

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Monday, 18 July 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, 18 July 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 Vacancy

Agenda

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1	Apologies and Welcome	
2	Declarations of Interest	
3	Public Participation Members of the public wishing to take part should notify the Assistant Director for Legal and Governance in writing or by 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 15 July 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	The Role of Adult Social Care in Complex Hospital Patient Discharges (Indicative timing: 2.05pm – 2.50pm)	To follow
6	Care Quality Commission Assurance Framework Update (Indicative timing: 2.50pm – 3.15pm)	1 - 4
7	Adult Social Care Reforms (Indicative timing: 3.15pm – 3.45pm)	5 - 20
8	Performance and 2021/2022 Year End Budget Monitoring (Indicative timing: 3.45pm – 4.10pm)	21 - 34
9	Work Programme (Indicative timing: 4.10pm – 4.15pm)	35 - 40

NOTES

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](#)

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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 DATE 18 JULY 2022

CARE QUALITY COMMISSION ASSURANCE FRAMEWORK UPDATE

Summary

1. The Panel has requested an update on the Care Quality Commission's (CQC) Assurance Framework, following an initial briefing to the Panel on 15 March 2022.
2. The Strategic Director for People and the Cabinet Member with Responsibility for Adult Social Care have been invited to the meeting.

Background

3. The Health and Care Act 2022 (the Act) received Royal Assent on 28 April 2022. The Act introduces a new inspection and assurance framework with effect from April 2023, together with new legal powers for the Secretary of State for Health and Social Care to intervene in local authorities to improve services, where there are significant failures to deliver their duties under Part 1 of the Care Act 2014. Final details of the inspection and assurance framework has yet to be announced, but it is anticipated that there will be some level of assessment at the 'Place' level, ie focusing on a partnership approach and care market management, as well as a strong emphasis on the lived experience of people who use services.

4. The Government has been clear in their 'Integration and Innovation' white paper from February 2021, that its focus is on supporting local authorities' activities in meeting individuals' care needs, through:

- maintaining oversight of the whole social care workforce in their local area, across public and provider organisations, though supporting staff retention and professional development;
- managing transitions between services – for example, between health and social care, and the transition from children's to adults' services;
- preventing people from requiring social care in the first instance – for example, by supporting and developing community organisations working on prevention and reablement;
- carrying out their safeguarding duties;
- ensuring good outcomes for people through effective leadership;
- managing their commissioning and contracting responsibilities;
- shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence;
- meeting the needs of unpaid carers;
- assessing the needs of people who may be eligible for care and supporting them to access what they need, whether or not they receive local authority support or will fund their own care.

5. The CQC will assess local authorities using a new single assessment framework that builds on the approach that is currently used to assess providers (that being following 5 key lines of enquiry: Safe, Effective, Caring, Responsive, and Well-led), and will also draw upon the 'I' statements used in Think Local Act Personal, 'Making it Real' framework, that reflects the most important aspects of personalised, culturally appropriate care. Themes that will be assessed for local authorities are expected to be working with people, providing support, ensuring safety, leadership, and workforce and are to be finalised by CQC in July 2022 and signed off by the Department of Health and Social Care in September 2022.

6. 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.

7. 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.

8. Consequently, it is a priority for Worcestershire to ensure that its response in all these areas is addressed during 2022 to 2023, so that it is in the best possible situation to respond to an assurance inspection that could take place at any point from 1st April 2023 onwards.

9. The new assurance framework marks a change in the way that local authorities are assessed in how they deliver adult social care functions, and it will have an impact both on the delivery of services under inspection and on officer resources to prepare for inspection regimes.

CQC Assurance Self-Assessment Progress

10. The self-assessment assurance programme commenced in December 2021 and will be completed by the end of August 2022. The outcome of the self-assessment will evaluate compliance with the Council's statutory duties and responsibilities, as outlined in Part 1 of the Care Act of 2014, and will assist the Council in developing its assurance improvement plan.

11. A range of self-assessment tools and a Care Act compliance check list have been developed along with a robust assurance self-assessment programme.

- CQC Assurance Self-Assessment Tool
- Approved Mental Health Professionals (AMHP) Service Self-Assessment Tool
- Learning Disability Service Self-Assessment Tool
- Mental Health Social Care Self-Assessment Tool
- Young Person's Transitions Self-Assessment Tool
- Safeguarding Self-Assessment Tool
- Safeguarding Deep Dive Audit Tool
- Young Persons Transitions Deep Dive Audit Tool
- Care Act Needs Assessment and Eligibility Threshold Compliance Audit Tool

12. The self-assessment programme has been split into the four key CQC theme areas and a full breakdown of the programme can be found in Appendix 1. The self-assessment programme includes focus groups and workshops with staff, senior managers, key partners, and stakeholders. The Council is also gaining feedback from those who use adult social care services via a short five question survey asking people to feed back about their experiences of accessing and utilising adult social care services. The Toward Excellence in Adult Social Care (known as TEASC) Risk awareness tool developed by ADASS and the LGA will also be completed by the Strategic Director of People and signed off by the Lead Member for Adult Social Care and the Council's Chief Executive.

Improvement Programme Progress

13. The improvement programme commenced in May 2022, and to date three major items have been added to the programme:

1. Coproduction Strategy
2. Quality Assurance Framework
3. Review and development of Policy, Procedure and Practice Guidance

Coproduction Strategy

14. The Care Act states that local authority adult social care departments must ensure that people who use adult care services, their families and carers play a key part in improving adult social care services and work with staff as equals, contributing their experience, skills, and influence on the design, development, delivery, and monitoring of services. As such a media campaign and survey was launched on the 5 July 2022, as part of national coproduction week asking for people who use adult social care services, carers, and families to be part of the Council's adult social care 'Building Together Forum' and Volunteer Peer Network. The aims of the forum and Network are as follows:

1. To develop user-led research that learns about people's experience and ways to improve that experience and evidence that involving users in local decision-making is effective, good for users and should be ongoing.
2. To involve people that use services in the review, redesign, and ongoing monitoring of services.
3. Produce a toolkit that will support the Council and other organisations to include people who uses when they make decisions about the services they provide.
4. Provide informal support to those with lived experience, carers, and family through a peer network model approach.

Quality Assurance Framework

15. The development of the new Care Act compliant Quality Assurance Framework is currently underway. Now approved are ten Adult Social Care Core Standards that correspond to the CQC's proposed ten quality statements. Each service area within

adult social care is in the process of developing between five and ten Service Practice Standards for each Core Standard, along with corresponding outcome-focused key performance indicators that demonstrate how each Core Standard will be met in each service area. Also, in process is the development of the Quality Assurance for adult social care, which will oversee the audit performance and reporting cycle for social care, as well as governance and quality assurance responsibilities for serious incidents, complaints, and Local Government Ombudsman (LGO) complaints.

Review and Development of Policy, Procedure and Practice Guidance

16. All policy, procedure, and practice guidance throughout the People Directorate that relates to statutory duties and responsibilities as outlined in Part 1 of the Care Act is currently being reviewed to ensure compliance with the Care Act and to ensure that the department has all necessary policy and practice guidance in place.

Purpose of the Meeting

17. The Panel is asked to:

- consider and comment on the information provided on the CQC Assurance Framework
- determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 [Building Together Survey and call for Building Together Forum members and Peer Network members](#)

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers
Telephone: 01905 844964 or 01905 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:

[Agenda and minutes of Adult Care and Well Being Overview and Scrutiny Panel on 15th March 2022](#)

All agendas and minutes are available on the Council's website here.

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 18 JULY 2022

ADULT SOCIAL CARE REFORMS

Summary

1. The Panel is asked to consider the update provided regarding the Government's charging reform for Adult Social Care and its potential impacts for Worcestershire.
2. The Cabinet Member with Responsibility for Adult Social Care and the Strategic Director for People have been invited to the meeting.

Background

3. On 7 September 2021, the Government set out its new plan for adult social care reform in England. This included a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support.
3. In December 2021 a white paper, People at the Heart of Care, outlined a 10-year vision that puts personalised care and support at the heart of adult social care, ensuring that people:
 - have the choice, control and support they need to live independent lives
 - can access outstanding quality and tailored care and support
 - find adult social care fair and accessible
4. The Government recognises that it is vital that local authorities have the right architecture in place to underpin and support the implementation of this 10-year vision. Implementation of the Market Sustainability and Fair Cost of Care Fund is one of the first steps in the journey to achieve this.
5. The reforms will result in significant work for the Council to both assess the implications of the reform and to implement it.

Strategy, Action and Plan

A Fair Cost of Care

6. Key to the implementation of the Care Cap, will be establishing a fair cost of care.
7. As set out in section 5 of the Care Act 2014, local authorities have a duty to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care.

8. As such, when commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care and are affordable. The Council does this annually as part of contractual fee review.

9. It should also allow retention of staff commensurate with delivering services to the agreed quality and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.

10. The Government recognises that many local authorities have cultivated strong relationships with providers (as is certainly the case in Worcestershire), working in partnership to deliver good quality care despite on-going financial, workforce and broader pressures, in a challenging environment exacerbated by the Covid-19 pandemic. However, the Government also considers that a significant number of local authorities are estimated to pay below the cost of providing care which risks undermining local markets, creating unfairness, affecting sustainability and, at times, leading to poorer quality outcomes for those who draw on care and support services. A fair and sustainable care market is fundamental to the Government's wide-ranging and ambitious reforms to adult social care. It is therefore critical that local authorities continue to work closely with providers so that they can prepare their markets for reform and develop a shared understanding of evidence around the local costs of care to better understand where fee rates need to increase.

11. In total, £3.6 billion will be made available nationally to deliver the charging reform programme. In 2022 to 2023, £162 million has been allocated, with Worcestershire receiving £1.6m. A further £600 million will be made available in each of 2023 to 2024 and 2024 to 2025. This funding profile allows for staged implementation that is deliverable, while also reflecting the timelines for charging reform.

12. In 2022 to 2023 funding has been distributed using the adult social care relative needs formula, as is used for the Social Care Grant and Improved Better Care Fund (iBCF). Worcestershire has used all its £1.6 million as a contribution towards the total investment of £9.6 million into the 2022/23 fee uplift for providers.

13. As a condition of receiving future funding, local authorities will need to evidence the work they are doing to prepare their markets and submit the following to the Department of Health and Social Care (DHSC) by 14 October 2022:

- cost of care exercises for 65+ care homes and 18+ domiciliary care
- a provisional market sustainability plan, using the cost of care exercise as a key input to identify risks in the local market, with particular consideration given to the further commencement of Section 18(3) of the Care Act 2014 (which is currently in force only for domiciliary care) – a final plan will be submitted in February 2023

14. In 2022 to 2023 Local Authorities are also expected to start making genuine

progress towards more sustainable fee rates, where they are not already doing so. This means increasing fee rates paid to providers (in respect of 65+ care homes and 18+ domiciliary care, including those who operate in extra care settings). in line with the fund's purpose.

15. The Government has defined "fair" as:

- The *median actual operating costs for providing care in the local area* for a series of care categories, must *include and evidence values for return on capital and return on operations, and also travel time for domiciliary care*. Together this is what is described as the 'fair cost of care' and is, on average, what Local Authorities are *required to move towards paying providers*.
- In the context of specific rates for care paid, *fair means what is sustainable for the local market*. A sustainable market is one which has a sufficient supply of services but with provider entry and exit, investment, innovation, choice for people who draw on care, and sufficient workforce supply. It also refers to a market which operates in an efficient and effective way, linked to the market shaping duty placed on Local Authorities under section 5 of the Care Act 2014. See the market sustainability plans section of the guidance.
- For providers, this means they will be able to *cover the cost of care delivery and be able to make a reasonable profit* (including re-investment in their business), surplus or meet their charitable objectives.
- For Local Authorities, it recognises the responsibility they have in stewarding public money, including securing best value for the taxpayer.

What does the exercise entail – the Council's plan to complete

16. There are 3 key conditions for the on-going receipt of funding as outlined in the table attached as Appendix 1. It is understood that all returns submitted by local authorities will be reviewed as quickly as possible over the autumn in order to use evidence returned by local government to inform design of year 2 of the fund; it is planned that further detail on year 2 of the fund will be announced as part of the Local Government Finance Settlement 2023 to 2024.

17. Tools have been/are being made available nationally to assist in this process:

- Association of Directors of Adult Social Service (ADASS) cost of care modeller for domiciliary care
- ADASS cost of care modeller for residential settings
- DHSC recommends use of ADASS modeller for national consistency
- ADASS modellers are free to use
- National webinars

18. The tool for domiciliary care is entirely manual, resulting in a highly labour intensive exercise, to be completed in an exceedingly challenging and short time frame. Whilst the tool for residential settings, released for use much later in the process has some additional automation, it's late delivery and other complications will result in a significant analysis to be required.

19. Local authorities will be required to demonstrate how they have sought to involve

all local providers and taken reasonable steps to support a full, complete, robust and representative information return for local providers. This should include non-contracted providers where appropriate. Where local provider response rates are low, Local Authorities will be required to evidence steps they have taken to encourage participation (see tables pages 5-6). Care England, the Home Care Association (HCA) and West Midlands Care Association have praised Worcestershire Commissioners for their approach, and the Care Provider Alliance is sending the Council's documentation to the LGA as an example of best practice.

20. Local Authorities are also expected to work with local and national provider associations to design a process they feel is efficient and effective for their local area. This may include working with local provider associations or third sector organisations to financially support local capacity, where appropriate in 2022 to 2023. Worcestershire Commissioners have engaged with associations widely (see para 19). Additionally, the Council has run joint local provider forums and issued joint statements to increase provider engagement.

21. The Council needs to collect consistent data from local providers on actual costs in order to make subsequent analysis feasible. Where possible, the Council will contact care providers where they identify information which seems to constitute an outlier. Local Authorities will scrutinise cost outliers, in collaboration with the provider, and consider where they should be removed.

22. Once data collection is complete, the Council will calculate the median costs of providing care in the local market for each of the cost lines in the cost of care data table and determine a transparent approach for calculating a return on capital and return on operations appropriate for a sustainable local market, based on judgement of what is needed in a sustainable market, informed by returns received and engagement with providers. The Local Authority is simultaneously expected to undertake the necessary market analysis to understand what constitutes a reasonable profit (including re-investment in the business), or surplus, to maintain a sustainable local market in their area.

23. The cost of care exercise is required to report monetary amounts per resident per week and per contact hour (for domiciliary care) for return on capital and return on operations.

24. A highly detailed plan to address the requirements has been established and a letter to all Domiciliary Care providers has been issued. Due to the delay in the residential care tool being available, commissioners have first issued and commenced work on the domiciliary care market, having made contact also with the Home Care Association in respect of the exercise.

25. Once the data is collated and the calculations complete, commissioners will prepare data tables for submission, completing the cost of care data return with median costs resulting from the exercise, for each of:

- standard residential care
- standard nursing care
- residential care for enhanced needs
- nursing care for enhanced needs

26. For 18+ domiciliary care, the cost of care data return breakdown for overall cost

per contact hour, plus any chosen specific service types such as night visits.

27. During the financial assessment phase, commissioners will prepare market sustainability plan in draft form, which will be finalised when local government budgets for 2023 to 2024 have been confirmed.

28. Underpinning this is a broad definition of market sustainability as set out in the Care Act 2014, which places a duty on Local Authorities to assure themselves and have evidence that fee levels are appropriate to provide the agreed quality of care, and also enable providers to effectively support people who draw on care and invest in staff development, innovation and improvement.

29. Once the analysis is completed and the DHSC documents prepared, these will be discussed at the People Directorate Leadership Team (PDLT), and then Senior Leadership Team (SLT), Corporate Business Board (CBB) and Cabinet for approval at meetings scheduled between 30 August and 22 September prior to submission no later than 14 October, 2022.

The Care Cap

30. From October 2023, the Government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime.

31. The established fair cost of care is a vital part of our calculating residents progress towards achieving the care cap in due course.

32. The change aims to ensure that only the amount that people within the means test progress towards the cap contribute towards their care will count towards the cap and people do not reach the cap at an artificially faster rate than what they contribute.

33. In working towards these aims, the Government will unfreeze the Minimum Income Guarantee (MIG) for those receiving care in their own homes and Personal Expenses Allowance (PEA) for care home residents, so that from April 2022 they will both rise in line with inflation.

34. The cap will not cover the daily living costs (DLCs) for people in care homes, and people will remain responsible for their daily living costs throughout their care journey, including after they reach the cap. For simplicity, these costs will be set at a national, notional amount, the equivalent of £200 per week in 2021 to 2022 prices. DLCs are a notional amount to reflect that a proportion of residential care fees are not directly linked to personal care, like rent, food and utility bills and would have had to be paid wherever someone lives.

35. The term 'personal care costs' refers only to the components of any care package considered to be related to personal care, not hotel and accommodation costs, based on what the cost of that package is or, in the case of self-funders, would be to the local authority if it were to meet the person's eligible care and support needs.

36. To help more people with the costs of their care and support, alongside the cap

the reforms are also increasing the point at which a person is eligible for local authority means-tested support. From October 2023 the Upper Capital Limit (UCL) will rise to £100,000 from the current £23,250 and the Lower Capital Limit (LCL) will increase to £20,000 from £14,250. The UCL of £100,000 will apply universally, irrespective of an individual's care setting or circumstances.

37. From October 2023, anyone assessed by a local authority as having eligible care and support needs, either new entrants or existing social care users, will begin to progress towards the cap.

38. Costs accrued before October 2023 will not count towards the cap. To enable this, the local authority in whose area the person is ordinarily resident will start a care account, which is personalised to the individual and will monitor their progress towards the cap. Before the cap comes into effect, local authorities need to work to identify people who currently meet their eligible needs themselves, to ensure that they can begin progressing towards the cap from the point it comes into effect.

39. For each person with eligible needs, the local authority must provide either a personal budget, where the local authority is going to meet the person's needs, or an independent personal budget (IPB), where the individual arranges their own care. The personal budget will set out the cost to the local authority of the care they have arranged, whereas the IPB sets out what it would have cost the local authority to meet the person's needs. In determining a person's IPB, local authorities should apply the same principles that underpin the calculation of personal budgets under the current system.

40. The person's personal budget or IPB will be used to calculate the amount that will count towards the cap. For individuals who receive financial support for their care costs from their local authority, it is the amount that the individual contributes towards these costs that will count towards the cap, subject to Parliamentary approval.

41. Everyone will have a care account which will be maintained by the local authority and will keep track of their progress towards the cap. Local authorities will provide regular care account statements and engage early with the person once they are close to approaching the cap to discuss how their needs will be met. Further detail on care account statements will be set out in the Council's consultation.

42. Certain costs will not count towards the cap. Under the capped system, everyone will remain responsible for their daily living costs (DLCs), such as rent, food and utility bills, and this will apply equally to those in a care home as to those in their own home. This approach is intended to ensure a level playing field between those who receive care in a care home and those receiving care in their own home. As recommended by the Commission on Funding of Care and Support, where someone's needs are being met in a care home, these costs, to be referred to as DLCs, which are assumed to be the proportion of residential care fees not to be directly linked to personal care, will not count towards the cap on care cost. People will remain responsible for their DLCs throughout their care journey, including after they reach the cap.

43. The concept of DLCs is not meant to be a precise science. Local authorities and

providers are not required to calculate actual daily living costs for each person in a care home progressing towards the cap. Instead, daily living cost will be set as a national, notional amount of £200 per week (in 2021 to 2022 prices), which will apply to anyone who receives care in a care home. Local authority financial support will remain available to people who cannot meet – in full or in part – their DLCs.

44. Those receiving care themselves, or a third party such as a relative, may choose to make additional payments for a preferred choice of accommodation or care arrangement, for example, secure a premium room or furnishings. The Government therefore intends to change the regulations to enable everyone receiving local authority financial support to fund such top-ups for their own care. These top-up payments, on top of the cost specified in someone's personal budget or independent personal budget, will not count towards the cap and will still be payable by the person once the cap has been reached.

45. When a person reaches the cap, the local authority becomes responsible for meeting the person's eligible care and support needs and for paying the cost of the care needed to meet those needs.

46. To ensure a smooth transition to local authority support, local authorities will have to notify the person in advance of reaching the cap, provide information for when they reach the cap, and work with the person to agree in advance how they would like their needs to be met when the cap is reached. For example, a person who has been meeting their care and support needs themselves may choose to receive a direct payment from the local authority in order to continue arranging their own care and support. They may alternatively opt for the local authority to assume responsibility for arranging their care and support. Further detail will be published as part of the consultation early next year.

47. Once the cap has been reached, the person will continue to remain responsible for meeting or contributing to their daily living costs and any top-up payments they have chosen to make. It will be the responsibility of the local authority to inform the person that they have reached the cap.

48. The level of the cap, the upper and lower capital limits and the level of DLCs will be reviewed and updated annually.

What does the exercise entail – the Council's plan to complete

49. At the time of compiling this information report, the Operational Adult Social Care team is working to establish the work programme and project group through initial scoping and planning sessions (within the limitations of the information available), which will include learning from other authorities' approach.

50. The Leads and basic work packages are in place and are meeting with Liquid Logic and will obtain clarity on timelines and approach in order to develop the customer database and review.

51. The Council's approach to the assessment for Self-Funders has yet to be

finalised, along with the Communications Strategy and Plan and the detailed plans for implementation. There are a number of models that can be considered to meet assessment demands, such as self-assessment and trusted assessment via providers, and, given national shortage of qualified social workers and resource implications the pros and cons of each alternative need to be considered.

Risk Management: Potential Impact on Worcestershire County Council

52. Until the exercise is completed, the impact on the funding of adult social care in the targeted settings can neither be understood nor reasonably estimated. Furthermore, the allocation from the national fund that may be used to begin moving towards the Fair Cost of Care will not be announced until budgets are set in the New Year. This will impact the Council's approach to fee reviews for the coming year.

53. The County Councils Network (CCN) released a new independent report (in March 2022) by healthcare market specialists Laing Buisson, which analyses two key aspects of the Government's adult social care reforms: proposals to allow private payers to ask councils to arrange care on their behalf at lower local authority rates and the intention to introduce a new 'Fair Cost of Care', which aims to increase care fees paid by councils to make the care market more sustainable.

54. The study, built on detailed financial modelling, analysis of the government proposals and wide ranging engagement with the care sector, concludes that that the Government's funding allocations to support the introduction of a fair cost for care and new self-funder duties under Section 18(3) of the Care Act 'seriously underestimates' the amount of new funding required and could cause a 'severe sustainability risk' to care homes across the country, estimating that an extra £854m a year is needed to make the proposals workable by avoiding large-scale care home closures and to ensure ongoing investment into the social care sector.

55. In responding to the findings, CCN has partnered with England's largest representative body for independent providers of adult social care, Care England, warning that unless further funding is provided care homes could face widespread closures and a shortage of beds when reforms are introduced from next year, although it must be also acknowledged that a significant number of residential homes are currently operating at lower than optimal occupancy rates and so some level of market consolidation may be inevitable.

56. As a result of private fee payers accessing council care contracts post reform and current Fair Cost of Care rates being potentially too low based on government funding, care providers across England could face lost revenue amounting to £560m a year. This represents a loss of 3.8% on their overall revenue per annum.

57. The report concludes losses on this scale could cause a severe sustainability risk to care markets, with widespread provider failure, across the country.

58. It is estimated that the largest losses would be for providers in the South East, East, and the South West, as these are the areas with the largest amount of private fee payers eligible to ask councils to arrange their care.

59. Currently, people who pay for their own care tend to pay up to 40% more on

average than those eligible for state support, for whom their local authority arranges care.

60. The Government says it wants to end this 'persistent unfairness' by allowing private payers to ask their local authority to arrange their care. Providers will lose fee revenue from customers who approach their local authority instead, which will be made possible by the Government activating part 18(3) of the Care Act 2014. At the same time, a new Fair Cost of Care is to be introduced to make local authority fee rates more sustainable and reduce the revenue losses experienced by providers from greater fee equalisation.

61. CCN has called on the Government to bring forward funding for local government in the Health and Social Care Levy, to pay for the additional £854m a year required. Currently, councils will have to wait until 2025 to access full funding from the levy.

62. The Lang Buisson report concludes that "The social care reform policy objectives are widely accepted, but the central government money earmarked to enable councils to pay a fair cost for care is clearly inadequate, with the risk of severe unintended consequences including the destabilisation of the care market in some areas".

63. Overall, analysis suggests approximately 200,000 more assessments per annum will need to be conducted, compared to a government estimate of 150,000. This includes 105,000 Care Act Assessments and 93,000 financial assessments. As a result, an additional 4,300 social work staff will be needed to carry out the additional Care Act assessments, reviews, and case management (a 39% increase in posts currently filled). An additional 700 financial assessors will also be needed to carry out the additional Financial Assessments (a 25% increase in posts currently filled) if no changes to existing ways of working are made.

64. The submissions to DHSE for both the fair cost of care exercise and the market sustainability plan will be reviewed by SLT, CBB and Cabinet prior to submission. The timescales for this have been factored into the workplan but inevitably add some pressure to timescales given that not all tools are yet available and work cannot therefore commence.

Financial implications

65. The estimation of the impact of Build Back Better reform is difficult to assess at this stage, however emerging analysis from the likes of LaingBuisson suggest that the result of s18(3) transparency and access to local authority rates of care could cost between £29m and £60m. This is down to the uncertainty of how many self-funders there actually are, whether those self-funders will seek to register for assessment, and whether the care they are receiving is assessed as needed. In addition there is uncertainty over the timescale for individuals reaching the cap and for how long they will access funded care following that.

66. Government funding for Worcestershire County Council is typically 1% of any national grant, so in the case of £600m that would be £6m. It is noted that the Government's intention is that this will only fund price and not demand pressures as it is expected that local authority's council tax will cover demand.

67. Assuming the Council gets £6m additional to address price pressures arising from the Act, then data from the likes of LaingBuisson suggest there is a significant shortfall of the impact, in particular the impact of s18(3). County Council Network (CCN) and Association of Directors of Adult Social Services (ADASS) are lobbying along with others such as LGA for more work to be undertaken by DHSC. At this stage it is expected that there will be further discussions throughout 2022 and announcements later in 2022, including the funding allocations.

68. It should be noted that the annual review of fees, which includes the cohort of residential settings as well as domiciliary care services will run concurrently with this exercise. This may potentially impact funding requirements identified via the Council's Corporate Strategy Planning (as yet unknown), compounded by a lack of clarification on allocated funds for achieving the fair cost of care until late 2022/early 2023. At this stage given the wide range and significance of the potential gap from the reforms, the Council is planning to separate out the impact of demand, inflation and care reform in its assessment of the overall Council gap. This will continue to be revisited and reported to the relevant Council Management Boards throughout the Summer and Autumn 2022 and thus remains a high and significant risk for the Council's financial standing.

69. The Directorate remains very concerned that the reform, however well intentioned, could potentially have a significant impact for the council and the ability to provide adequate care services for our most vulnerable.

Purpose of the Meeting

70. The Panel is asked to consider the update provided regarding the Government's charging reform for Adult Social Care and its potential impacts for Worcestershire and:

- comment on the approach taken by the Council to meeting the requirements of the reform proposals;
- consider the impact of the reforms within Worcestershire; and
- determine whether any further information or scrutiny is required

Supporting Information

Appendix 1 – Conditions for Ongoing Receipt of Funding

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

Government guidance documents:

- [Market Sustainability and Fair Cost of Care Fund 2022 to 2023: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023)
- [Home Care Cost of Care Toolkit and Guidance for completion](#)

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Appendix 1 – Conditions for Ongoing Receipt of Funding

<p>Condition 1</p>	<p>Submit cost of care exercises for 65+ care homes and 18+ domiciliary care. Exercises will need to accurately reflect local costs such as staff pay and travel time. They will also need to provide and evidence an appropriate return on capital in care homes and return on operations in both care homes and domiciliary care.</p>	<p>Part 1: a cost of care report explaining: how the cost of care exercises were carried out; how providers were engaged; the lower quartile, median and upper quartile for costs collected; how the resulting cost of care for the local area has been determined, including the approach taken for return on capital and return on operations.</p> <p>Separate reports should be produced for 65+ care homes and 18+ domiciliary care due to their very different cost bases.</p> <p>Local Authorities are also required to publish these reports on their GOV.UK website.</p> <p>Part 2: a fully completed cost of care data table - Local Authorities are required to provide a breakdown of the median operating cost for providers in the local area (from those who participated in the survey) for each of the cost lines, plus lines for return on operations and return on capital.</p>
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Condition 2	<p>Submit a provisional market sustainability plan. Using the cost of care exercise as a key input, this plan will assess the impact current fee rates are having on the market and the potential future risks, particularly in the context of adult social care reform and with consideration given to the further commencement of section 18(3) of the Care Act 2014 (which is currently in force only for domiciliary care). It will outline mitigating actions, including the pace at which the LA intends to move towards the fair cost of care (where it is not being paid already) between 2022 to 2025, in order to ensure improved market sustainability.</p> <p>We expect a final market sustainability plan, outlining how funds will be spent in line with key actions set out, in February 2023, after local government budgets have been finalised for 2023 to 2024</p>	<p>A provisional market sustainability plan, which should not exceed 5 pages and is required to cover: Section 1: assessment of the current sustainability of the care market for 65+ care homes and 18+ domiciliary care; Section 2: quantification of the expected impact of market changes over the next 3 years, including changes due to the introduction of charging reforms for each of the service markets; Section 3: plans for each service market to address the sustainability issues identified.</p> <p>A final market sustainability plan, which sets out how the Local Authority will move towards the fair cost of care calculated in their exercise as part of their 2023 to 2024 budget setting process, is to be submitted in February 2023.</p> <p>Local Authorities are also required to publish the final market sustainability plan (with commercially sensitive information redacted) on their GOV.UK website.</p>
Condition 3	<p>Submit a spend return detailing how funding allocated for 2022 to 2023 is being spent in line with the stated purpose.</p>	<p>A full breakdown of how funding has been allocated to support 65+ care home and 18+ domiciliary care markets (including domiciliary care providers who operate in extra care settings). This must specify whether, and how much funding, has been used for implementation activities and how much funding has been allocated towards fee increases beyond pressures funded by the Local Government Finance Settlement 2022 to 2023.</p> <p>The reporting requirements for the spend return can be met using the data return template (see Annex A, Section 5).</p>

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 18 JULY 2022

PERFORMANCE AND 2021/2022 YEAR END 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 Quarter 4 (January to March 2022). 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 Quarter 4 2021/22 year end and is attached in the form of presentation slides at Appendix 2. Further detail on the year-end budget information which was presented to Cabinet on 1 July 2022 can be found at [Agenda for Cabinet on 1 July 2022](#)

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 20 July 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 Quarter 4 2021/22 year end

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 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, 6 November, 25 September, 11 July, 14 March and 23 January 2019 – available on the website: [Weblink for agendas and minutes](#)
- Agendas and minutes of the Overview and Scrutiny Performance Board on 22 July, 23 September and 19 November 2020 and 3 February, 21 July 2021 and 23 March 2022

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

Adult Care and Well-being Scrutiny Panel - Summary Report

Q4: 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) 2021-2022 Target rate = 16 Worcestershire 18-64 Population = 341,278*

Good Performance = Lower ▼

*estimated

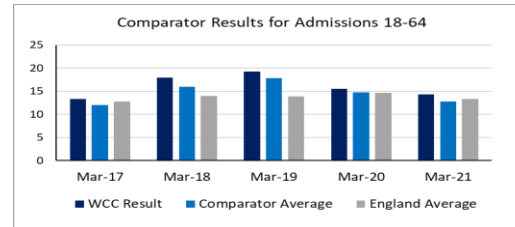
Definition: Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population. (ASCOF 2A(1))

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: (Latest national data available is Mar-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
Mar-22	15.8*		

* estimated pending confirmed population

Worcestershire Results

Month	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22
Result and RAG	14.4	17.6	20.5	19.9	15.8
Numerator	49	60	70	68	54
Reporting method	Rolling 12 months (Q4 = April 2021 to March 2022)				

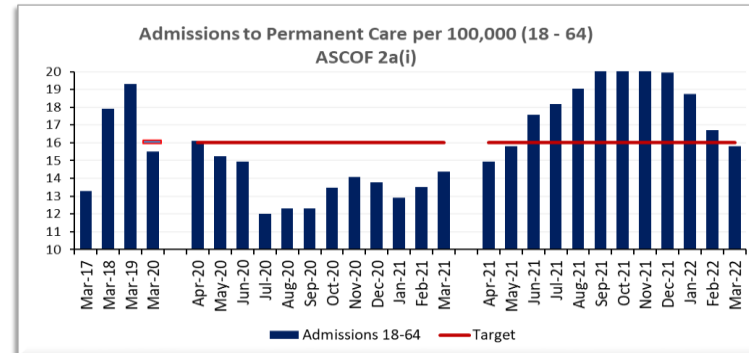
Admissions per month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total 2021-22
No. of Admissions	6	6	5	5	5	7	5	7	2	0	2	4	54

Q4 2021-22 Commentary:

Over the period 2019-21, the rate of admissions for younger people fell. From 19.3 (66 young people) Mar-19 to 15.5 (53 young people) in the year to Mar-20, and to 14.4 (49 young people) in the year to end Mar-21. The Mar-21 figure was particularly low due to the pandemic. Numbers have risen slightly in the year to end Mar-22 returning to pre-pandemic levels. However the higher numbers seen in Q2 and Q3 have been reduced.

An action plan has been established to focus on demand and spend. High cost packages, authorisation and actions post review are being scrutinised as part of this.

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



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

2021-2022 Target rate = 574

Worcestershire 65+ Population = 137,439*

*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))

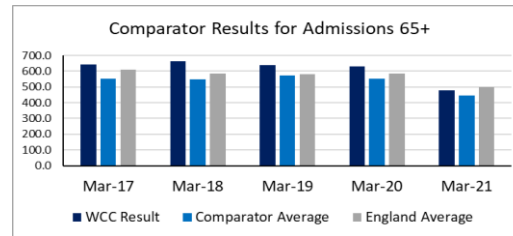
Analysis:

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 pending confirmed population

Worcestershire Results

Month	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22
Result and RAG	475.8	595.2	659.1	639.6	585.0
Numerator	654	818	906	879	804
Reporting method	Rolling 12 months (Q4 = April 2021 to March 2022)				

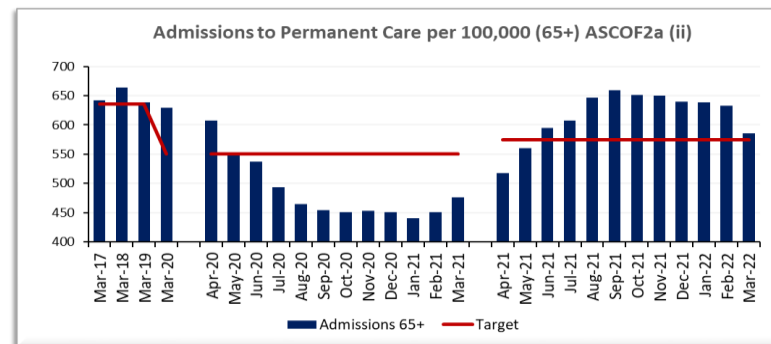
Admissions per month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total 2021-22
No. of Admissions	80	79	82	62	70	69	56	71	58	58	56	63	804

Q4 2021-22 Commentary:

Over the last 4 years, the admission rate for older population has fallen from 663.9 (850 older people) in 2018 to 475.8 (654 older people) in the year to end Mar-21. Admissions have steadily risen since Mar-21, peaking in Sep and now slowly falling. The Mar-22 result, although higher than the previous year has not returned to pre-pandemic levels seen in Mar-20.

Work streams to address this are ongoing. An action plan has been established to focus on demand and spend. High cost packages, authorisation 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 placement.

Please note, this result is provisional as we are waiting for an update on the population figure.



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)

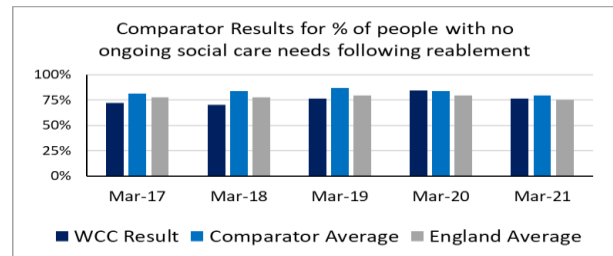
Analysis:

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) (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:

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%		

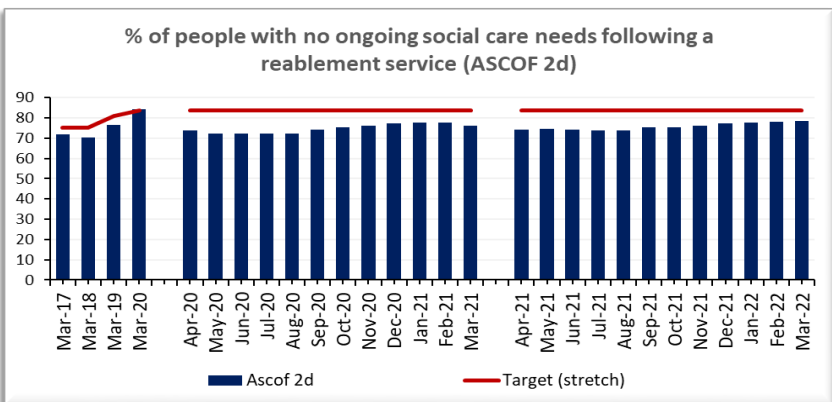
Worcestershire Results

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%	74.1%	74.7%	74.2%	73.8%	73.9%	75.3%	75.5%	76.2%	77.3%	77.7%	78.0%	78.4%
Numerator	1207	86	168	256	329	407	493	582	704	817	919	1025	1135
Reporting method	Year to date (Q4 = April 2021 to March 2022), monthly data, cumulative												

Q4 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 78.4% at Mar-22. There continues to be pressures across the system so any increase shows how well the service are doing.



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)

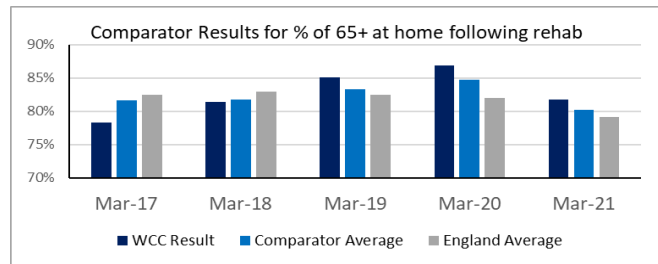
Analysis:

This is a national indicator that measures the percentage of older people who have 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:

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%
Mar-22	80.8%		

Worcestershire Results

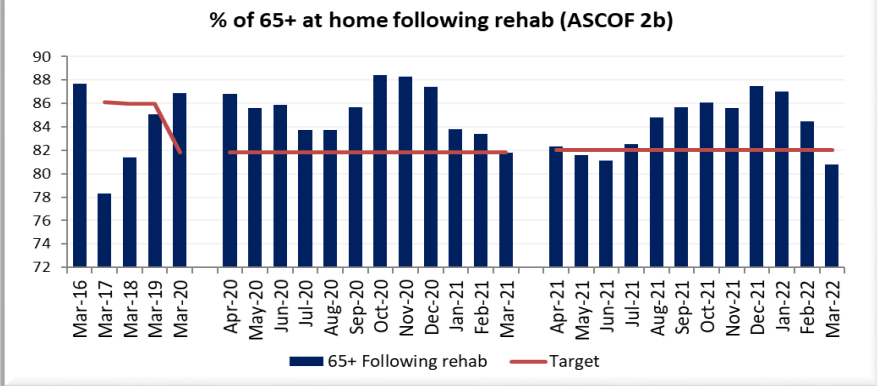
Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	81.8%	82.3%	81.6%	81.1%	82.5%	84.8%	85.7%	86.1%	85.6%	87.5%	87.0%	84.5%	80.8%
Numerator	453	428	421	450	442	474	466	447	433	447	450	480	497
Reporting method	3 months running total (Q4 = January - March 2022)												

Q4 2021-22 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 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. 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%.



5. Annual Care Package Reviews Completed

2021-2022 Target = 95%

Good Performance = Higher ↑

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

Analysis:

This is a local measure that looks at people who have been in receipt of services for a year or more and checks that they have been reviewed in that period.

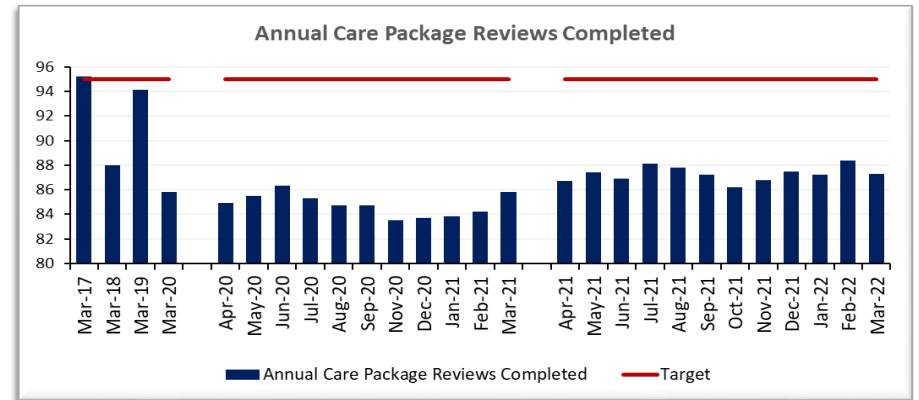
Worcestershire Results

Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Result and RAG	85.8%	86.7%	87.4%	86.9%	88.1%	87.8%	87.2%	86.2%	86.8%	87.5%	87.2%	88.4%	87.4%
Numerator	4016	4079	4131	4087	4181	4184	4172	4128	4154	4156	4143	4222	4184
Reporting method	Rolling 12 months (Q4 = April 2021 to March 2022)												

Q4 2021-22 Commentary:

Performance at the end of 2020-21 was 85.8%. For Quarter 4 2021-22 the result has increased to 87.4%. 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.

External provider now set up to support completion of reviews for Learning Disability teams and option to support Area Teams then being considered.



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Adult Care and Wellbeing Scrutiny Panel

18 July 2022

Quarter 4

Final Outturn 2021/22

Q4 Financial Position – Adults

Adults Revenue Forecast	2021-22 Gross Budget Q4	2021-22 Net Budget Q4	2021-22 Forecast Outturn Q4	2021-22 Actual Variance Q4	2021-22 Forecast Variance Q3	2021-22 Forecast Variance Q2	2021-22 Forecast Variance Q1
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Older People	102,333	66,207	65,271	-936	-169	5	-1,266
Learning Disabilities	72,508	60,331	63,434	3,103	2,238	3,124	2,816
Physical Disability	19,586	15,430	15,341	-89	-728	-787	-308
Mental Health	28,149	18,297	18,532	235	770	-178	-119
Adults Commissioning Unit	14,260	2,304	2,042	-262	-122	-130	7
Central Services (incl iBCF and Social Care Grant)	1,682	-28,878	-30,918	-2,040	-2,026	-2,044	-1,130
Provider Services	16,267	9,209	9,209	0	0	0	0
TOTAL ADULTS	254,785	142,900	142,911	11	-37	-10	0

Key Headlines – Adults

- Remaining a breakeven position across the service as a whole
- Service has seen a 5% growth in client numbers over 2021/22
- This significant additional activity and increased unit costs have caused pressures on placement budgets across Older People, Learning Disabilities and Mental Health
- Offset in year by non-recurrent underspends in budget allocated for Liberty Protection Safeguards, one-off income and vacant posts within a number of areas including Mental Health
- Funding was claimed via the NHS Hospital Discharge Grant which has now ceased
- Ongoing implementation of transformational change via the People Services “Three Pillar” Strategy to support ongoing efficiencies and demand management

Key Forecast Variances – Adults

Older People

- Increase in placement numbers (4%) and unit costs
- 17% increase in numbers of clients in long-term nursing care
- Offset by non-recurrent savings Liberty Protection Safeguards growth not fully utilised in 2021/22 following national regulation changes and one-off covid grants

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Learning Disability

- Increased placement numbers overall (8%) and costs for clients
- 36% increase in numbers of clients in long term nursing care
- 12% increase in home care
- Reduction in Shared Lives, Residential care and Direct Payments
- Reduction in expected income

Key Forecast Variances continued – Adults

Physical Disability

- Growth in numbers of clients in services overall (7%)
- 29% increase in numbers of clients in long-term nursing care
- 13% increase in home care
- 19% reduction in Shared Lives provision
- 13% reduction in Residential Care
- Financial implications offset by Continuing Health Care income

Page 33

Mental Health

- Growth in numbers of clients in services overall (7%)
- 20% increase in Supported Living
- 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 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

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- 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)

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 18 JULY 2022

WORK PROGRAMME

Summary

1. From time to time the Adult Care and Well Being Overview and Scrutiny Panel (the 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 overall scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 29 June 2022 and will be agreed by Council on 14 July 2022.

Dates of 2022 Meetings

- 28 September, 10am
- 7 November, 2pm

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

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

[Agenda for Council on 14 July 2022.](#)

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
18 July 2022	CQC Assurance Framework Update	15 March 2022	
	Role of Adult Services in Hospital Patient Discharges		Added at 20 May 2022 Meeting
	Launch of Social Care Reform		
	Performance (Q4 January to March) and In-Year Budget Monitoring		
28 September 2022	Independence Focussed Domiciliary Care Service in Worcestershire	15 March 2021	Directorate Suggestion February 2022
	Compliments and Complaints for Adult Services	15 November 2021	
	Performance (Q1 April to June) and In-Year Budget Monitoring		
7 November 2022	Intermediate Care		Directorate Suggestion May 2022
	Performance (Q2 July to September) and In-Year Budget Monitoring		
	Liberty Protection Safeguards		Panel member suggestion March 2022
January 2023	All Age Disability (0-25) Service (ongoing Scrutiny of the transformation of the Service)	11 January 2021	Jointly with Adult Care and Wellbeing Overview and Scrutiny Panel – to provide feedback on consultation, timeline, KPI's
	Scrutiny of 2023/24 Budget		

	Better Care Fund		Added at 20 May 2022 Meeting
March 2023	Performance (Q3 October- December) and In-Year Budget Monitoring		
Possible Future Items			
TBC	Continuing Health Care (including any funding implications)		Directorate Suggestion July 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	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 Learning Disability Services following implementation of outcomes from Review	15 November 2021	Discussed at the 14 January 2022 meeting
TBC	Update on Direct Payments		Added at 20 May 2022 Meeting
TBC	Fair Cost of Care		Directorate / CMR suggestion May 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		
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