

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Tuesday, 15 March 2022, 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 **Tuesday, 15 March 2022, 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 9am on the working day before the meeting (in this case 14 March 2022). 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	Safeguarding Adults (indicative timing: 2:05pm – 2:50pm)	1 - 4
6	Care Quality Commission (CQC) Assurance Framework for Adult Social Care (indicative timing: 2:50pm to 3:20pm)	5 - 14
7	Performance and In-Year Budget Monitoring (indicative timing: 3:20pm – 4.05pm)	15 - 28
8	Work Programme (indicative timing: 4:05pm – 4:15pm)	29 - 32

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: Monday, 7 March 2022

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 MARCH 2022

SAFEGUARDING ADULTS

Summary

1. The Independent Chair and Board Manager of the Worcestershire Safeguarding Adults Board (WSAB) have been invited to discuss progress and developments in safeguarding vulnerable adults in Worcestershire. This will include the Board's Annual Report 2020/21.
2. The Cabinet Member with Responsibility for Adult Social Care has also been invited.
3. Safeguarding vulnerable adults is an important and ongoing part of the work of the Adult Care and Well Being Overview and Scrutiny Panel and an annual update on the work of the Safeguarding Board is provided to the Panel. The minutes of the Panel's previous discussion on 28 January 2021 are available here: [agenda and minutes of previous discussion](#)

Background

4. The WSAB is an independent board, which seeks to promote wellbeing and reduce the risk of harm for people with care and support needs. Statutory partners include Worcestershire County Council, Herefordshire and Worcestershire Clinical Commissioning Group, National Health Services and West Mercia Police.
5. Safeguarding in Worcestershire has a dedicated website: www.safeguardingworcestershire.org.uk which includes useful information, definitions, information about who does what, newsletters, leaflets, the Board structure and Board papers.
6. The Care Act 2014 placed safeguarding adults on a statutory footing for the first time and made safeguarding boards a legal requirement, although Worcestershire's Board has been in place for several years. Keith Brown, the Independent Chair of the Safeguarding Adults Board took up this role in April 2021.
7. The Care Act states that the main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:
 - have needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - are experiencing, or at risk of, abuse or neglect; and
 - as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

8. Regular meetings have taken place between the Panel and the WSAB Chair since the Panel's more in-depth scrutiny review of safeguarding adults in 2011, which recommended regular dialogue between this Panel, the WSAB Chair and the Director and Cabinet Member, as part of the Panel's monitoring role.

Worcestershire Safeguarding Adults Board Annual Report 2020/21

9. The WSAB Annual Report 2020/21 is available at Appendix 1 and on the Safeguarding Worcestershire website: [Link to WSAB Annual Report 2020/21](#)

10. The Annual Report provides an overview of the activity of the Board during the year. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period.

11. The guidance provided by the Care Act clearly sets expectations for the minimum content for Safeguarding Adults Boards (SAB) and Annual Reports (Schedule 2.4 (1) a-g). Early in the COVID-19 pandemic the Department of Health and Social Care contacted all SABs in recognition of the impact that it might have in meeting its statutory duties, including Annual Reports. The letter stated, given that local challenges may vary each SAB should decide on whether to delay or reduce the coverage of the report. Whilst the WSAB produced an Annual Report to its normal timescale there has been a slight reduction in the level of data available for this report.

12. Whilst some progress was made against the objectives for the year against a background where statutory partners not only continued to face significant funding pressures and increased workloads, but also when they had to adapt services to meet the demand and needs of COVID-19.

13. For the first six months of the year some areas of work the WSAB undertook were suspended to ensure that Health and Social Care services had capacity to respond to the demands on their services. This resulted in some objectives being carried over to the following year.

14. Safeguarding Adults Reviews (SARs) continued throughout the year. During 2020/21 there were 8 referrals requesting consideration for a SAR to be undertaken. SARs were commissioned for 2 of these. Of the remaining 6 referrals, 2 resulted in single agency actions being recommended; 3 required no additional actions and 1 decision was pending with the scoping meeting being held in April 2021.

15. A total of 6 SARs were completed and signed off by the Board during the year. Some of these were commissioned in previous years, but not completed. All the SARs which were published can be found by following this link. [Safeguarding Adults Reviews](#).

16. Whilst achievements were limited, due to the pandemic, progress was made on key areas. During the initial stages of the COVID-19, the Board took a proactive role in ensuring safeguarding information was circulated across statutory and non-statutory organisations on a regular basis. This included the publication of a monthly newsletter. A virtual learning event was also held to share the findings from the Thematic Review into Rough Sleeping, which was signed off during this year. To

support this work, links were built with the Strategic Housing Partnership to ensure the delivery of the recommendations.

17. Cross cutting work continued to evolve. A Task and Finish group set up to take forward work on exploitation produced a research project by the University of Worcester which informed future work areas. The WSAB, South Worcestershire Community Safety Partnership and Public Health also agreed to fund an Exploitation Co-ordinator for two years.

18. Representatives from the reference groups became more engaged in the work of the Board, including supporting a review of the SAR process to improve communication and working closely with the Learning Development Practice and Communication (LDP&C) sub-group to provide advice on information which goes out to the public.

19. Activity data saw a slight decrease in the number of concerns reported compared to the previous year. (Table 4.1). However, the percentage of concerns reported which met section 42 criteria increased significantly to 27%, indicating that the level of awareness around what constitutes a safeguarding concern has improved. In addition, the number of cases that don't meet criteria, but where some level of enquiry has taken place is also now recorded.

20. The Annual Report includes contributions from each of the key partner agencies of the Board. These illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.

21. Discussion of the Annual Report provides the Panel with an opportunity to verify that systems across Worcestershire, including those of the County Council, are working well to safeguard Worcestershire's vulnerable adults. Discussions also enable the Panel to keep up to date with safeguarding statistics and trends, and to explore any issues identified through serious case reviews, and also through the Panel's own scrutiny work.

22. The WSAB Annual Report is also presented to the Health and Wellbeing Board.

Purpose of the Meeting

23. The Panel is asked to:

- Consider and comment on the Worcestershire Safeguarding Adults Annual Report
- understand and discuss key safeguarding statistics from the WSAB Annual Report 2020/21
- identify any further information needs or potential areas for scrutiny.

Supporting Information

Appendix 1 - Worcestershire Safeguarding Adults Board Annual Report 2020/21 [Annual Report](#)

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 of the Adult Care and Well-being Overview and Scrutiny Panel on 28 January 2021, 6 November 2019, 12 September 2018, 27 September 2017, 21 November 2016, 22 January and 13 October 2015 and 5 September 2013

All agendas and minutes are available here: [agendas and minutes](#)

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 MARCH 2022

CARE QUALITY COMMISSION (CQC) ASSURANCE FRAMEWORK FOR ADULT SOCIAL CARE

Summary

1. The Panel will consider the following briefing paper which provides an overview of the new Care Quality Commission (CQC) assurance framework for adult social care and a summary of the integration white paper, 'Health and social care integration: joining up care for people, places and populations' published 9 February 2022.
2. The Cabinet Member with Responsibility for Adult Social Care and the Strategic Director of People have been invited to attend the meeting to respond to any queries from Panel Members.

Health and Care Bill

3. On 6 July 2021, the Health and Care Bill was published, setting out key legislative proposals to reform the delivery and organisation of health and care services in England, to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services. The bill builds on existing non-statutory Integrated Care Systems (ICSs) through the creation of Integrated Care Boards (ICBs) and the creation of Integrated Care Partnerships (ICPs) in each local area. The bill is currently at report stage in the House of Lords with the first sitting planned for the 1 March 2022.

New Assurance Framework

4. The Care Act 2014 removed the duty under section 46 of the Health and Social Care Act 2008 on the CQC to conduct periodic reviews of adult social services provided or commissioned by local authorities, assess the local authorities' performance following each review and publish a report of its assessment. In addition, the Health and Social Care Act 2012 had limited the power of the CQC, under section 48 of the 2008 Act, to carry out 'special reviews' of local authority adult social services to cases where this had the approval of the secretary of state.
5. Since 2010 councils have worked together to support their own performance through "sector-led improvement", typically on a regional basis and involving sharing information and data, and teams of council practitioners and managers conducting peer reviews of other authorities.
6. However, the Health and Care Bill will introduce a new legal duty for the CQC to

review and assess the performance of local authorities in discharging their 'regulated care functions' under Part 1 of the Care Act 2014 and a duty for CQC to review how partners are working together within the areas of ICBs.

7. Running alongside the CQC assurance proposals are plans to introduce a new power for the health and social care secretary to intervene where it's considered that a local authority is failing to meet its duties and new provisions to mandate information standards and new powers to collect information from providers.

8. The aim of these proposals is to increase transparency and accountability within social care. The reforms will allow the CQC to highlight shortfalls of local authority delivered services in a way that is more closely aligned with how it regulates other providers in the sector.

9. On 27 May 2021, the CQC launched its new strategy, outlining how it plans to deliver more effective regulation. The aim of the new strategic direction is for CQC to move away from inspection as being the only means of making judgements and to develop an approach of ongoing assessment of both quality and risk. The aim is to make use of all relevant data sources, only using physical visits when that is the best means of gathering evidence.

10. The new 'single assessment framework' will build on the approach currently used to assess providers and will also draw upon 'I' statements used in Think Local Act Personal's Making It Real framework, which seek to reflect important aspects of personalised, culturally appropriate care. 'We' statements will also be used to clarify what standards CQC expects. For example, *"We understand the health and care needs of individuals and local communities, so care provision is planned and delivered to ensure flexibility, choice and continuity of care"*.

11. Unlike provider regulation where the CQC have an established and comprehensive Baseline, the baseline for assessing local authority duties under Part 1 of the Care Act and ICBs needs to be established. As such the CQC through February and March 2022 are holding several co-production engagement workshops with local authorities and ICS stakeholder groups and are working closely with Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). It is planned that CQC inspection of local authority adult social care will commence from April 2023.

12. The emerging scope for local authority assurance focuses on four key themes (however, this is a changing landscape):

1. **Working with people:** How local authorities work with people (this includes: assessing needs (including unpaid carers, supporting people to live healthier lives, prevention, well-being, information, and advice).
2. **Providing support:** How local authorities provide support (this includes: market shaping, commissioning, workforce equality, integration and partnership working).
3. **Ensuring safety:** How Local Authorities ensure safety within the system (safeguarding, safe systems, and continuity of care).

4. **Leadership and workforce:** Leadership capability within Local Authorities (capable and compassionate leaders, learning, improvement, and innovation)

13. Each of the themes will have several quality statements, i.e., 'we' statements and also 'I' statements within it. Each theme will link into the relevant sections of Part 1 of the Care Act 2014 and have relevant 'key questions' attached. CQCs five key lines of enquiry questions (KLOE) remain unchanged:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well led?

14. An example of how the proposed themes will link into the Care Act sections, KLOEs and proposed quality statements can be found in appendix 1.

Implications

15. The new assurance system would put adults' services on a similar basis to children's services, in which local authorities are subject to regular inspection by Ofsted and government intervention if they are deemed 'inadequate'. The CQC will be required to publish its findings of inspections.

16. Where the CQC considers that the local authority is failing to discharge any of its adult social services functions to an acceptable standard, the bill will require the CQC to inform the government of this and recommend any 'special measures' that it considers should be undertaken by the government.

17. However, where the CQC considers that the failings are not substantial, it may instead choose to give notice to the local authority about what it considers the local authority is failing to do, the action that the CQC thinks should be taken to remedy failings and a timeframe within which the CQC thinks the action should be taken. The CQC must notify the government that it has taken this action. The CQC will also be given powers to conduct inspections for the purposes of its reviews.

Assurance Preparation

18. To prepare for CQC assurance, the People Directorate Leadership Team (PDLT) has developed several self-assessment assurance tools that will provide an 'as is' picture of the current level of assurance in relation to Part 1 of the Care Act 2014 and will assist PDLT in improving areas identified as having lower assurance. These tools were shared with regional ADASS on 9 February 2022 during a CQC preparation session. ADASS has provided extremely positive feedback on the assurance preparation of the council to date, and the assurance tools have since been shared with DASSs throughout the region at ADASS's suggestion.

19. The tools cover the main areas of assurance that CQC inspection will consider:

- To what extent are we confident that budgets over the next three years will be sufficient to meet statutory duties (Care Act, Mental Health Act, Mental Capacity Act etc)
- What is our progress to date in meeting national priorities?
- As part of being accountable to local citizens do, we publish the local account, health and wellbeing strategy, joint needs strategic assessment, market position statement, carers strategy etc
- How is adult social care perceived by corporate and elected members, people who use services and their carers and the general public?
- Have there been any unplanned adverse events or pressures this year which have affected how adult social care is perceived?
- Have we participated in sector led improvement through the process of peer challenge?
- What is the environment which the council operates? Are there any significant politics, funding or organisational issues/changes that impact on the delivery of adult social care?
- Do we use performance data to challenge ourselves?
- How effectively have we embedded personalisation?
- Do we seek regular feedback from people who use services and their carers to ensure the outcomes they have identified have been met? Do we regularly consult with people who use services and their carers when reviewing services? Do we design services in coproduction with those who use services and their carers?
- How effectively do we keep adults safe?
- What is the quality of our relationships with local partners? How effective our integrated arrangements?
- What is the state of our local care market including the availability, quality, diversity and sustainability of care and support services?
- How have we shaped our local care market in line with Care Act requirements?

Integration White Paper

20. On 9 February, the government published the Integration White Paper (Health and social care integration: joining up care for people, places, and populations) which focuses on integration at place level and aligns with the direction of travel already set out in the health and social care bill. The white paper aims to accelerate better integration across primary care, community health, adult social care, mental health, public health, and housing services which relate to health and social care. This paper largely reinforces existing policy and could be considered a green paper as there are several areas that will require further exploration and clarification.

21. The white paper focuses on the following areas:

Governance

22. By the spring of 2023 each ICS must adopt a governance model which must include a clear, shared plan against which delivery can be tracked and underpinned by pooled and aligned resources.

Leadership

23. There will be a single person accountable for the delivery of a shared plan and outcomes in each place or local area. This may be for example an individual with a dual role across health and social care or an individual who leads a place-based governance arrangement. The single person will be agreed by the relevant local authority or authorities and the ICB.

Budget and Pooling

24. NHS and local government organisations will be supported and encouraged to do more to align and pool budgets. The government will review existing pooling arrangements with a view to simplifying the regulations for commissioners and providers. The paper states that this will continue to be subject to both NHS and local authority partners agreeing locally. There is an expectation that financial arrangements and pooled budgets will become wider spread and grow to support more integrated models of service delivery, eventually covering much of funding for health and social care services at place level.

25. However, the biggest barrier to further pooling of budgets remains long term under investment in local government which is not addressed in this paper.

Oversight

26. Following further work with NHS and local government, the government plans to set out a framework of focused and set national priorities and an approach from which places can develop additional priorities. Shared outcomes across the ICS will need to be designed by partners and citizens across the system to ensure a shared understanding of the needs of the local population. This will come into force in April 2023. Local leaders will be responsible for working with partners to develop their priorities and should focus on outcomes rather than outputs. Local partners and ICSs will be responsible for identifying and addressing issues and barriers to delivery.

27. The CQC will play a key role in overseeing the planning and delivery of these outcomes as part of its assessment of ICSs.

Digital

28. ICSs will be required to develop digital investment plans for bringing all organisations to the same level of maturity. The Department of Health and Social Care (DHSC) will take an 'ICS first' approach to supporting integration, encouraging organisations within the ICS to use the same digital systems, and providing care teams working across the same individual's pathway with accurate and timely data.

29. Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and connected to a shared record by 2024 which should also have the capability that each individual, their approved carer, and care team can view and contribute to the record.

Workforce

30. ICSs will be required to support joint health and care workforce planning at place level, working with both national and local organisations. The paper outlines the intention to introduce integrated skills passports. This will enable health and social care staff to transfer their skills and knowledge between the NHS, public health, and social care settings; and focus on roles which can support care coordinators across boundaries, for example link workers.

31. DHSC will increase the number of healthcare interventions that social care workers can carry out by developing a national delegation framework of nursing interventions and regulatory and statutory requirements that prevent flexible redeployment of health and social care staff across both sectors will be reviewed. Funding will be provided to deliver care certificates, alongside significant work to create a delivery standard that will be recognised across the social care sector.

Implications

32. **Shared Outcomes:** The paper states the shared outcomes framework will be published by spring 2023 and go live from April 2023. This leaves very little time for systems to develop and align their own local priorities and prepare for delivery of the framework.

33. **Single accountable person:** Of notable concern is the expectation of a single person accountable for the delivery of a shared plan and outcomes at place level. This proposal will not change the formal accountable officer duties within local authorities or those of the ICB chief executive. But it does have potential to create a confusing landscape of individuals with overlapping responsibilities for the same populations. It is also not clear how the new accountable individuals at place will be held to account, including by the public.

34. **Children's care services:** It is disappointing that children's care services are not included in the white paper and considered outside the scope of the paper. Given, the importance of early years development, health, and wellbeing to wider population health this is a glaring omission from its scope.

White Paper Key Dates:

- **By June 2022:** digital investment plans should be finalised which include steps being taken locally to support digital inclusion.
- **Spring 2023:** places are expected to adopt model of accountability, either the one developed by DHSC or an equivalent, with a clearly identified person responsible for delivering outcomes, working to ensure agreement between partners and providing clarity over decision making.
- **By 2024:** Every ICS will need to ensure that all constituent organisations are connected to a shared care record, enabling individuals, their approved carers and care team to view and contribute to that record.
- **March 2024:** Achieve eighty percent adoption of digital social care records among CQC registered social care providers.
- **By 2025:** Each ICS will implement a population health platform with care coordination functionality that uses joined up data to support planning, proactive population health management and precision public health.

- **By 2026:** All local areas should work towards inclusion of services and spend.

Purpose of the Meeting

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

- determine any comments for the Cabinet Member with Responsibility for Adult Social Care
- agree whether any further scrutiny is required at this stage.

Supporting Information

Appendix 1- Linking Proposed Themes to Care Act sections, KLOEs and Proposed Quality Statements

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

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

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Linking Proposed Themes to Care Act sections, KLOEs and Proposed Quality Statements

Theme	Care Act Sections	Key Questions (KLOE)	Proposed Quality Statement
Theme 1 How Local Authorities work with people	Section 1: Wellbeing principle Section 2: Preventing needs for care and support Section 4: Providing information and advice	Effective	Supporting people to live healthier lives - We support people to manage their health and wellbeing so they can maximise their independence, choice, and control, live healthier lives, and where possible reduce their future needs for care and support.
	Section 1: Wellbeing principle Sections 9-13: Assessment of an adult or carers needs for care and support; eligibility criteria Section 14-17: Charging and financial assessment Section 18-20: Duty to meet needs Section 24-30: Next steps after assessment Section 31-33: Direct Payments Sections 67-68 Independent advocacy support	Effective	Assessing needs (including unpaid carers) - We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them
Theme 2 How Local Authorities provide support	Section 5: Promoting diversity and quality in provision of services (efficient / effective market) Section 8: How to meet needs Section 48-52: Provider Failure	Responsive	Care Provision, integration, and continuity - We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.
	Section 5 (iv): Promoting diversity and quality in provision of services; the importance of fostering a workforce to deliver high quality services	Well Led	Workforce equality, diversity, and inclusion - We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
	Section 3: Promoting integration of care and support with health services Section 6: Co-operating generally Section 7: Cooperating in specific cases Section 58-66: Transition from childhood	Well Led	Partnerships and communities - We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners, collaborating for improvement.
Theme 3 How Local Authorities ensure safety within the system	Sections 42-44 Section 1: Well-being principle Sections 6-7: Co-operation Section 48: Provider Failure Section 58-66: Transition from childhood	Safe	Safeguarding - We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, and we make sure we share concerns quickly and appropriately.
		Safe	Safe systems, pathways, and transitions - We work with people and our partners to establish and maintain safe systems of care in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
Theme 4 Leadership capability within Local Authorities	Delivery of all Care Act duties is underpinned by capable and compassionate leadership.	Well Led	Capable, compassionate, and inclusive leaders - We have inclusive leaders at all levels who understand the context in which we deliver care, treatment, and support and, embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience, and credibility to lead effectively and do so with integrity, openness, and honesty.
	Delivery of all Care Act functions is underpinned by effective leadership.	Well Led	Learning, improvement, and innovation - We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 MARCH 2022

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. 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

3. 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](#).

4. Attached at Appendix 1 is a dashboard of performance information relating to 3 (October to December 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.
5. 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

6. The Panel also receives in-year budget information. The information provided is for period 9 and is attached in the form of presentation slides at Appendix 2.

Purpose of the Meeting

7. 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 23 March 2022
- whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 - Adult Services Performance Information Dashboard

Appendix 2 - Budget Monitoring Information for Period 9

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 14 January 2022, 15 November, 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

Q3: 2021-22

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)

2021-22 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:

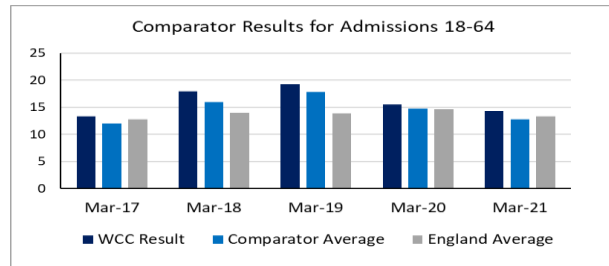
This national indicator looks at planned admissions and as such includes 12 week disregards, so potentially some of those included will eventually become self funders.

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 now available to 2020-21. Although the WCC rate of admissions for younger people decreased in Mar-21 to 14.4, it was still above the comparator and England average.



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	12.8	13.3

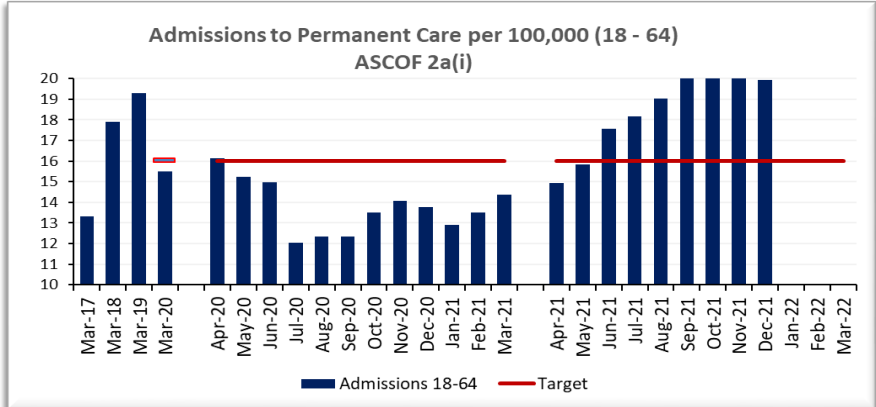
Worcestershire Results

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	14.4	14.9	15.8	17.6	18.2	19.1	20.5	20.2	20.2	19.9			
Numerator	49	51	54	60	62	65	70	69	69	68			

Q3 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 result for Dec-21 is a rate of 19.9 which is 68. 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. A small reduction has been achieved since Q2, moving to AMBER (from RED).



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:

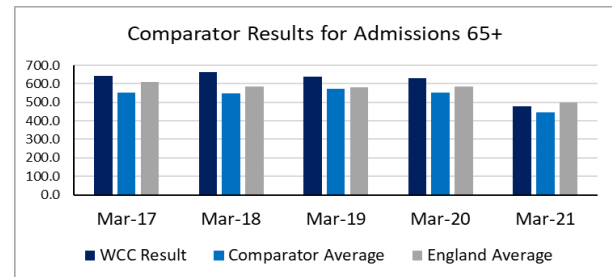
This national indicator looks at planned admissions and as such includes 12-week disregards, so potentially some of those included will eventually become self funders. Permanent admissions for people over the age of 65 are included in this indicator.

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 now available to 2020-21.

The WCC rate of admissions for 65+ dropped significantly in this period and although still above the comparator average (more admissions than other similar authorities) it is below the England average.



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	475.8	447.2	498.2

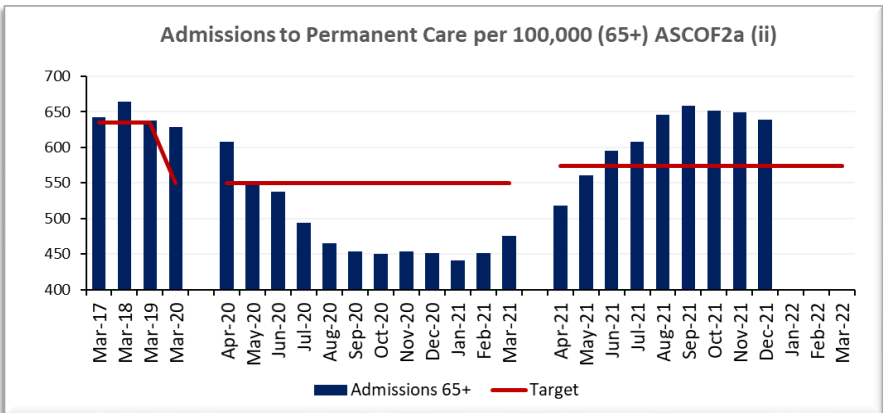
Worcestershire Results

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	475.8	518.1	560.3	595.2	607.5	646.1	659.1	651.2	649.7	639.6			
Numerator	654	712	770	818	835	888	906	895	893	879			

Q3 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 477.3 (656 older people) in the year to end Mar-21. Admissions have steadily risen since Mar-21, peaking in Sep and now slowly falling.

Work streams to address this are ongoing. Commissioners are working with social workers where barriers to extra care placement occur and developing training to support use for those with mental health difficulties. Scrutiny of Continuing Health Care Funded placements has resulted in fewer disputes. Throughout the year all placements are audited to ensure provision is being used appropriately and to understand the drivers behind this.



3. Outcomes of Short-term Services

2021-2022 Target = 83.5%

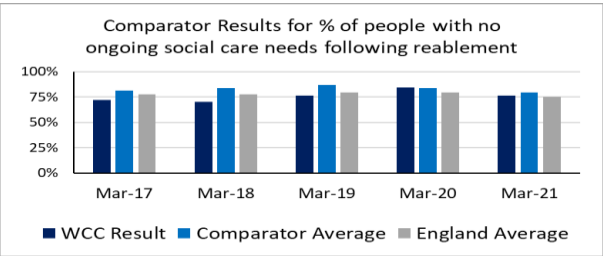
Good Performance = Higher 

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 now available for 2020-21.

The result for WCC was 76% - which is higher than the England average but below comparators.



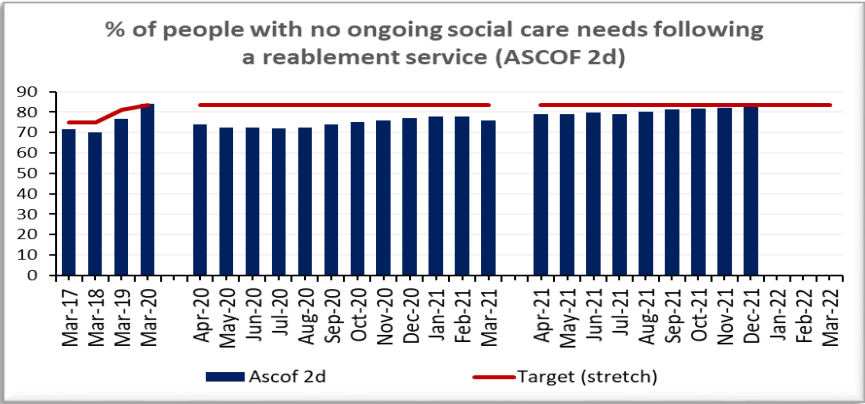
Year/Month	WCC Result	Comparator Average	England Average
Mar-17	71.7%	81.2%	77.8%
Mar-18	70.1%	83.5%	77.8%
Mar-19	76.6%	86.7%	79.6%
Mar-20	84.2%	83.9%	79.5%
Mar-21	76.0%	79.1%	74.9%

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%	81.7%	82.1%	82.9%			
Numerator	1207	116	169	258	334	412	516	614	739	846			

Q3 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 2021-22 the result has gradually increased to 82.9% at Dec-21. There continues 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)

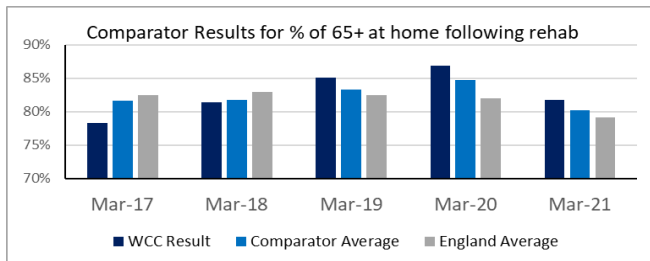
Analysis:

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 now available for 2020-21 above both the national and comparator averages.



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%	80.2%	79.1%

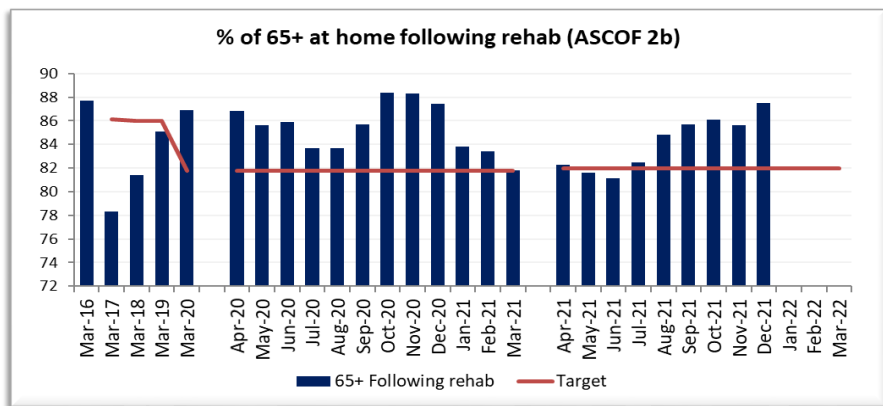
Worcestershire Results

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%	86.1%	85.6%	87.5%			
Numerator	453	428	421	450	442	474	466	447	433	447			

Q3 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 3 2021-22 the result was has steadily increased to 87.5%. 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. For this December there were more positive returns from the Neighbourhood Teams and the results for October and November helped the December result to be higher than usual.



5. Annual Care Package Reviews Completed

2021-22 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.

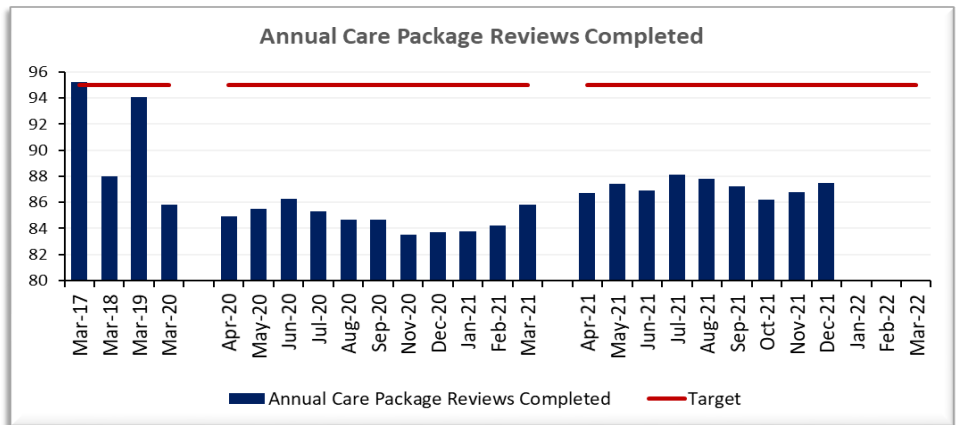
Worcestershire Results

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%	86.2%	86.8%	87.5%			
Numerator	4016	4079	4131	4087	4181	4184	4172	4128	4154	4156			

Q3 2021-22 Commentary:

Performance at the end of 2020-21 was 85.8%. For Quarter 3 2021-22 the result has increased to 87.5%. Service areas with higher levels of overdue reviews have action plans in place to improve performance and are tackling those overdue the longest. Mental health teams have improved performance significantly and are now GREEN at 95.6% - improving from 78% when they returned to WCC in Apr-21.

Specification being developed for external provider to bring in further support.



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Adult Care and Wellbeing Scrutiny Panel

15 March 2022

Quarter 3

Forecast Outturn 2021/22

Q3 Financial Position – Adults

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Adults Revenue Forecast	2021-22 Gross Budget Q3	2021-22 Net Budget Q3	2021-22 Forecast Outturn Q3	2021-22 Forecast Variance Q3	2021-22 Forecast Variance Q2	2021-22 Forecast Variance Q1
	£'000	£'000	£'000	£'000	£'000	£'000
Older People	102,333	66,207	66,038	-169	5	-1,266
Learning Disabilities	72,508	60,332	62,570	2,238	3,124	2,816
Physical Disability	19,586	15,430	14,702	-728	-787	-308
Mental Health	28,149	18,297	19,067	770	-178	-119
Adults Commissioning Unit	14,260	2,304	2,182	-122	-130	7
Central Services (incl iBCF and Social Care Grant)	1,682	-28,878	-30,904	-2,026	-2,044	-1,130
Provider Services	16,267	9,209	9,209	0	0	0
TOTAL ADULTS	254,785	142,901	142,864	-37	-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 across Older People, 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

- Small underspend in Older People services as additional placement costs (particularly for nursing care) are being offset by Liberty Protection Safeguards growth not expected to be fully utilised in 2021/22 following national regulation changes
- Increased placement costs for Learning Disability clients and a forecasted reduction in budgeted income
- Underspend in Physical Disability services as a result of lower than budgeted cost of people receiving services and additional Continuing Health Care income
- Mental Health services demonstrating a forecasted overspend on placement costs partially offset by one off staffing savings
- Support services - the underspend showing in this area is due to additional one-off Direct Payment income recovery

Key Headlines – Working with Health Partners

- Overall budget being managed proactively with partners
- Updated Section 117 policy approved by February Cabinet
 - All clients in receipt of Section 117 Mental Health After Care support now joint funded with Health
 - Reviewed process to ensure all clients in Nursing Homes have Funded Nursing Care (FNC) assessments
- Updated partnership approach for ensuring clients are in receipt of Continuing Health Care (CHC) funding
 - Additional one-off and recurrent income for the Council
 - Potential reduction in fees for clients
- Joint funding for the cost of growth in clients discharged from hospital from the Better Care Fund (BCF)

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 MARCH 2022

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

- 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 March 2022	Worcestershire Safeguarding Adults Board Annual Report		Annual Update from Worcestershire Safeguarding Adults Board
	CQC Assurance Framework for Adult Social Care		Directorate Suggestion February 2022
	Performance (Q3 October to December) and In-Year Budget Monitoring		
18 July 2022	Performance (Q4 January to March) and In-Year Budget Monitoring		
28 September 2022	Performance (Q1 April to May) and In-Year Budget Monitoring		
7 November 2022	Performance (Q2 June to August) and In-Year Budget Monitoring		
Possible Future Items			
TBC	Review outcomes of the Fair and Transparent Care Project	14 January 2022	
TBC	Update on People and Communities Strategy and Workstreams		Added at 15 March 2021 Meeting
TBC	The Council's Adult Services Replacement Care Offer		TBC
TBC	How the Council works with Carers		Suggested at 8 July 2021 Meeting

TBC	Direct Payments		Added at 15 November 2021 meeting
TBC	The Implications of the Adult Social Care Reform White Paper		Discussed at the 14 January 22 Meeting
TBC	The role and cost benefit of IT in Care Planning		Discussed at the 14 January 2022 meeting
TBC	Update on LD Services following implementation of outcomes from Review	15 November 2021	Discussed at the 14 January 2022 meeting
TBC	Independence Focussed Domiciliary Care Service in Worcestershire		Directorate Suggestion February 2022
Standing Items			
Annual	Safeguarding Adults Annual Update	28 January 2021	Annual Update from Worcestershire Safeguarding Adults Board
Annual	Compliments and Complaints for Adult Services		Added at 15 November 2021
Quarterly	Performance and In-Year Budget Monitoring		