

## **Minutes of the Adult Care and Well Being Overview and**

### **Scrutiny Panel**

#### **County Hall, Worcester**

**Monday, 18 July 2022, 2.00 pm**

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#### **Present:**

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

#### **Also attended:**

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care  
Rebecca Wassell, Assistant Director for Commissioning  
Kerry McCrossan, Assistant Director for Adult Social Care  
Abbie Murr, Interim Head of Adult Social Care  
Steph Simcox, Deputy Chief Finance Officer  
Sally Baldry, Principal Management Information Analyst  
Sheena Jones, Democratic Governance and Scrutiny Manager  
Jo Weston, Overview and Scrutiny Officer

#### **Available Papers**

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 20 May 2022 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

#### **432 Apologies and Welcome**

None.

#### **433 Declarations of Interest**

None.

#### **434 Public Participation**

None.

### **435 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Previous Meeting held on 20 May were agreed as a correct record and signed by the Chairman.

### **436 The Role of Adult Social Care in Complex Hospital Patient Discharges**

By way of introduction, attention was drawn to a number of areas within the Agenda Report, mainly that the NHS nationally continued to be under significant pressure as a result of the COVID-19 pandemic and in Worcestershire, the two acute hospitals were experiencing significant delays in urgent care and in ambulance hospital handover delays.

Traditionally, Worcestershire had a high number of people admitted to long term care after a hospital stay which was not compliant with national guidance where the expectation was that 95% of people would be discharged home, with only 45% of those requiring some support. The different discharge pathways were explained alongside some of the challenges experienced.

The level of scrutiny and activity undertaken to try to improve the situation locally was outlined, including plans to progress the recommendations made by NHS England and Improvement. It was noted that the challenges around COVID-19 remained and some of the work had stalled at times due to the impact of COVID on staff absence.

The Council had provided support through an Integrated Intermediate Care service, which had recently been extended as it had been proven to help with admission avoidance and also provided speedier discharge from hospital.

A further pilot project, providing an enhanced level of domiciliary care was also showing good promise. Up to 4 discharged patients could be taken each day, discharged a day earlier than expected and have up to 4 days of reablement support at home, with an option to increase to 10 days.

Members were invited to ask questions, with the following key points being raised:

- In relation to the high numbers of people admitted to long term care from hospital and how the County compared to other local authorities, national data would be provided to Panel Members after the meeting
- Individual circumstances could affect the pace of discharge, such as personal choice, a change to a care package or a wait for certain service
- When asked how well partners were working together on discharge planning, it was reported that protocols could be improved. The two main issues for the Council were the timely booking of patient transport and the organisation of medications to take home. Criteria led

discharge was being piloted locally, a concept which was successfully established in other areas

- Delays due to necessary home adaptations did occur as need was not always known in advance, however, small purchases could be authorised by the Onward Care Team to avoid further delay. Asked if a patient could go home without the required adaptation, it would depend on the individual circumstance and support available
- In relation to ambulance hospital handover delays, the situation was not straightforward although it was suggested that some system processes could be strengthened
- Workforce pressures throughout the health and social care system remained, despite market forces supplements being applied. There was a particular lack of therapists which impacted on discharges
- A Member asked whether sufficient detail was received from the hospital about patients waiting for discharge to be informed that it differed across departments. Needs were assessed to establish what was required to keep people independent for longer
- The Integrated Intermediate Care Team had made a significant impact on patient outcomes and improved flow through the hospital. Adult Social Care was an integral element and a review had been carried out. It was agreed to share the review findings with the Panel
- Members agreed that it would like to see further data on the numbers of patients discharged with Council support to establish any trends. In addition, a request was made that future reports include both numbers and percentages in order that Members could better understand the situation
- For clarity, a patient tracker provided oversight to system partners enhancing communication and discharge planning. Although formal meetings were held twice weekly to track patient progress, daily ward rounds occurred. The Patient Tracker was an excellent improvement as it was a live patient record that all relevant partners could access
- The situation locally was reflected nationally, with the Health Overview and Scrutiny Committee aware of the work undertaken by Worcestershire System partners in association with national experts. There was stronger partnership working between health and social care organisations than previously
- Internal and external scrutiny and resource was committed to making the improvements necessary and there was a process to escalate matters if required
- A Member compared the figures from May and June 2022 in both simple and complex discharges and commented on the change from one month to the next. The Panel was informed that it was not unusual to see figures fluctuate from week to week. Historically, a number of patients would be re-admitted to hospital within 90 days of discharge, however now rehabilitation was much better and social workers were not seeing huge numbers of problems once discharged
- Neighbourhood Teams were praised for their work in admission avoidance, alongside other developments such as doubling up on care in order that someone could stay safe at home for longer. The NHS had also introduced 'virtual wards' whereby equipment was taken home to record and monitor the recovery of a patient

- It was agreed that a further update be provided at the next Meeting, 28 September 2022.

## **437 Care Quality Commission Assurance Framework Update**

The Panel was reminded that they received an overview of the Care Quality Commission (CQC) Assurance Framework at its March meeting and the update provided now was to update Members on progress.

In summary, from April 2023, a new inspection and assurance framework would be in place and although final details had not been announced, guidance had been issued about the elements which would be included.

Worcestershire was leading the way nationally and Officers reported that the self-assessment programme should be completed by the end of August 2022. A range of self-assessment tools and Care Act compliance check list had been developed and it was planned that any improvements would be carried out in time for April 2023.

Stakeholder engagement, including partners, staff and health professionals, was important to the process and Officers were proud of the 'Building Together' approach.

In the ensuing discussion, the following main points were made:

- Co-production was an important element of adult social development and a requirement of the Care Act and a member queried whether this included a broad range of the population. In response officers reported that a survey was launched in July 2022, advertised through a number of media campaigns, carers networks, hospitals, foodbanks, GP surgeries, Healthwatch and other outlets. People were also sought to join the 'Building Together Forum' and Volunteer Peer Network. The survey was adapted to suit different client groups and available in a number of formats
- A review of the survey results was planned and the questionnaire and consultation results would be shared with the Panel
- Some of the self-assessment tools were now nationally recognised after development in Worcestershire and future updates would be coproduced
- The Building Together Forum aimed to bring together people with lived experience. It was agreed that Members would be provided with information to distribute within their own networks
- It was known that any CQC inspection team would want to speak to a range of people to ensure that there was a consistent thread among all stakeholders and visible across documentation. For example, over 100 staff had already been involved in workshops to make early gains before April 2023.

## **438 Adult Social Care Reforms**

The Panel had received a Report which outlined the Government's Adult Social Care Reforms and the potential impact in Worcestershire. In summary, the Government had announced that a 'Care Cap' would be introduced from October 2023, meaning that no one in England would spend more than £86,000 on their personal care over their lifetime.

In advance of this, the County Council would need to establish a 'Fair Cost of Care'. This was being developed with finance and audit colleagues and scheduled for agreement by Cabinet before submission to Government by mid October. One development since the publication of the Agenda was that people already paying for their own care would need to wait an additional 18 months before applying for the fair cost of care.

Members asked a range of questions which were responded to as follows:

- A care home placement in Worcestershire cost in the region of £700 - £800 per week, but this varied dependent on the level of care required
- The process in developing a Fair Cost of Care was extremely complex with huge implications for the Council and providers. Local Authorities nationally had generally accepted the social care reform objectives, however had collectively expressed that the central government money earmarked to enable councils to pay for the fair cost for care was inadequate
- Nationally, it was predicted that an additional 4,300 social work staff would be required to support the process and the Council was already investigating what skills would be required to fulfil requirements, for example what specific work required a qualified social worker or what skills were required to undertake other tasks
- Nationally, workforce pressures remained and all local authorities were seeking the same skilled staff. In addition, levels of demand across domiciliary care had increased by over 4% each year and the NHS Recovery Plan placed far more pressure on domiciliary care
- The Cabinet Member with Responsibility (CMR) for Adult Social Care reminded Members of the National Insurance levy which was being used to reduce the NHS backlog and at some point in future would be used to support adult social care
- The Worcestershire Care Market had been stable, however, new pressures across residential and domiciliary care, including rising utility bills, the cost of fuel and general inflation were evident. Furthermore, residential homes were currently at around a 20% vacancy rate. COVID-19 grants, amounting to £31.5m across all providers, had masked the financial situation, however as there were no further grants available, business pressures were foreseen
- Homes usually aimed for no more than a 10% vacancy rate, however the number of people entering residential care was decreasing. A large amount of disruption was predicted if Care Homes became unviable as residents would need to be moved. It was thought that a purpose-built facility may be cheaper to maintain and run than an older smaller property and new settings continued to open around the County
- It was suggested that not all providers had a clear understanding of the implications of the Fair Cost of Care, especially for residents who were

self-funders and would be entitled to ask to pay the Fair Cost of Care. To raise awareness, the Council was developing a communication plan which would also be shared with Members

- In relation to the collection of commercially sensitive information by Councils to determine a Fair Cost of Care, providers had been invited to submit sensitive information on the assurance that it would only be used for the specific purpose and not made public. No guidance had been given on what level of profit was reasonable for an organisation, however, a home care association in October 2021 had published that a 3% profit margin was required in order to keep a business sustainable
- The Panel was advised that the implications of the Care Cap on Councils was massive and it was suggested that it would be 4 to 5 years until the situation settled. It was important that consistent communication was provided to both residents and providers
- With the support of the CMR, a Member Briefing on the reforms would be arranged
- It was agreed that the Panel would schedule a review at an appropriate time in the future.

#### **439 Performance and 2021/2022 Year End Budget Monitoring**

The Panel was advised that at the end of the financial year 2021/22, the Directorate had broadly broken even, despite an increase in demand of 5%, on average, across all client groups. Alongside demand, increased unit costs had also put pressure on budgets especially across Older People, Learning Disabilities and Mental Health. One off sources of income, such as COVID grants, additional funding and vacancy management had helped achieve the breakeven position. The Panel was warned that the 2022/23 financial position would be very pressured, which was the picture reported nationally.

An update was given on the previously reported vacant posts in Mental Health. Following a successful recruitment campaign, using market forces supplements, posts had been filled. Members were assured that there had been no significant delays in service delivery.

A summary of Quarter 4 performance for 2021/22 was provided. Some indicators showed lower performance than in 2020/21, however, compared to 2019/20, performance had generally improved and there were no areas of particular concern. The number of admissions to permanent care was broadly kept under control across all ages and outcomes of short-term services and rehabilitation had performed especially well, noting that clients with more complex needs were now being supported in the community.

In relation to a query as to how targets were set and whether some should be more ambitious, Members were advised that targets were generally set based on performance in the previous year alongside other factors.

#### **440 Work Programme**

Members agreed to add an update on the Role of Adult Social Care in Complex Hospital Patient Discharges at its September meeting and schedule an update on Adult Social Care Reforms at an appropriate time in the future.

The meeting ended at 4.30 pm

Chairman .....