

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Monday, 7 November 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 Monday, 7 November 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 Andy Fry, Cllr Paul Harrison, Cllr Matt Jenkins, Cllr Adrian Kriss and Cllr James Stanley

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 Democratic Governance and Scrutiny Manager 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 Friday 4 November 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	Update on The Role of Adult Social Care in Complex Hospital Patient Discharges (Indicative timing 2:05 – 3:00pm)	1 - 10
6	Performance Monitoring (Indicative timing 3:00 – 3:30pm)	11 - 22
7	Work Programme (Indicative timing 3:30 – 3:35pm)	23 - 26

Agenda produced and published by the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer) 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: Thursday, 27 October 2022

Item No	Subject	Page No
---------	---------	---------

NOTES

Webcasting

Members of the Panel are reminded that meetings of the Adult Care and Wellbeing Overview and Scrutiny Panel are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 7 NOVEMBER 2022

UPDATE ON THE ROLE OF ADULT SOCIAL CARE IN COMPLEX HOSPITAL PATIENT DISCHARGES

Summary

1. The Panel has requested an update on the role of Adult Social Care in complex hospital patient discharges.
2. The Strategic Director for People and the Cabinet Member with Responsibility for Adult Social Care have been invited to the meeting to respond to any questions the Panel may have.

Background

3. Panel Members will be aware of the current significant pressures on urgent care nationally and at the two Worcestershire Acute Hospitals, including ambulance handover delays, which is subject to ongoing scrutiny by the Health Overview and Scrutiny Committee (HOSC). The role of Adult Social Care in the process of complex hospital patient discharges was added to the Panel's work programme and following an initial Report on 18 July 2022, and a further update has been requested.
4. The Panel has requested information about the role of adult social care in complex discharges and delayed transfers of care to show trends in the numbers of patients in hospital awaiting discharge who are unable to leave because of a care package not being in place.
5. The Panel has also asked to understand the number of discharges that the Service supports each week, the length of any delays and the reasons for the delay. The Panel would like to understand the challenges that the Service is facing.

Integrated Care Systems

The National Context

6. Integrated Care Systems (ICS) are a key part of the NHS Long Term Plan. They are expected to bring about major changes in how health and care services are planned, paid for and delivered, achieved through providers and commissioners of NHS services across a geographical area with local authorities and other local partners, to collectively plan and integrate care to meet the needs of their population.
7. ICSs were developed via Sustainability and Transformation Partnerships (STPs) and require a closer form of collaboration whereby NHS organisations and local

authorities take on greater responsibility for collectively managing resources and performance and for changing the way care is delivered.

8. In November 2018, the Local Government Association (LGA), with partners Association of Directors of Adult Social Services, the Association of Directors of Public Health, NHS Confederation, NHS Clinical Commissioners and NHS Providers, published a shared vision for integration entitled Shifting the Centre of Gravity: making place-based, person-centred health and care a reality.
9. Herefordshire and Worcestershire Health and Care system was formally designated as an ICS on 1 April 2021 having operated as a STP since 2016. The Clinical Commissioning Group (CCG) and all its functions transferred to become a statutory Integrated Care Board (ICB) for Herefordshire and Worcestershire on 1 July 2022.
10. The ICB is established by an order made by NHS England under powers in the 2006 Act. The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act. The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

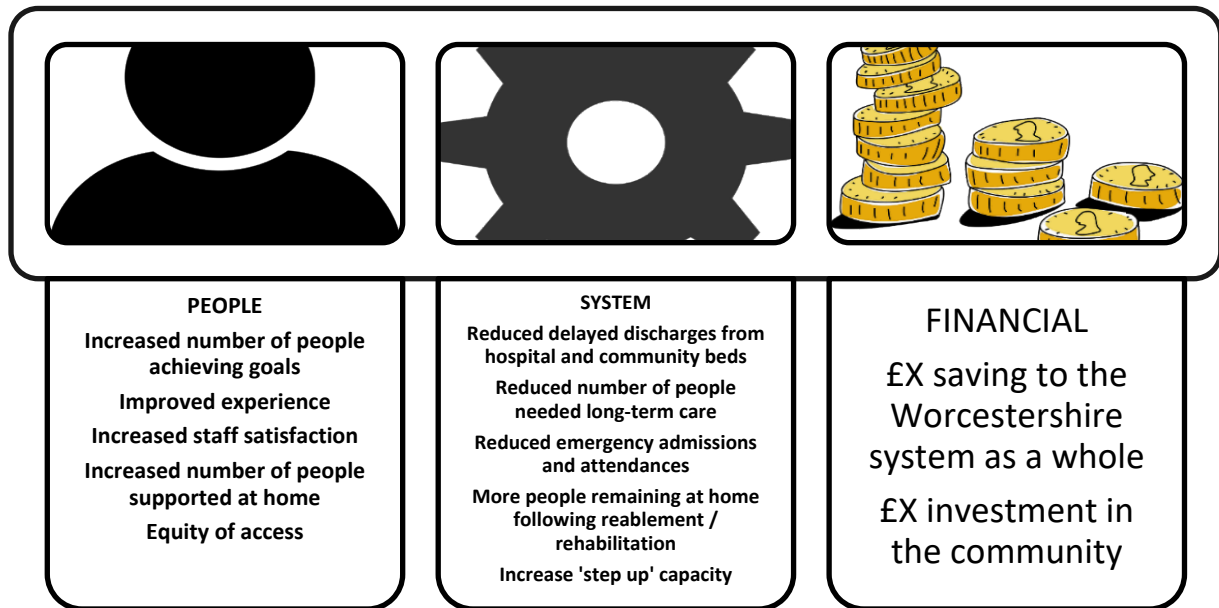
The Local Context

11. Leaders from Worcestershire County Council (the Council), Worcestershire Acute Hospitals NHS Trust (WAHT), Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) and the Integrated Care Board (ICB) are committed to working in partnership to coordinate services for intermediate care to collectively, and effectively, meet the needs of each person – a system within a system. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time, supporting the strategies of the key stakeholder organisations to create a focused approach to:
 - the delivery of person-centred coordinated care
 - the building of local “place-based” care and support systems
 - a system leadership model for further integration of commissioning and service delivery.
12. ICSs are part of a fundamental shift in the way the health and care system is organised. Historically, the emphasis was on organisational autonomy and the separation of commissioners and providers whereas the ICS will now look to collaborate and unite in driving forces for improvement.

Intermediate Care

13. Worcestershire’s Integrated Intermediate Care team has, due to system pressures, effectively (and successfully) operated as a step-down unit. This may present a missed opportunity to really address the system wide ambitions.
14. The illustration below shows the three key factors in delivery of an efficient ICS. Ensuring good outcomes for people, more effective flow within hospital settings with

a focus on admission avoidance and discharge and how such successful systems can save money and enable resources to be redirected to prevent hospital admissions.



15. Intermediate Care can provide a range of services to patients/customers that require additional social and/or health care, pre and post-acute hospital care. The aim being to enable a timely response to avoid an admission to hospital and/or discharge from hospital to a safe environment, with the necessary support to enable the individual to regain function and/or confidence.
16. This support is provided in the persons own home (or usual residence) or a transitional residence such as a Community Hospital bed or Care Home if longer term more complex needs are identified, until a more permanent arrangement is in place (including potentially no further social/health care support being required).
17. Intermediate Care does not define a single service; it is a term that incorporates elements of reablement, rehabilitation and recovery. The NICE Guidelines, Intermediate Care including Reablement (September 2017), provide a clear vision of the model. The guidelines state that local areas should offer all 4 types of intermediate care:
 - Crisis response – to prevent an avoidable admission to hospital, offering an assessment and possibly short-term care (typically up to 48 hours but up to around 7 days) if there is an urgent increase in a patient’s health or social care needs that can be safely managed at home. Adult Social Care also provide social work input via Area Social Work Duty Teams to support admission avoidance, via urgent home care and emergency replacement care.
 - Home-based Intermediate Care – services are provided at home, by a team with different specialities (therapists, nurses, equipment, and social care), that support rehabilitation and recovery and can assess for any ongoing needs including NHS Continuing Healthcare (CHC). Adult Social Care also provides community reablement services to support people at home.

- Bed-based Intermediate Care – services are delivered in a community hospital or care home, for people who do not need 24-hour consultant led medical care but need a short period of therapy and rehabilitation. Adult Social Care support this via Pathway 2 and Pathway 3 (explained from paragraph 31).
- Reablement – services are provided at home, mainly by social care professionals and specially trained social care staff. Enabling the re-learning of skills and promoting recovery to build confidence to live at home. Adult social care support this via Pathway 1 (explained in paragraph 23).

18. There is recognition across the ICS that the Intermediate Care Team could be further enhanced through greater integration and a more formalised way of working. Work is currently being undertaken to scope other models across the country and consider if there are different ways of working which could provide better outcomes for individuals. Agreement from System Leaders has been given to proceed with this work, with dedicated project support, provided by the ICB. This work will commence following the completion of a review of OCT, which is currently underway, to inform the wider thinking in relation to integrated intermediate care.

Role of Worcestershire’s Adult Social Care Teams Supporting Complex Hospital Discharges

Onward Care Team

19. The Onward Care Team (OCT) is made up of health and social care staff who work with individuals admitted to hospital to plan their discharge and provide advice, guidance and signposting to individuals, carers and professionals. They work with patients, relatives, carers and professionals to consider discharge options and early discharge planning, ensuring where possible patients are discharged to their own home.
20. Adult Social Care staff in Onward Care and Community Hospitals are currently working with 186 people. In the last year OCT and Community Hospital staff have had 2,111 people on the social work and social care worker caseloads, completing 7,896 episodes of work (including conversations, forms, contacts etc). They also complete over 2,300 case notes each month.
21. OCT advocate for individuals ensuring their wishes are considered and their ability to make decisions is considered. Completing mental capacity assessments, best interest decisions and considering Care Act eligibility.
22. OCT and Community Hospital staff support carers with accessing carers assessments and support to ensure carers feel supported to continue in their current role. Where a patient has complex care and support needs the team is responsible for ensuring appropriate care and support services are arranged that can meet the identified needs. The social care team is responsible for working with the safeguarding team to ensure safeguarding concerns are addressed.

Reablement Services

23. The Reablement Service supports people leaving hospital to recover at home, known as Pathway 1. It also has dedicated resource to provide community reablement to help people regain and retain independence at home. This service is

commonly referred to as Community Reablement. The service works in an integrated way with local Neighbourhood Teams – clinical staff working in the Herefordshire and Worcestershire Health and Care NHS Trust. All Pathway 1 referrals for people living in Worcestershire are made through the Reablement Service.

24. The Community Reablement service helps people who might normally receive care and support to improve independence and reduce the need for formal care packages, provides support to people currently residing in the two Prisons in the County, and is also the Service of Last Resort – providing a response in the case of provider failure or concerns, or where finding a care provider is challenging (such as in a rural part of the County). This supports admission avoidance.
25. The Reablement service experiences several challenges. Managing complex care and support for people; and working in partnership with others (including NHS partners and the care market) brings logistical and cultural (team) challenges. The service meets these challenges well, adopting a 'can do' approach to support positive outcomes for people and performs well in terms of supporting timely discharge from hospital.
26. The biggest challenge the service faces is recruitment; recruitment of front-line care staff is a national challenge, and not unique to Worcestershire. Often applicants to roles in the Reablement Service work in other parts of the Worcestershire care market, so a balance must be struck between speed of recruitment and impact on the local care market more generally.
27. Recruitment campaigns have a mixed success rate, and many applicants withdraw from the process through reasons beyond the control of the service (such as personal choices, candidate has a number of job options and chooses something else etc). The service has fine-tuned and tailored a recruitment process based on feedback from applicants who subsequently started work and has seen improvements in retention as a result.
28. The service received additional investment, endorsed by the Integrated Commissioning Executive Officers Group (ICEOG), funded through the Better Care Fund, which has enabled approximately 100 new posts to be created, and approximately 60% of these were filled within 6 months. This was achieved despite being within the Covid-19 pandemic. Whilst natural turnover of staff has meant gains above this 60% have been challenging, the Council is seeing an increase in the number of applicants following reviews of the recruitment processes.
29. One final challenge of note is the increasing demand – both in terms of care and the responsiveness of the service. People tend to leave hospital sooner, and so require more support initially. This often means that people require significant amounts of care, and the service has seen more people who require 'double handed' care, where visits require two carers to support. The pressures that the NHS has faced in terms of demand on Urgent and Emergency Care also filter through to the service – demand for timely discharge is very high in order to support patient flow through the health and social care system.
30. Communication with partners is viewed as a priority and there are several channels for communication which work on a two-way basis. Processes have been

designed collaboratively between the service and partners to support working relationships in a positive way.

Pathway 2 – The Role of Adult Social Care in Community Hospital Discharges

31. When a patient no longer meets the national criteria (known as Right to Reside) to reside in a community hospital, they are discussed at weekly Right to Reside meetings. These meetings take place between Adult Social Care and HWHCT colleagues to identify discharge plans and any barriers to these plans. Right to Reside has replaced Delayed Transfers of Care, formally referred to as DTOC.
32. Where barriers are identified adult social care staff work with providers, commissioners and individuals, families and carers to devise plans to enable discharge. This supports capacity and flow through community hospitals, ensuring individuals are discharged to their appropriate place of care in a timely manner.

Pathway 3 - The Role of Adult Social Care in provision of Intensive Assessment and Rehabilitation and Discharge to Assess beds

33. The Intensive Assessment and Rehabilitation Unit (IAR) is a bedded unit within Worcester City Inpatients Unit, with up to 21 beds. They are used for patients who are assessed by social care, at the point of discharge from acute hospitals as being unable to have their care and support needs met in their own environment and have no rehab goals identified at this point in their recovery.
34. The purpose of the service is to provide individuals with the opportunity to have an intensive assessment completed by a multi-disciplinary team, which includes social care. The purpose of this is to assess reablement potential outside an acute setting, assess their ongoing care and support needs, review options of returning home and where home is not possible to make long term plans for care home placements.
35. The social care staff in the IAR service complete Care Act 2014 needs assessments, mental capacity assessments, best interest decisions and liaise with brokerage and providers to arrange appropriate care and support to meet individual's needs.
36. The HWHCT Capacity Management Team has reported 156 people being discharged from hospitals and referred to this service in the period January to September 2022.
37. Pathway 3, on occasions, requires social care to source a small number of Discharge to Assess (DTA) beds directly in care homes for up to 4 weeks, directly from the acute hospital setting. This is usually when there is unlikely to be any rehabilitation goals and often needs that could not be met in the unit (often referred to as complex needs). Adult Social Care use its brokerage service and commissioners to source the homes and then the adult social care team review within the 4 week period and agree an ongoing plan. In periods of escalation in the acute hospitals, there can be requirements to purchase additional Pathway 3 DTA beds to support flow from the acute hospitals which can lead to additional adult social care oversight and long term cost implications.

Wrap Around Care Provision

38. ICEOG gave approval in December 2021 for a wraparound service pilot to be delivered. The pilot was commissioned, with an external provider and started on 4 April 2022. ICEOG agreed in July 2022 that the service will continue to August 2023.
39. The service is delivered using live in carers with the aim of each person receiving the service for between 48 and 72 hours minimum. The aim of the service is to support an approach which is strength based and supports positive risk taking for professionals, individuals, and families.
40. The service provides people with the opportunity to make decisions about their long-term service needs whilst in their home environment. There is capacity for four people to use the service at any one time. The Council is currently exploring the opportunity to broaden the scope of the service to support an admission prevention approach.

Adult Social Care Role in System Flow and Escalation Processes

41. A Worcestershire System Escalation Management Plan (EMP) is in place, setting out operating procedures to ensure that there is an expedient and system-wide response and timely de-escalation to any operational pressures within the health and care system. This is to ensure that residents can access the help, care, treatment and support when and where they need it to optimise individuals' independence, health and wellbeing. Adult Social Care, with all system partners, must:
 - Ensure a timely and proportionate system-wide response to operational pressures within the health and care system
 - Minimise the duration and impact of any operational pressures escalation level 3 and above
 - Minimise the impact of any escalation on the timely access to appropriate treatment and care and ongoing care and support
 - Avoid hospital acquired functional decline by maintaining effective patient flow throughout the system, including the timely discharge of patients from hospital
 - Optimise individuals independence, recovery and rehabilitation.

Levels 1 and 2 – Business as Usual Level 3 and 4 – Escalation Plan System Plan followed.

EMS LEVEL	AIM	ACTIONS	COMMUNICATIONS
1 & 2	Maintain normal business	Operational actions taken daily to prevent escalation Responding to warning signs that escalation is likely unless action is taken Partners involved routinely at operational level	Operational staff liaison Daily sitrep to inform partners of escalation level
3	De-escalate	Tactical actions taken to facilitate de-escalation. Ensure all best practice actions are being taken by all partners Senior decision makers to approve exceptional actions	Operational staff liaise with senior managers regarding actions taken and decisions required Brief system-wide executives on situation
4	Manage risk & de-escalate	Manage increased clinical, organisational & reputational risk Maintain actions to de-escalate	Communication with NHSE to provide assurance that all best practice actions are being taken by all partners

42. Below is the daily process for managing urgent care and patient flow from a system perspective:

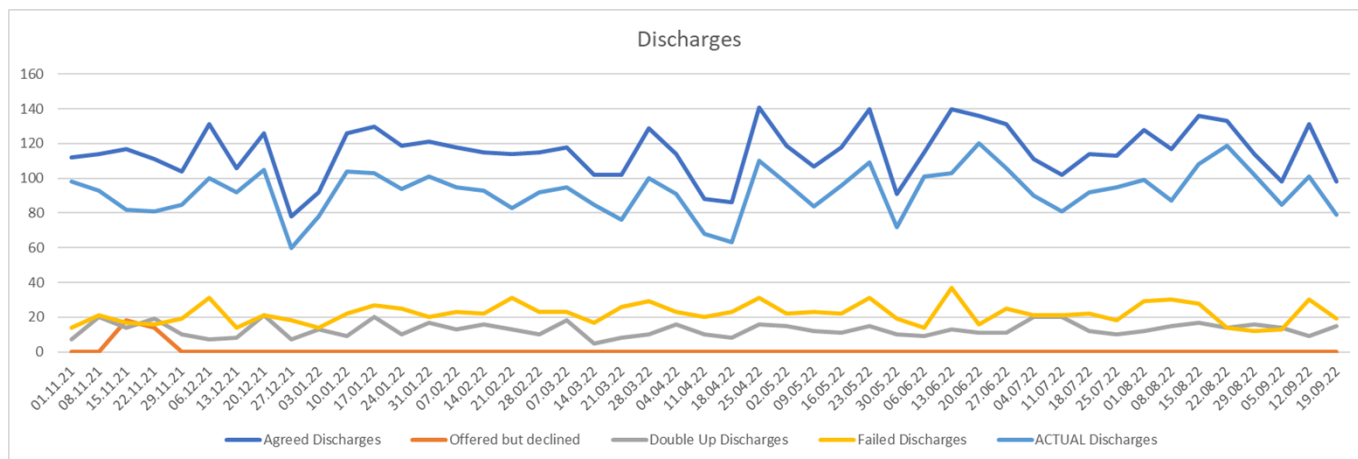
- **Weekend system operational care 9:30 Bronze Level**, Bed Meetings to include adult social care staff from the Onward Care Team and Pathway 1 team to ensure plans are in place for the normal functioning of the hospital to ensure sufficient patient flow.
- **Daily 7 days a week 11:30, 15:00: Silver Level**, System wide tactical / operational call –chaired by ICB/WAHT/HWHCT. Silver Calls receive reports from Bronze level. The purpose of Silver is to ensure the system is supporting efforts agreed at Bronze and to determine whether additional actions are required or whether system escalation is needed. These are attended by Adult Social Care as part of the Intermediate Care/Onward Care Teams. At weekends, Pathway 1 Registered Managers report on all discharges.

Level 3 and 4

43. When Level 3 is triggered the silver calls (set out above) become Gold calls and require Adult Social Care Executive attendance. These are then attended by the Strategic Director for People or Assistant Director Adult Social Care on weekdays. Their roles are then to ensure all patients medically fit to be discharged have plans in place, any additional measures Adult Social Care can take to increase

flow are actioned, blockages unblocked and discussed regarding shared levels of risk across the system. At weekends, there is an on call Gold rota and a senior staff member will attend meetings should this level be reached.

Discharge Trends



The graph above shows the trends of discharges agreed and failed through the Intermediate Care (Pathway 1) between 1 November 2021 and 19 September 2022.

44. This data shows a total of 4,353 (81%) agreed and successful discharges, through the Intermediate Care Service. 1,036 (19%) discharges failed during this period. The reasons for failed hospital discharges that have been referred through the Intermediate Care Service are listed below.

- Not Medically Fit for Discharge 46%
- Hospital Transport 7%
- Care Agency Delay 2%
- Home Environment/Family Not Ready 10%
- Hospital Delays 15%
- Unknown/not recorded 15%
- Waiting for equipment 5%

45. The table below shows data on people who have been discharged from hospital into a Pathway 3 bed each week. The vast majority of these are people discharged to a step-down bed, but it also includes a very small number of people returning to an existing long term care home placement or going directly to a new long-term placement.

46. This data shows individuals who have been discharged from hospital in a Pathway 3 bed from 2 September 2022 for Worcestershire Hospitals.

Hospital Discharged from	02/09/2022	09/09/2022	16/06/2022	23/09/2022	30/09/2022	07/10/2022	14/10/2022
Worcestershire Acute	3	1	1	3	4	1	0
Other Hospitals	1	1	0	0	0	1	0
Total	4	2	1	3	4	2	0

47. Between July 2021 and March 2022 Adult Social Care placed a total of 48 people in 'transition beds' because there was lack of capacity, due to market pressures in domiciliary care. These were short term commissioned beds to support people medically fit for discharge but unable to be picked up on the same day by Pathway 1.
48. The short term contract was ceased in March 2022 as by then Council had reached a position where between Pathway 1 and brokering packages of care, flow could be managed without the additional capacity, which improved outcomes for people and supported people to go straight home from hospital.

Purpose of the Meeting

49. The Panel is asked to:
 - Consider and comment on the information provided regarding the role of Adult Social Care in complex hospital patient discharges
 - Agree any comments to be made to the Cabinet Member with Responsibility for Adult Social Care
 - Determine whether any further information or scrutiny on a particular topic is required.

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

Agenda and Minutes of the Adult Care and Wellbeing Overview and Scrutiny Panel on 18 July 2022

Agenda and Minutes of the Health Overview and Scrutiny Committee on 8 July, 9 May, 9 March 2022 and 3 November, 18 October 2021.

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

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 7 NOVEMBER 2022

PERFORMANCE MONITORING

Summary

1. The Panel will be updated on performance information for services relating to Adult Care and Well Being.
2. The Cabinet Member with Responsibility for Adult Social Care and the Strategic Director for People have been invited to attend the meeting to respond to any queries from Panel Members.

Performance Information

3. Attached at Appendix 1 is a dashboard of performance information relating to Quarter 2 (July to September 2022). It covers the indicators from the Directorate and corporate level and other management information (as appropriate) which relate to services relevant to this Scrutiny Panel's remit.
4. The Scrutiny Panels consider this information on a quarterly basis and then report by exception to the Overview and Scrutiny Performance Board (OSPB) any suggestions for further scrutiny or areas of concern.

Purpose of the Meeting

5. Following discussion of the information provided, the Scrutiny Panel is asked to determine:
 - any comments to highlight to the Cabinet Member at the meeting and/or to OSPB at its meeting on 16 November 2022
 - whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Adult Services Performance Information Dashboard

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 Democratic Governance and Scrutiny Manager), 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 28 September, 18 July, 15 March and 14 January 2022, 15 November, 29 September, 8 July and 28 January 2021, 18 November, 22 September, 27 July and 27 January 2020 [Weblink for agendas and minutes](#)
- Agendas and minutes of the Overview and Scrutiny Performance Board on 29 September, 20 July, 23 March 2022, 17 November, 30 September and 21 July 2021

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

Adult Care and Well-being Scrutiny Panel - Summary Report

Key Priorities ASC Business Objectives:

Reduce the number of older adults and adults aged 18-64 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)

2022-23 Target rate = 16 Worcestershire 18-64, Population = 341,261* estimated

Good Performance = Lower

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

Analysis:

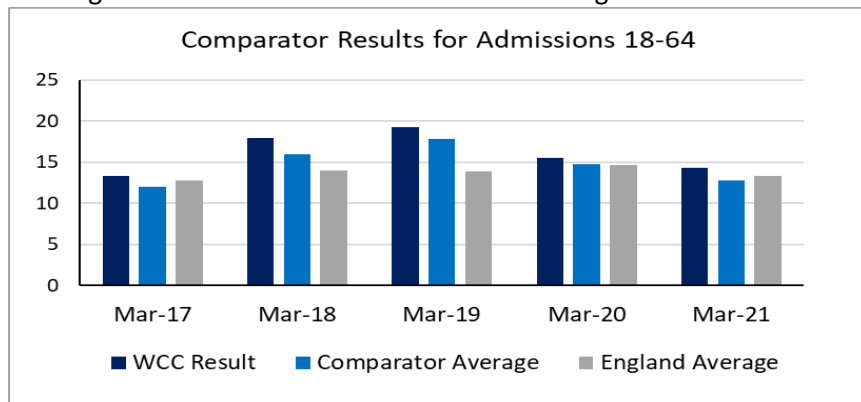
This national indicator looks at planned admissions and as such includes 12-week disregards, so potentially some of those included will eventually become self funders.

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 adults aged 18-64 to remain living independently or with families are considered as a priority.

Comparator Data: (Latest national data available is Mar-21)

Although the WCC rate of admissions for adults aged 18-64 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
Mar-22	15.8* estimated		

Month	March 2021	June 2021	September 2021	December 2021	March 2022	June 2022	August 2022
Result and RAG	14.4	17.6	20.5	19.9	15.8	16.4	16.2
Numerator	49	60	70	68	54	56	57

Admissions per Month	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total
No. of Admissions	7	5	7	2	0	4	6	2	8	2	8	6	57

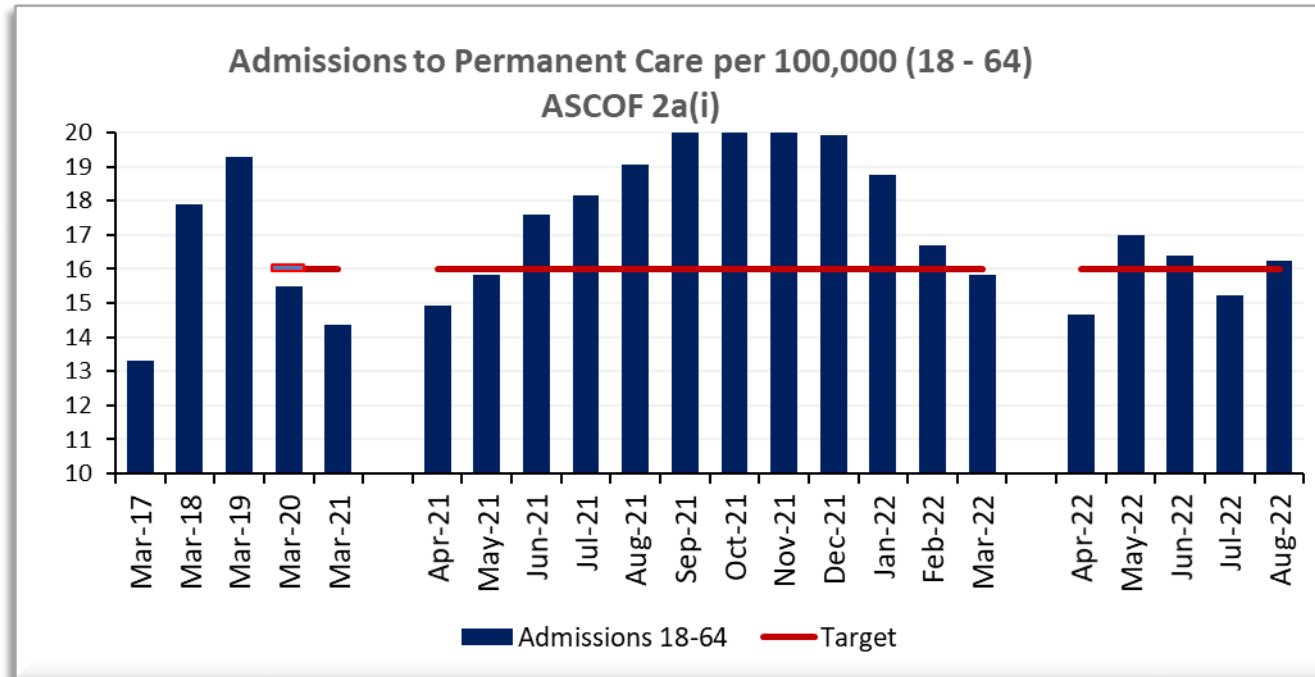
Q2 2022-23 Commentary:

Over the period 2019-21, the rate of admissions for adults aged 18-64 people fell and was particularly low in Mar-21 due to the pandemic. Numbers rose during 21-22, declining towards the end of the year but remaining higher than the previous year.

Please note, the results from Mar-22 are provisional as we are waiting for finalised population figures to be released nationally for the confirmed result.

For August's results the rate is 16.2 (57 people) which has resulted with an Amber rating.

The action plan to focus on demand and spend is now fully established. All placements are routinely scrutinised and alternatives to admission considered as the preferred option. Additional scrutiny of all funding decisions is currently in place to ensure maximum use of prevent, reduce and delay options to maximise people's independence wherever possible. Where long term funded services are required, we are using best value principles and identify any themes/improvement actions.



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

2022-23 Target rate = 604 Worcestershire 65+, Population = 139,817* estimated

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)

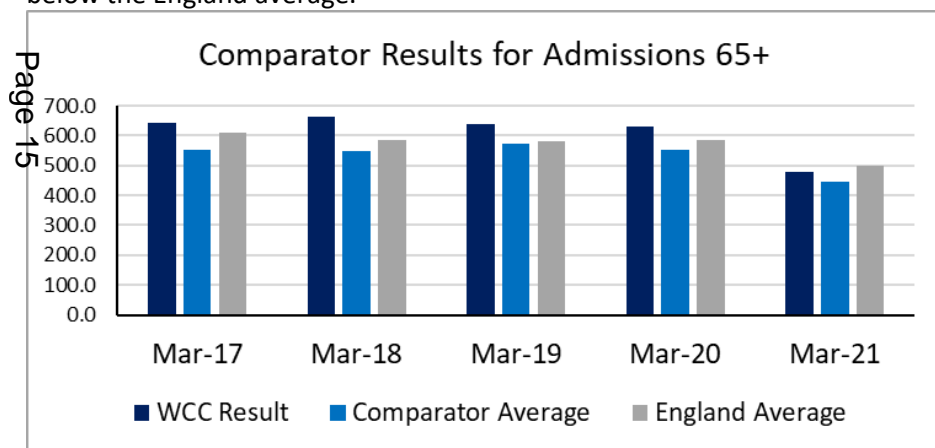
Analysis:

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 new admissions each month to ensure they are appropriate and to identify any key trends/themes. These are reported to the Assistant Director and to PDLT monthly. 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: (Latest national data available is Mar-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
Mar-22	585* estimated		

Worcestershire Results (Reporting Method: Rolling 12 months, Q2 = September 2021 to August 2022)

Month	March 2021	June 2021	September 2021	December 2021	March 2022	June 2022	August 2022
Result and RAG	475.8	595.2	659.1	639.6	585.0	533.6	505.7
Numerator	654	818	906	879	804	746	707

Admissions per Month	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total
No. of Admissions	69	55	71	61	58	66	71	53	68	49	34	52	707

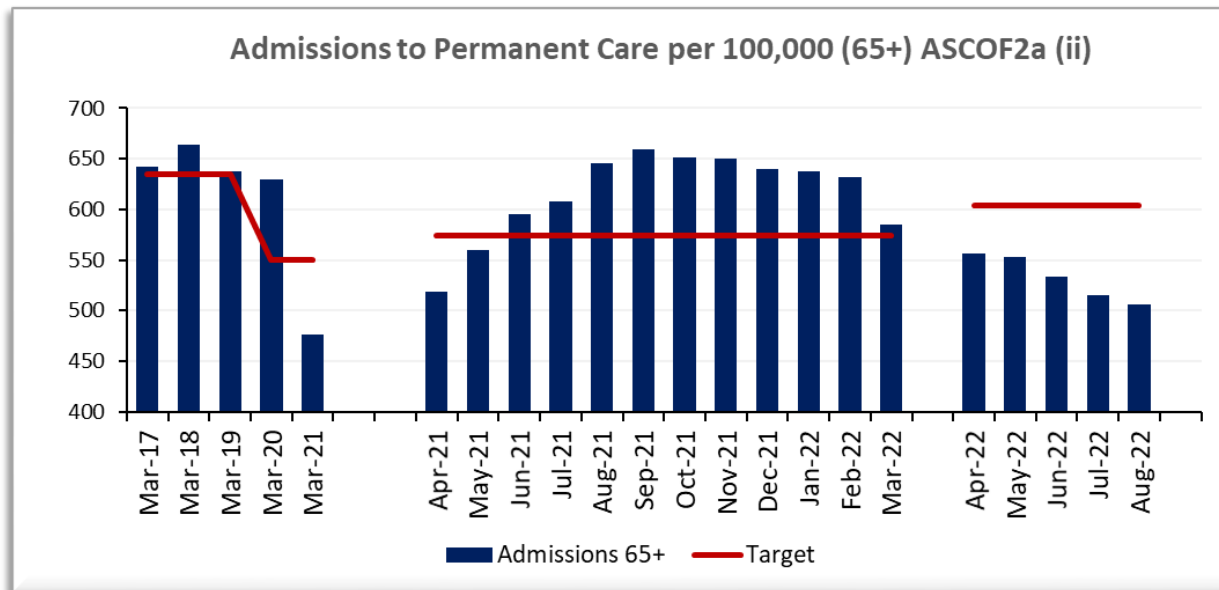
Q2 2022-23 Commentary:

Since 2018 the rate of admissions for older people has been falling - this dropped significantly in Mar-21 due to the pandemic, and although it rose in Mar-22 it was still below the rate in Mar-20. It has continued to drop throughout 2022-23.

Please note, the results from Mar-22 are provisional as we are waiting for finalised population figures to be released nationally for the confirmed result.

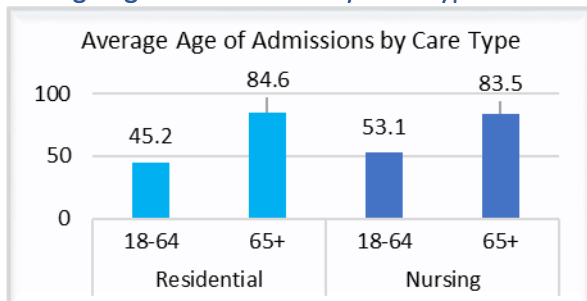
For August the result has continued to decrease to a rate of 505.7 or 707 admissions (rated green).

Work streams to address this are ongoing. An action plan has been established to focus on demand and spend. High-cost packages, authorisations and actions post review are being scrutinised as part of this. Ongoing work with Commissioners looking at extra care provision, Continuing Health care decisions continues as does the scrutiny of all new placements. Additional scrutiny of all funding decisions is being completed to ensure maximum use of prevent, reduce and delay options to maximise people’s independence wherever possible. Where long term funded services are required, we are using best value principles and identify any themes/improvement actions. The conclusion of a recent audit of admissions revealed high levels of confidence that staff are avoiding long term care that placements made could not have been further delayed.

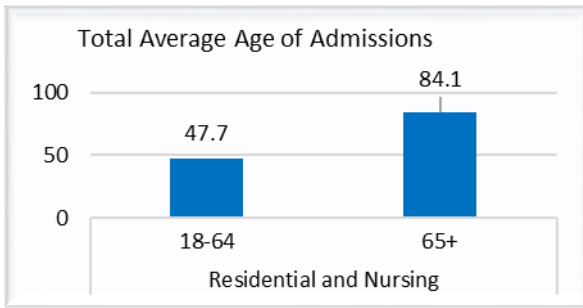


Profile of People Admitted to Long Term Care (Reporting Method: Rolling 12 months, Q2 = September 2021 to August 2022)

Average Age of Admissions by Care Type



Type of Care	18-64	65+
Residential	45.2	84.6
Nursing	53.1	83.5

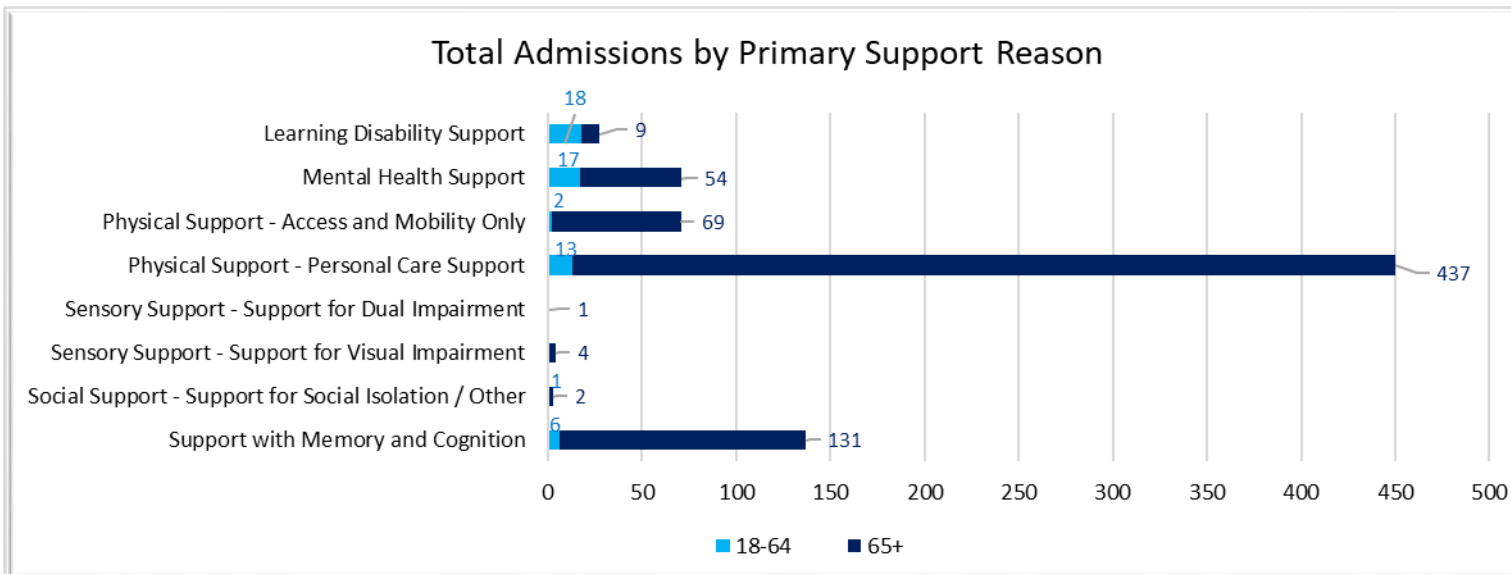


Type of Care	18-64	65+
Residential and Nursing	47.7	84.1

Admissions by Primary Support Reason – Residential and Nursing

Primary Support Reason	18-64	65+	Total
Learning Disability Support	18	9	27
Mental Health Support	17	54	71
Physical Support – Access and Mobility Only	2	69	71
Physical Support – Personal Care Support	13	437	450
Sensory Support – Support for Dual Impairment	0	1	1
Sensory Support – Support for Visual Impairment	0	4	4
Social Support – Support for Social Isolation / Other	1	2	3
Support with Memory and Cognition	6	131	137
Grand Total	57	707	764

Page 7



3. Outcomes of Short-term Services

2022-23 Target rate = 83.5%

Good Performance = Lower

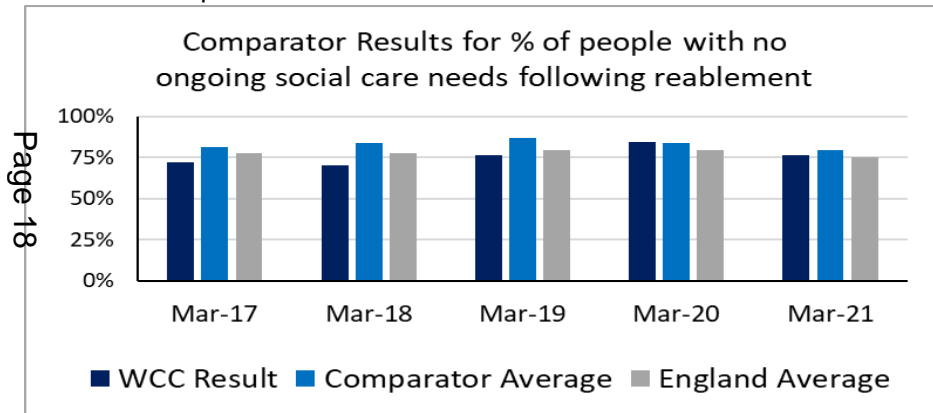
Definition: Proportion of people with no ongoing social care needs following a reablement service - sequel to short term services to maximize independence. (ASCOF2d)

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) (focusing on hospital discharge) but from Oct-21 the new community reablement service is also included. The community team have assisted with hospital discharges at various stages within the pandemic. 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: (Latest national data available is 2020-21)

The latest comparator data available is 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%
Mar-22	78.4%		

Worcestershire Results (Reporting Method: Q2 = April to September 2022, monthly data, cumulative)

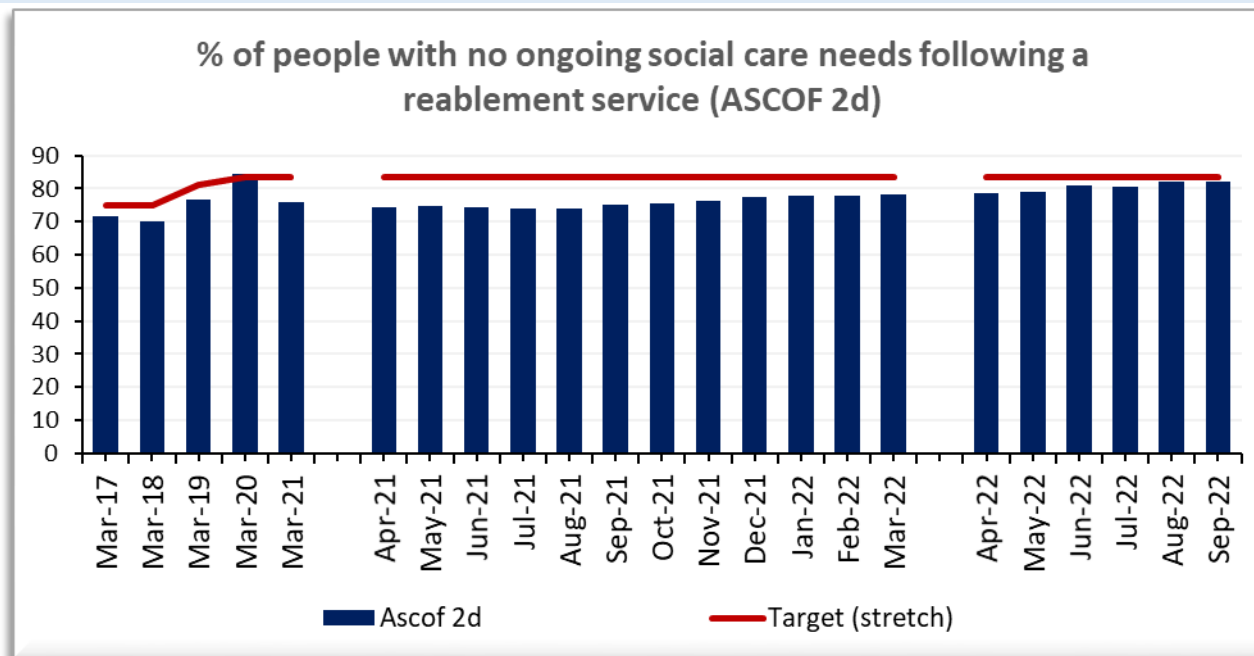
Month	Mar-22	Apr-22	May-22	Jun-22	Sept-22
Result and RAG	78.4%	78.6%	78.9%	80.8%	82.1%
Numerator	1135	110	220	341	623

Q2 2022-23 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 78.4% at Mar-22. There continues to be pressures across the system, so any increase shows how well the service are doing.

For Q2 2022-23 the monthly results are still increasing from 78.6% in April to 82.1% in September.



4. People Aged 65+ at home following Rehabilitation

2022-23 Target rate = 82.0%

Good Performance = Lower

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)

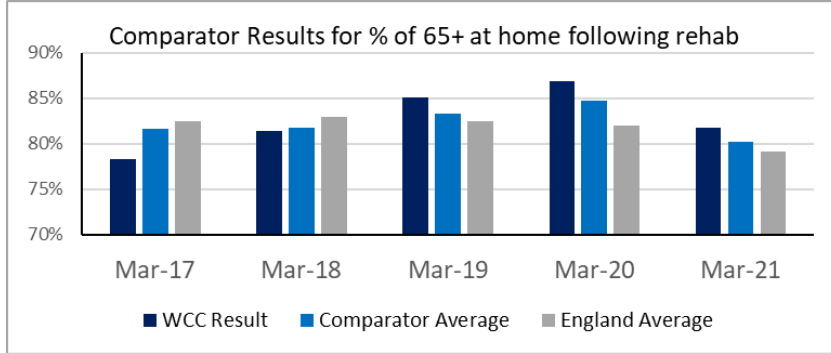
Analysis:

This is a national indicator that measures the percentage of older people who have completed 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: (Latest national data available is 2020-21)

The latest comparator data available is 2020-21. The result for WCC was 81.8% - 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%
Mar-22	80.8%		

Worcestershire Results (Reporting Method: 3 months running total, Q2 = July to September 2022)

Month	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022
Result and RAG	80.8%	81.2%	81.3%	82.4%	83.9%	84.6%	86.6%
Numerator	497	558	548	548	546	590	625

Q2 2022-23 Commentary:

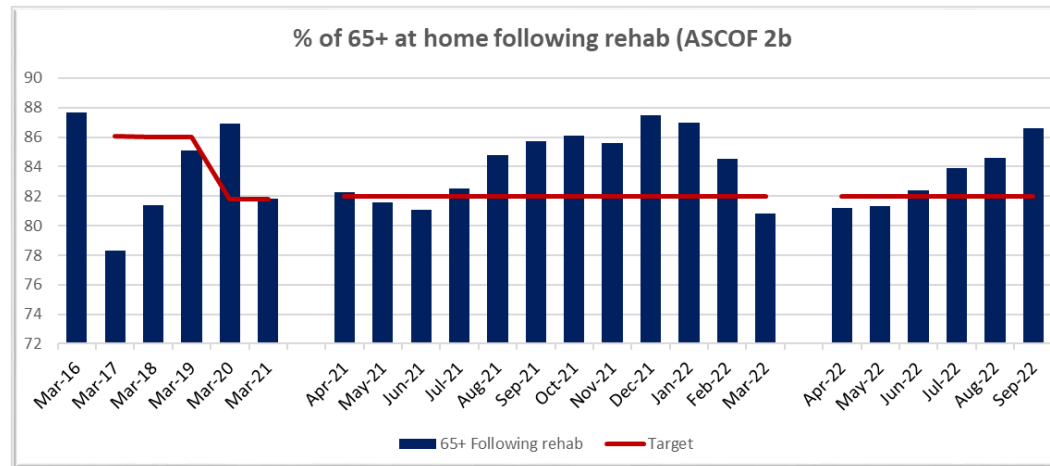
Despite the pressures across the health and social care system due to Covid, performance on this measure for 2021-22 was 80.8%. This was lower than the pre-pandemic level in Mar-20 of 86.9% but a good result considering pressures on the system and acuity of need.

For 2021-22 the monthly results have varied considerably and been impacted by levels of COVID and hospital system pressures.

There has been a historic trend for results to fall through the winter months as the focus needs to be on hospital flow to alleviate pressures across the system. From January to March 2022 there were less positive returns from nearly all teams which made the result for year-end decrease to 80.8%.

For Q2 2022-23 the result from July to September has improved to 86.6%.

A steady increase over the last few months. Good results from the neighbourhood teams for July and August has helped improve results for this quarter.



5. Annual Care Package Reviews Completed

2022-23 Target rate = 95.0%

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.

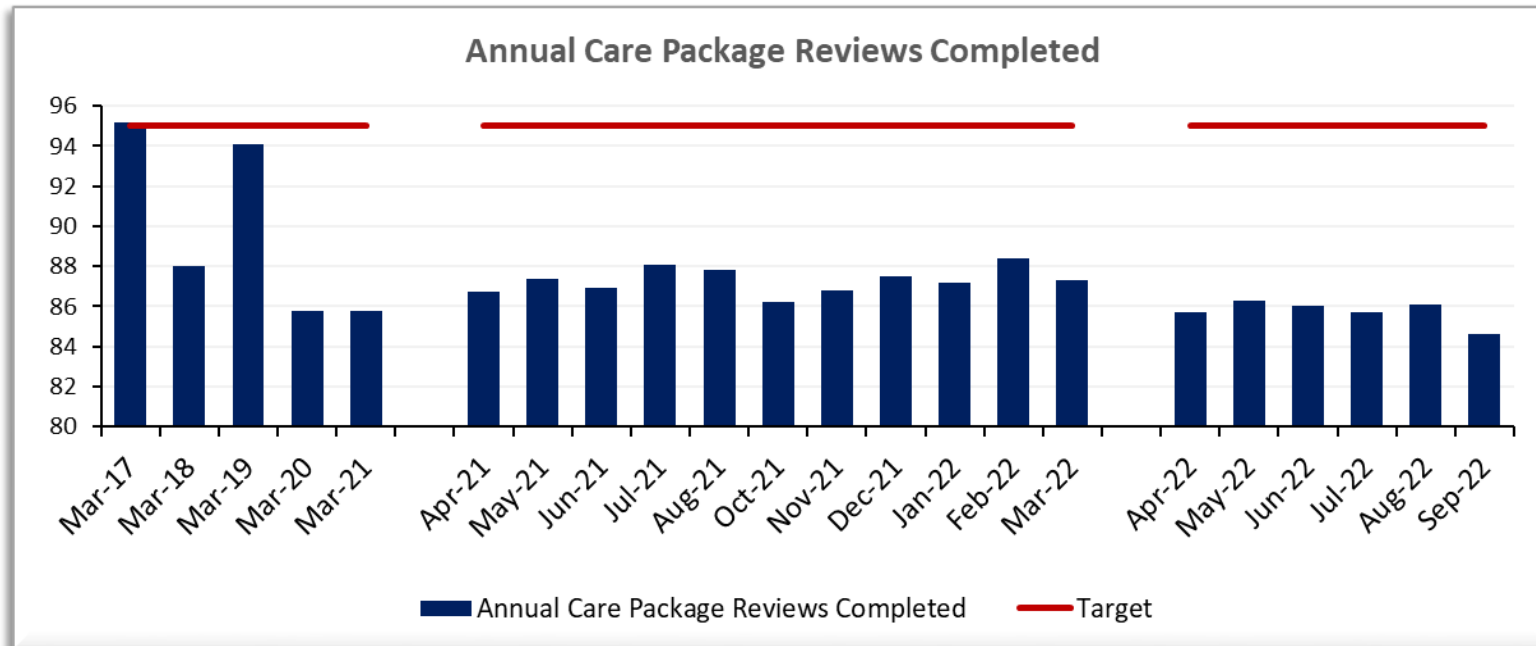
Worcestershire Results (Reporting Method: Rolling 12 months, Q2 = October 2021 to September 2022)

Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22
Result and RAG	86.2%	86.8%	87.5%	87.2%	88.4%	87.3%	85.7%	86.3%	86.0%	85.7%	86.1%	84.6%
Numerator	4128	4154	4156	4143	4222	4184	4109	4149	4149	4045	4063	4003

Q2 2022-23 Commentary:

Performance for Q2 2022-23 has decreased to 84.6% with small variances between October 2021 and August 2022. Mental health teams have improved performance significantly and are now GREEN at 97% - improving from 78% when they returned to WCC in April 2021.

An external provider is now set up to support completion of reviews for Learning Disability teams, with further consideration across other teams where resource allows.



This page is intentionally left blank

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 7 NOVEMBER 2022

WORK PROGRAMME

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 2022/23 Work Programme has been developed by taking into account issues still to be completed from 2021/22, the views of Overview and Scrutiny Members and other stakeholders 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 scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 29 June and agreed by Council on 14 July 2022.

Purpose of the Meeting

6. The Panel is asked to consider the 2022/23 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 2022/23

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 Democratic Governance and Scrutiny Manager), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board 29 June 2022](#)

[Agenda and Minutes for Council 14 July 2022](#)

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

SCRUTINY WORK PROGRAMME 2022/23

Adult Care and Well Being Overview and Scrutiny Panel

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
7 November 2022	Update on The Role of Adult Social Care in Complex Hospital Patient Discharges Performance (Q2 July to September 2022)	18 July 2022	
January 2023	Scrutiny of 2023/24 Budget		
	Better Care Fund		Added at the 20 May 2022 Meeting
	Learning Disability Services including Day Opportunities and update since implementation of Review outcomes	15 November 2021	
March 2023	Performance (Q3 October- December) and In-Year Budget Monitoring		
Possible Future Items			
March 2023 onwards	Independence Focussed Domiciliary Care Service in Worcestershire		Directorate Suggestion February 2022
TBC	Liberty Protection Safeguards		Panel member suggestion March 2022
TBC	The Council's Adult Services Replacement Care Offer (previously known as respite)		
June/July 2023	All Age Disability (0-25) Service (ongoing Scrutiny of the transformation of the Service)	11 January 2021	Jointly with Children and Families O&S Panel – to provide feedback on consultation, timeline, KPI's
TBC	NHS Continuing Healthcare (CHC), including any funding implications		Directorate Suggestion July 2022
TBC	How the Council works with Carers		Panel suggestion 8 July 2021
2023 TBC	The role and cost benefit of Assistive Technology in Care Planning		Discussed at the 14 January 2022 meeting
TBC	Update on Direct Payments		Added at the 20 May 2022 Meeting

TBC	Fair Cost of Care		Directorate/CMR suggestion May 2022
TBC	Update on Adult Social Care Reforms	18 July 2022	
TBC	Staff Vacancies and retention		Requested at 28 September 2022 meeting
Standing Items			
Annual	Safeguarding Adults Annual Update	28 January 2021 15 March 2022	Annual Update from Worcestershire Safeguarding Adults Board
Annual	Compliments and Complaints for Adult Services	15 November 2021 28 September 2022	Annual Report
Quarterly	Performance and In-Year Budget Monitoring		