and the difference is rising (year to Aug-21 has 256 more admissions than year to Aug-20)
- There have been 77 new admissions started or purchased retrospectively during August



Long term placements – all types including in-house and block provision – for people aged 65+

The total number of older people (aged 65+) in long term residential and nursing placements are shown on the grey line (right axis) with the split between residential and nursing shown by the bars (left axis)

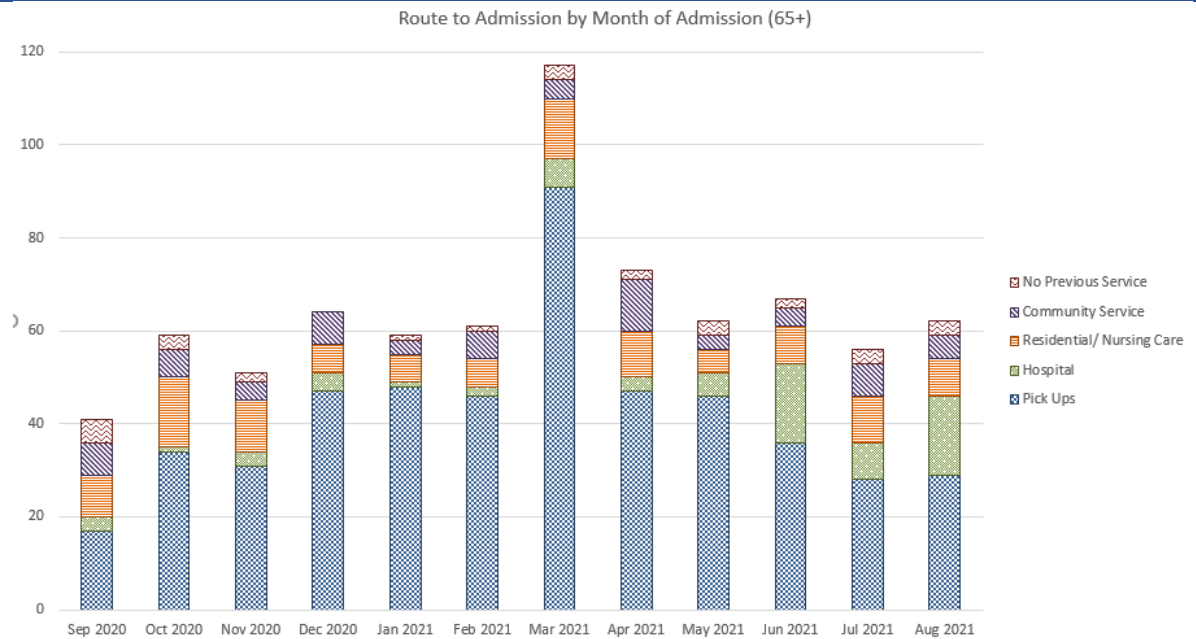
- As would be expected the pattern of admissions is reflected in the count of those in long term placements with numbers increasing from Jan-21
- This increase is mainly in nursing placements (orange bars) but residential is also starting to increase



Route of admission to long term placement

Reporting on route of admission is complex as this data is sourced from a combination of form answers provided by social workers and previous service (CPLI) if there is one. There are some data quality issues with how these questions are answered so these are estimates only for admissions excluding 12- week disregards:

- The graph shows admissions to year ending Aug-21 for older people by month of admissions and route
- 74% are pick- ups from PW3, alternative funding (self or CHC) or from hospital
- Remaining 26% mostly have a previous service
- Where this is listed as residential/nursing the majority are in some form of replacement care prior to admission or have a long gap between the admission and previous service



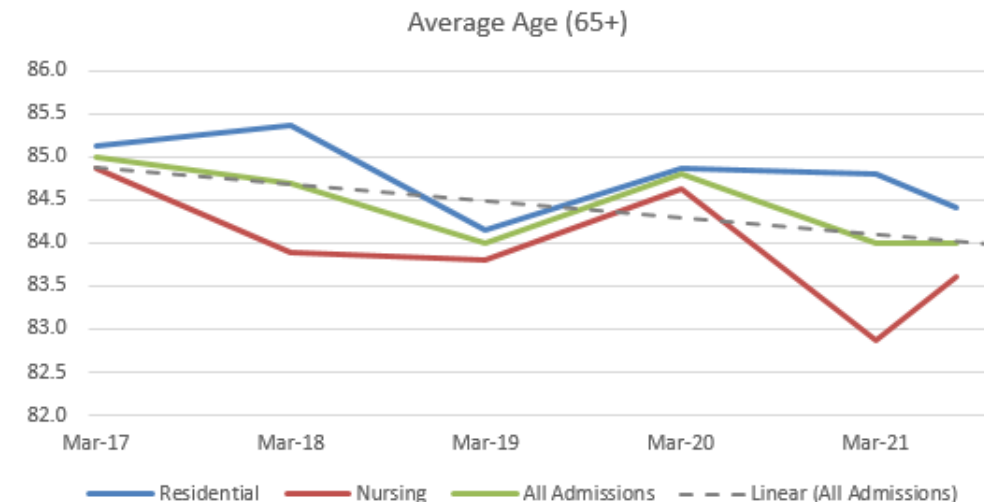
Age of admission to long term placement

The average age of admission to a care home for older people is 84 (in Mar-17 this was 85):

- For residential this has reduced from 85.1 in Mar-17, to 84.4 in Aug-21
- Nursing from 84.9 in Mar-17 to 83.6 in Aug-21

For younger people (not shown in graph) the age has increased from 44.8 to 50.7 (any care home):

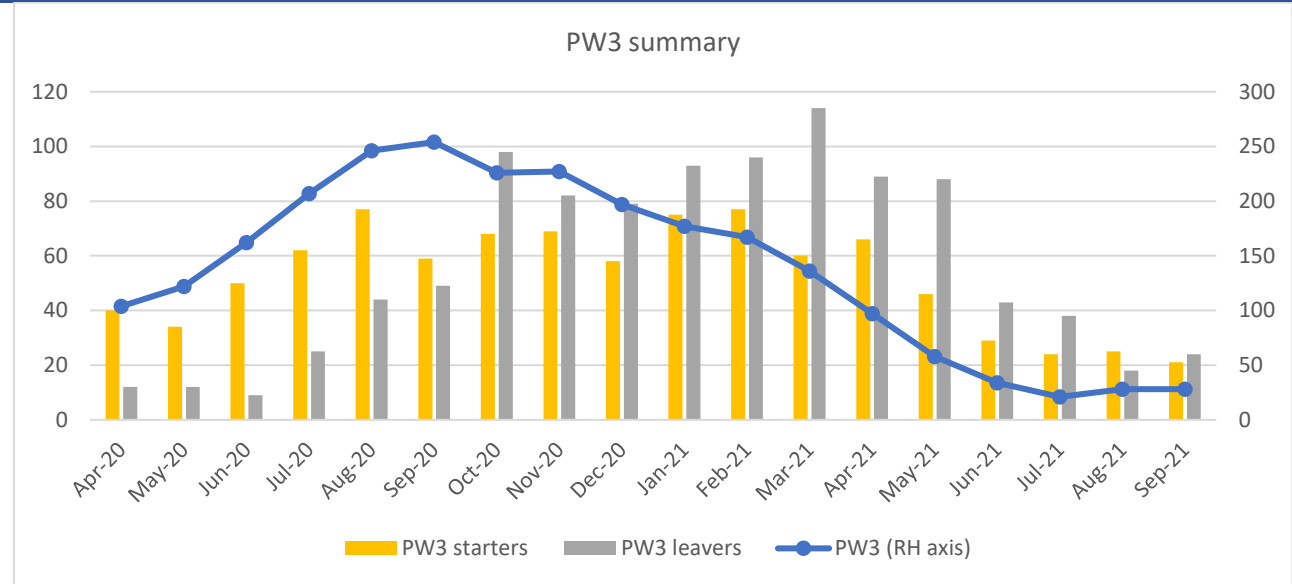
- Residential from 42.6 to 46.1
- Nursing from 49.4 to 56.4



PW3 summary (step-down/DTA beds to support hospital discharge)

The number of PW3 placements at month end are shown by the blue line (right axis) with the number of starters and leavers shown by the bars (left axis)

- PW3 placements have been reducing between Sep-20 and Jul-21
- There has been a slight increase to 28 placements in Aug and Sep-21
- In addition to these there are 4 transition placements (nursing)
- Leavers peaked in Mar-21 at 114
- Not all people will move to a long-term placement, but a significant number do.



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Admissions in year to end Aug 2021 - by route of admission

(Data from the graph in word report) - both age groups are shown - this is admissions excluding 12 week disregards

Count of Reference	Month of <div><div></div></div>														
Previous CPLI by Age Band	<div><div></div></div> Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Grand Total		
<div><div></div> 65+</div>	41	59	51	64	59	61	117	73	62	67	56	62	772		
<div><div></div> Pick Ups</div>	17	34	31	47	48	46	91	47	46	36	28	29	500		
DTA Pick Up	9	20	25	31	24	28	65	33	31	23	12	13	314		
Self Funding Pick Up	7	14	6	15	24	13	11	14	15	6	14	13	152		
CHC Pick Up	1			1		5	15			7	2	3	34		
<div><div></div> Hospital</div>	3	1	3	4	1	2	6	3	5	17	8	17	70		
From Community Hospital	3	1	3	3	1	1	4	2	4	10	6	12	50		
From MH Ward				1		1	2	1	1	7	2	4	19		
From Acute Hospital												1	1		
<div><div></div> Residential/ Nursing Care</div>	9	15	11	6	6	6	13	10	5	8	10	8	107		
Residential/ Nursing Replacement Care	8	11	11	4	4	2	12	9	4	7	7	6	85		
Residential/ Nursing 12 wk Disregard	1	3			1			1	1			1	8		
Residential/ Nursing		1		2	1	4	1			1	3	1	14		
<div><div></div> Community Service</div>	7	6	4	7	3	6	4	11	3	4	7	5	67		
Domiciliary Home Care	5	6	2	6	2	5	3	9	3	2	3	4	50		
Direct Payments	2				1	1		1					5		
Extra Care								1			1	3	5		
Day Opportunities/ Care			2	1			1				1	1	7		
<div><div></div> No Previous Service</div>	5	3	2		1	1	3	2	3	2	3	3	28		
No Previous CPLI/ No Sup Qu's Answers	5	3	2		1	1	3	2	3	2	3	3	28		
<div><div></div> 18-64</div>	4	7	7	4	3	7	6	6	6	5	5	4	64		
<div><div></div> Pick Ups</div>		1	2		1	1	4	2	1	1	1	2	16		
DTA Pick Up		1	2		1	1	3	2			1		11		
Self Funding Pick Up									1			1	2		
CHC Pick Up							1			1		1	3		
<div><div></div> Hospital</div>	1	2	1			1		2	3	2	4	1	17		
From Community Hospital						1		1		1	1		4		
From MH Ward	1	2	1					1	3	1	2	1	12		
From Acute Hospital											1		1		
<div><div></div> Residential/ Nursing Care</div>	1	1	3	1	2	1			2	1			12		
Residential/ Nursing Replacement Care	1	1	3		2	1			1	1			10		
Residential/ Nursing				1					1				2		
<div><div></div> Community Service</div>	1	1	1	2		3							8		
Domiciliary Home Care	1					1							2		
Direct Payments		1											1		
Shared Lives Scheme			1										1		
Day Opportunities/ Care				2		2							4		
<div><div></div> No Previous Service</div>	1	2		1		1	2	2		1		1	11		
No Previous CPLI/ No Sup Qu's Answers	1	2		1		1	2	2		1		1	11		
Grand Total	45	66	58	68	62	68	123	79	68	72	61	66	836		

2. Admissions to Permanent Care per 100,000 (65+)

2021-2022 Target rate = 480

Worcestershire 65+ Population = 137,440

Good Performance = Lower ↓

Definition: 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))

Analysis:

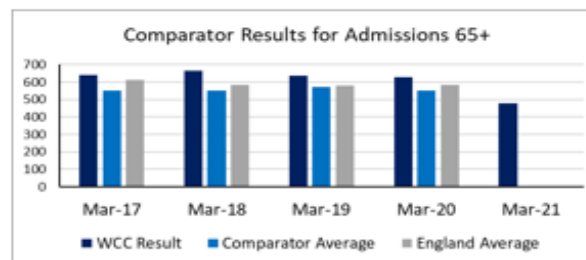
This national indicator looks at planned admissions and as such includes 12-week disregards, so potentially some of those included will eventually become self funders. Permanent admissions for people over the age of 65 are included in this indicator.

The aim is to support older people to remain living independently, in their own homes, for as long as possible. Measures are in place to ensure that admissions only occur where there is no other option to meet a person's needs. There are audits of all new admissions to ensure they are appropriate and to identify any key trends/themes. These are reported to the Assistant Director monthly and PDLT quarterly. As the population ages and has increasingly complex needs the pressure on preventing admissions becomes increasingly challenging. There will be an implication of Covid on people's long-term health and well-being that could impact on the need for 24/7 care.

Comparator Data:

Comparator data is currently only available to March 2020 when the national England average was 584.0 and comparator authorities 553.7.

The Mar-21 comparator data is due to be published in Oct-21 and will be included in the next report.



Year/Month	WCC Result	Comparator Average	England Average
Mar-17	642.0	552.2	610.7
Mar-18	663.9	549.8	585.6
Mar-19	637.9	571.3	579.4
Mar-20	629.1	553.7	584.0
Mar-21	477.3		

Worcestershire Results

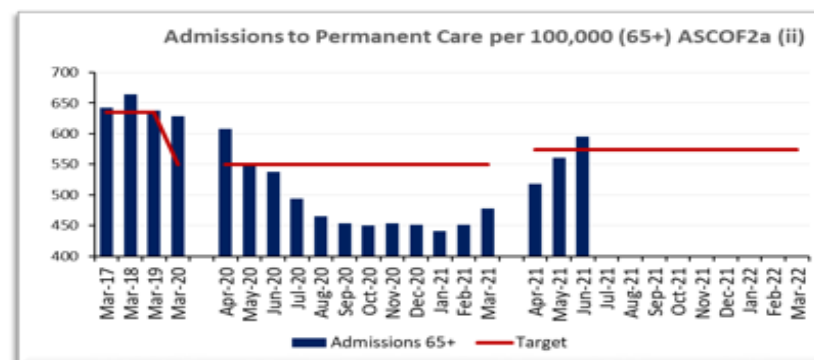
Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	477.3	518.1	560.3	595.2									
Numerator	656	712	770	818									

Q1 2020-21 Commentary:

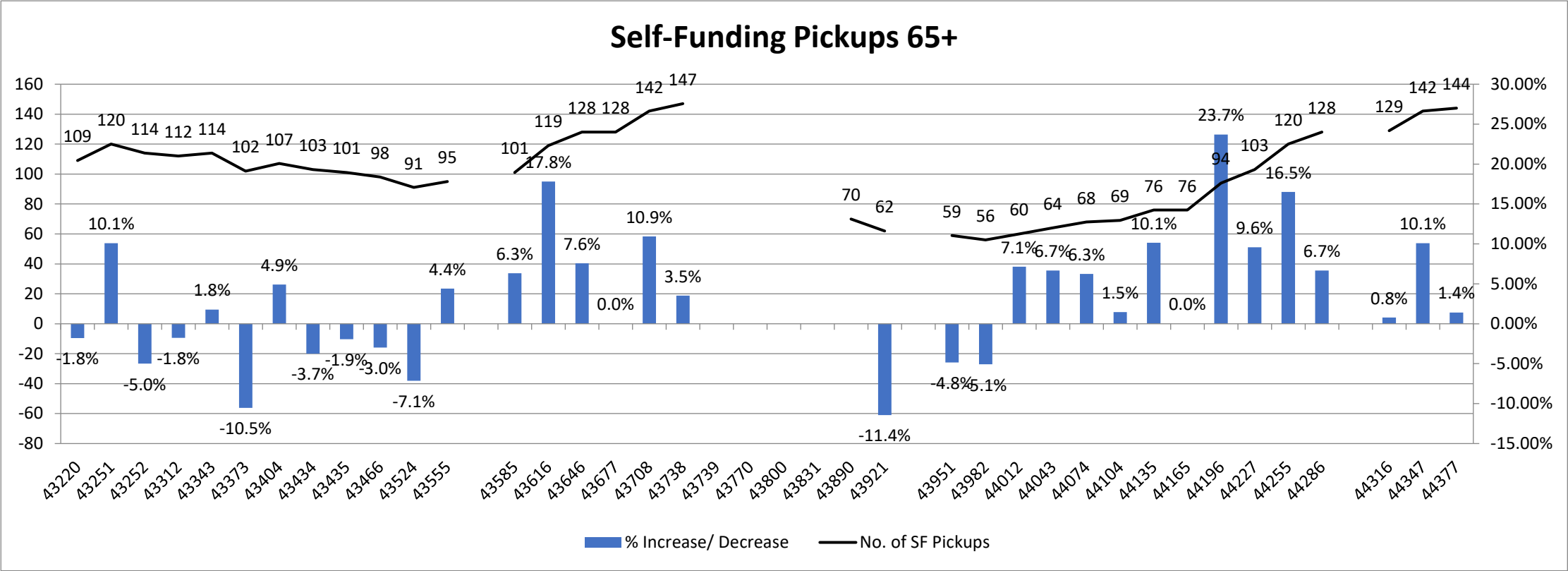
Over the last 4 years, the admission rate per 100,000 of the older population has fallen from 663.9 (850 older people) in 2018 to 482.69 (656 older people) in the year to end Mar-21.

For Quarter 1 2021-22 the rate has increased steadily each month to 595.17 (818 people) at the end June-21.

There was an initial decrease in long term admissions during 20/21 due to Covid and alternative sources of support were provided through family support and domiciliary care. The recent increase is permanent moves for people in pathway 3 beds as a result of urgent care pressures plus increase in demand.



For 2020-21 the data is not yet published. In the NHS Digital September letter just released it announced that this data would be published in October. Early benchmarking from 12 West Midlands authorities - Worcestershire's result appears mid table (note not all Wmidland authorities supplied data). 7 authorities were like Worcestershire in that admissions decreased during 2020-21 but not all - 4 had an increase in rate of admissions.



Month	No. of SF Pickups	Total No. of 65+ Admissions	% of Total Admissions	% Increase/ Decrease
Oct-15	97	701	14%	
Nov-15	93	688	14%	
Dec-15	98	676	14%	
Jan-16	94	670	14%	
Feb-16	89	675	13%	
Mar-16	87	671	13%	
Apr-16	83	669	12%	
May-16	86	678	13%	
Jun-16	89	681	13%	
Jul-16	88	671	13%	
Aug-16	100	676	15%	
Sep-16	92	657	14%	
Oct-16	123	651	19%	
Nov-16	97	661	15%	
Dec-16	93	682	14%	
Jan-17	94	688	14%	
Feb-17	101	691	15%	
Mar-17	104	676	15%	
Apr-17	116	661	18%	
May-17	116	720	16%	

Jun-17	118	709	17%	
Jul-17	123	728	17%	
Aug-17	120	746	16%	
Sep-17	125	774	16%	
Oct-17	122	771	16%	
Nov-17	117	775	15%	
Dec-17	119	764	16%	
Jan-18	116	752	15%	
Feb-18	111	731	15%	
Mar-18	111	758	15%	
Apr-18	109	762	14%	-1.80%
May-18	120	775	15%	10.09%
Jun-18	114	757	15%	-5.00%
Jul-18	112	739	15%	-1.75%
Aug-18	114	733	16%	1.79%
Sep-18	102	720	14%	-10.53%
Oct-18	107	739	14%	4.90%
Nov-18	103	726	14%	-3.74%
Dec-18	101	728	14%	-1.94%
Jan-19	98	734	13%	-2.97%
Feb-19	91	735	12%	-7.14%
Mar-19	95	749	13%	4.40%
Apr-19	101	744	14%	6.32%
May-19	119	738	16%	17.82%
Jun-19	128	737	17%	7.56%
Jul-19	128	736	17%	0.00%
Aug-19	142	749	19%	10.94%
Sep-19	147	749	20%	3.52%
Oct-19				
Nov-19				
Dec-19				
Jan-20				
Feb-20	70	757	9%	
Mar-20	62	751	8%	-11.43%
Apr-20	59	711	8%	-4.84%
May-20	56	668	8%	-5.08%
Jun-20	60	656	9%	7.14%
Jul-20	64	629	10%	6.67%
Aug-20	68	583	12%	6.25%
Sep-20	69	569	12%	1.47%
Oct-20	76	563	13%	10.14%
Nov-20	76	564	13%	0.00%
Dec-20	94	558	17%	23.68%
Jan-21	103	535	19%	9.57%
Feb-21	120	544	22%	16.50%
Mar-21	128	585	22%	6.67%

Apr-21	129	630	20%	0.78%
May-21	142	671	21%	10.08%
Jun-21	144	706	20%	1.41%

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 NOVEMBER 2021

WORK PROGRAMME 2021/22

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 2021/22 Work Programme has been developed by taking into account issues still to be completed from 2020/21, 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 current Work Programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 21 July 2021 and agreed by Council on 9 September 2021.

Dates of 2022 Meetings

- 14 January, 10am
- 15 March, 2pm
- 20 May, 10am
- 18 July, 2pm
- 28 September, 10am
- 7 November, 2pm

Purpose of the Meeting

6. The Panel is asked to consider the 2021/22 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 2021/22

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 OSPB on 21 July 2021](#)
- [Agenda and minutes of Council on 9 September 2021](#)

SCRUTINY WORK PROGRAMME 2021/22

Adult Care and Well Being Overview and Scrutiny Panel

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
15 November 2021	Review of the consultation on Day Services for Learning Disability Services	28 January 2021	Suggested at 8 July 2021 Meeting
	The Council's approach when self-funders in residential care homes run out of funds		Suggested at November 2019 OSPB
	Compliments and Complaints		Requested during Panel Induction
	Performance (Q2 July to September 2021) and In-Year Budget Monitoring	29 September 2021	
11 January 2022**	All Age Disability Strategy		** Joint session at the Children and Families Overview and Scrutiny Panel on 11 January 2022
14 January 2022	Scrutiny of 2022/23 Budget		
15 March 2022	Worcestershire Safeguarding Adults Board Annual Report		Annual Update from Worcestershire Safeguarding Adults Board
Possible Future Items			
TBC	How the Council works with Carers		Suggested at 8 July 2021 Meeting
TBC	The Council's Adult Services Replacement Care Offer		Suggested at 11 June 2020 Meeting
TBC	Update on People and Communities Strategy and Workstreams		Added at 15 March 2021 Meeting
TBC	Update on Review of Funding Arrangements between the Council and the H&W CCG		Added at the 15 March 2021 Meeting

Standing Items			
Annual	Safeguarding Adults Annual Update		Annual Update from Worcestershire Safeguarding Adults Board
Quarterly	Performance and In-Year Budget Monitoring		