

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Tuesday, 5 December 2023, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
 - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Adult Care and Well Being Overview and Scrutiny Panel Tuesday, 5 December 2023, 10.00 am, County Hall, Worcester

Membership

Councillors:

Cllr Shirley Webb (Chairman), Cllr Jo Monk (Vice Chairman), Cllr Alan Amos, 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 Monday 4 December 2023). 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	How the Council Works with Carers	1 - 6
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All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Monday, 27 November 2023

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 5 DECEMBER 2023

HOW THE COUNCIL WORKS WITH CARERS

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel has requested an update on how Worcestershire County Council (the Council) works with and supports carers, which is part of the Panel's work programme.
2. The Cabinet Member with Responsibility for Adult Social Care and the Strategic Director and Senior Officers from the Directorate for People have been invited to the meeting to respond to any questions the Panel may have.
3. The Chief Executive of Worcestershire Association of Carers, and carer representatives have also been invited to order to contribute to the discussion and provide feedback.

Background

4. It is estimated that there are around 13.5 million people in the UK with caring responsibilities, providing unpaid care to the value of £132 billion a year.
5. There are 53,000 unpaid carers in Worcestershire, providing 52,740 hours of care each week. This is around 10% of all people in Worcestershire and varies between 9% (Worcester City) and 11% (Wyre Forest) by district.

Unpaid care (per week)	Broms	Malvern Hills	Redd	Worcs City	Wych	Wyre Forest
9 hours or less	3,810	3,142	2,462	3,058	4,595	3,264
10 to 19 hours	1,257	985	1,039	1,093	1,445	1,317
20 to 34 hours	759	617	692	679	991	926
35 to 49 hours	671	612	868	850	1,084	991
50 or more	2,408	1,988	2,376	2,396	3,307	3,058
Total	8,905	7,344	7,437	8,076	11,422	9,556

6. The vision for carers in Worcestershire is for "*All carers including adult, young adult and young carers and parent carers will be recognised and valued by the wider community and statutory agencies in Worcestershire for the support and care they provide to vulnerable adult, children and young people.*" The Council's mission is to ensure that "*everything key partners do is informed by Carers and people with lived experience of care and support.*"

All-Age Carers Strategy

7. The Council led on developing the All-Age Carers Strategy for Worcestershire. The needs and aspirations of carers were sought through co-production and engagement work completed in 2021. This included carers of people with mental health needs, autism, young adults, stroke survivors, dementia and young carers and young adult carers.
8. The All-Age Carers Strategy (link included within background papers section), which includes the Commitment to Carers, was approved by the Health and Wellbeing Board on 15 February 2022. The Strategy is an all-age strategy and encompasses all carers, irrespective of the organisation supporting them. On 23 May 2023, the Health and Wellbeing Board considered the Carer Friendly Worcestershire – All-Age Carers Strategy 2021 – 2026 (link included within background papers section). The report provided overview of progress in delivering actions which are making a difference to carers lives in Worcestershire.
9. The key priorities and tasks included within the All-Age Carers Strategy are:
 - Raising Carer Awareness for the whole community (including harder to reach groups).
 - Recognition and value of carers is everyone's responsibility.
 - A diverse range of personalised support for carers is needed.
 - Registering as a carer. What does this mean and what difference will it make to carers?
 - Having a life of their own. This can be achieved by utilising and growing the carers support network.
 - Support with physical and mental health and wellbeing. A key element of this is to build or rebuild emotional resilience.
 - Maximising life chances: ability to work, be in education or volunteer.
 - Contingency and future planning.
 - Making the vision and aspirational outcomes a reality.
 - To ensure meaningful engagement and co-production.
 - To be signed up to 'Working for Carers' (or similar scheme).
 - To signpost carers to organisations and/or information which helps carers understand the cared for person's condition.
10. The co-production work identified four key outcomes for Carers in Worcestershire. These are:
 - to feel recognised and valued.
 - enabled to have a life of their own.
 - supported with their physical and mental health, and wellbeing.
 - Staying safe.

'You said, we did' - the Action Plan

11. Underpinning the Strategy is a "You said, we did" action plan. Each organisation evaluates how well the commitments are being met. Each organisation has devised an action plan (with carers), which states what will need to happen to fulfil the Commitment to Carers. Progress against the plan is reported to the

Carers Partnership on a quarterly basis and the Council and other key partners have established working groups, including the contracted carer support providers (Youth Support Services and Worcestershire Association of Carers) to implement the All-Age Carers Strategy.

12. The priorities are being implemented through the life of the Strategy. The action plan considers actions for the wider carer cohort within Worcestershire and actions to support staff who may also be carers.

Further understanding carer priorities in Worcestershire

13. The NHS digital survey conducted in October 2021, provides information to support how well the Council, the contracted carer support providers and other key partners are doing.

14. 280 carers responded to the survey and the key findings included:

- 43.8% of those who responded were satisfied or extremely satisfied.
- 6.2% were extremely or very dissatisfied.
- 54.3% reported no financial difficulties.
- 24.8% of carers who responded have as much social contact as they want, with people they like.
- 21.5% reported having little social contact and feeling socially isolated.

15. The Survey of Adult Carers in England, 2023-24 is currently underway and data is to be submitted to NHS England in February 2024 from which progress can be further monitored.

16. The Building Together Board was developed by the Council in 2023 through which the Council is involving people and carers with lived experience as equals in service re-design, policy or processes that affect them.

The Carers Hub

17. To support carers within Worcestershire, the Council has commissioned a Carers Hub which is delivered by Worcestershire Association of Carers (WAC). Research shows the benefits of having a provider which is independent of the Council to provide carer support, encouraging carers to come forward seek support in some circumstances.

18. The Council also delegates the statutory duty of carer assessments to WAC. There is an entitlement for the assessment of carers' needs and to establish how these needs can be met. Carers are at the centre of the carer assessment process, ensuring carers' own skills and strengths are identified and what support is available to them. The carer assessment can help to inform the plan of how to meet the eligible needs of both the carer and the cared for.

19. The assessment identifies which areas of a carer's life are being significantly impacted because of the necessary care they provide, and the best way to meet those areas of need. Universal services direct support to the cared for and support for the carer (via the Carers Hub) and will collectively meet the carer needs. However, for some carers there may be other unmet needs. A Personal

Budget can be allocated to meet eligible needs, which is provided by Adult Social Care and is often taken as a Carer Direct Payment.

20. Carers also informed the Council that they like the variety of options Worcestershire County Council offer including domiciliary care and personal assistants both at home and away from the home.

21. The Council spends £617,000 on The Carers Hub annually.

Replacement Care

22. Replacement care enables unpaid carers to have a break from time to time to enable them to recharge, which was a real issue to achieve during the Covid pandemic. This type of provision contributes to reducing carer breakdown, enables the carer to have a life of their own and time to look after their own physical and mental health and wellbeing.

23. The Council supports replacement care to enable carer breaks which is not just within care homes but is within the individual's home. Domiciliary care agencies and personal assistants provide this care. Care can also be provided outside the usual residence. Care can be paid for and organised by adult social care, or the individual can organise it via a direct payment. The direct payment recipient can manage their own personal care budget.

24. The Council has commissioned replacement care capacity. A framework with care home providers, which will be the focus of sustained development during 2023/24, is intended to ensure individuals and their carers have access to local, bed-based replacement care, which through working in partnership with providers, develops to meet the needs of older people and their families. The framework is to the value of just over £1.5m per year and includes replacement care for people with physical disabilities and sensory impairment and some specific dementia replacement care beds (with providers who are registered to support these needs). Replacement care for people with a learning disability, mental health or autism is still on a block contract basis, however, this is being reviewed.

25. Carers informed the Council that the way replacement care is provided can be a restrictive option. This is because not all carers want or need a full week or 2-week break at one time. In response to this feedback, a change was made to the service specification to enable carers to book several days, rather than a full week or two weeks. Providers are given a minimum payment for very short stays to make this a financially viable option for them.

Main Challenges for Carers

26. The issues set out for the Panel to consider have been identified by Carers and WAC. The Council has added further detail to support the Panel.

27. **Health and Wellbeing of Carers:** 82% of carers said the impact of caring on their physical and mental health would be a challenge over the coming year¹.

¹ State of Caring 2023, Carers UK

20% of the Council's employees are carers and as an organisation, the Council has signed up to Commitment to Carers in 2022 and furthermore become part of Carers Friendly Employers Network. The Council have also launched a new online programme which will provide public sector employees with essential information and advice to support them in their caring role and peer support with other carers. This offer includes seven carer focussed sessions between November 2023 and September 2024.

28. **Replacement Care:** The availability and responsiveness of replacement care is sometimes an issue for carers. The Council can help support carers with a break (sometimes known as replacement care or respite) and it spends £3.6m annually to facilitate the breaks. The Council also has two short breaks units, based in Pershore and Stourport on Severn which provide respite care for individuals with mental health and physical disabilities.
29. **Assessments:** Delays in completing assessments can lead to carer breakdown. Accessing 'cared for' assessments in a timely manner ensures support for the carer in their own caring role. The Council is developing further reporting capabilities to ensure performance in this area is maintained and wherever possible improved.
30. **Funding.** The process of determining whether a person's care needs are paid for using Continuing Health Care funds and/or Council funds can have an impact on Carers, who are sometimes caught in the middle. The Council is working closely with the Continuing Health Care team to ensure any delays are minimised wherever possible.
31. **Hospital discharge:** 60% of carers disagreed they were asked about their ability and willingness to care during the hospital discharge of the person they cared for². Social Workers in the Acute and Community Hospitals include Carers as part of Discharge Planning process. In the Community Hospitals, Carers are invited to the Discharge Planning Meetings held on the wards with Health Colleagues as part of the Multi – Disciplinary Discharge Process. The Team also invite WAC representatives where appropriate and have an identified Carers Lead within the team to further develop the focus on carers.
32. **The cost-of-living crisis:** 75% of unpaid carers receiving Carer's allowance are struggling with cost-of-living pressures³ and carers are finding it increasingly difficult to access support and advice about benefits as there is often a waiting list. The Council has recently re-commissioned the Information and Advice service where Carers are identified as a priority group and therefore particular focus must be given to their needs through the service delivery model. Carers are also a priority for the Household Support Fund which is administered by the Council.

Purpose of the Meeting

33. The Panel is asked to:

² State of Caring Survey 2023 - The impact of caring on: health (November 2023)

³ State of Caring Survey 2023 - The impact of caring on: finances (October 2023)

- hear from carers and Worcestershire Association of Carers as to how the Council works with Carers;
- consider and comment on the information provided on how the Council works with carers;
- agree any comments to highlight to the Cabinet Member with Responsibility for Adult Social Care; and
- determine whether any further information or scrutiny on a particular topic is required.

Contact Points

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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:

- [All Age Carers Strategy | Worcestershire County Council](#)
- [Weblink to Agenda and Minutes of Adult Care and Well Being Overview and Scrutiny Panel on 29 September 2021](#)
- [Agenda for Health and Wellbeing Board on Tuesday, 15th February, 2022, 2.00 pm - Worcestershire County Council \(moderngov.co.uk\)](#)
- [Weblink to Health and Wellbeing Board on Tuesday, 23rd May, 2023, 2.00 pm - Worcestershire County Council \(moderngov.co.uk\)](#)
- [Weblink to Agenda and Minutes of Children and Families Overview and Scrutiny Panel on 6 July 2023](#)
- [All agendas and minutes are available on the Council's website here.](#)

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 5 DECEMBER 2023

PERFORMANCE AND 2023/24 IN-YEAR BUDGET MONITORING

Summary

1. The Panel will be updated on performance and financial information for services relating to Adult Care and Well Being.
2. The Cabinet Member with Responsibility for Adult Social Care, the Strategic Director and Senior Officers from the Directorate for People and the Deputy Chief Finance Officer 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 2023). 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.

Financial Information

5. The Panel also receives in-year budget information. The information provided is for Period 6 and is attached in the form of presentation slides at Appendix 2. This information flows from the Resources Report which was contained in the agenda for the [Agenda for Cabinet on 23 November 2023](#)

Care Packages

6. The Panel has also been requested by the Overview and Scrutiny Performance Board (OSPB) to consider adult social care placements including volume and costs, which is an area of significant financial pressure. Comments from the Panel will be considered by the OSPB at its meeting on 19 December.
7. Additional information is included in Appendix 2, which follows the initial information provided for the Panel for its 13 October meeting (attached at Appendix 3)

Purpose of the Meeting

8. Following discussion of the information provided, the Scrutiny Panel is asked to:
- determine any comments to highlight to the Cabinet Member at the meeting
 - agree any comments for the Overview and Scrutiny Performance Board for its meeting on 19 December 2023
 - whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Adult Services Performance Information Dashboard for Quarter 2
Appendix 2 – Budget Monitoring Information for Period 6 including further information on placements
Appendix 3 – Adults Placements – Financial Impact (from 13 October Adult Care and Well Being Overview and Scrutiny Panel)

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964/ 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- Agendas and minutes of the Overview and Scrutiny Performance Board on 28 April, 29 March and 30 January 2023, 7 December, 29 September, 20 July and 23 March 2022, available on the website: [Weblink for agendas and minutes](#)
- Agenda and Minutes of the Adult Care and Well Being Overview and Scrutiny Panel on 14 July, 24 March and 23 January 2023, 7 November, 28 September, 18 July, 15 March and 14 January 2022, 15 November, 29 September, 8 July and 28 January 2021, available on the website: [Weblink for agendas and minutes](#)

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

Adult Care and Well-being Scrutiny Panel - Summary Report

Quarter 2: September 2023

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)

2023-24 Target rate = 18.1

Worcestershire 18-64, Population = 347,748, Estimated population updated April 2023

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:

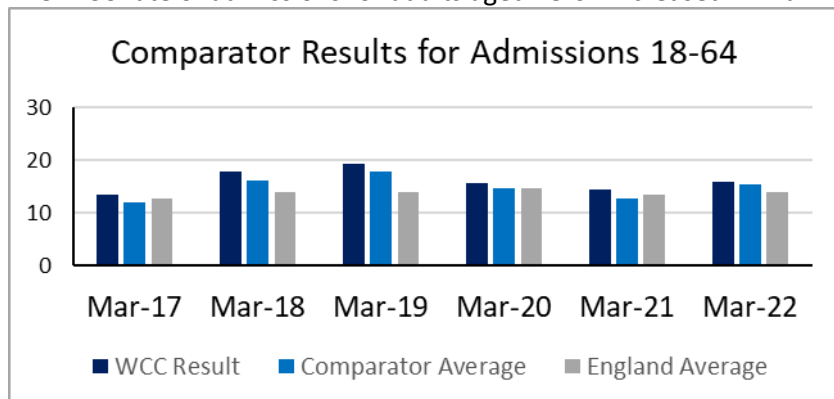
This national indicator looks at planned admissions and as such includes 12-week disregards, so potentially some of those included will eventually become self-funders.

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 2021-22)

The WCC rate of admissions for adults aged 18-64 increased in Mar-22 to 15.8 and is also 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	15.3	13.9
Mar-23	17.3	*	*

* March 2023 comparator results will be added once published (expected in the near future).

Worcestershire Results (Reporting Method: Rolling 12 Months)

Month	Mar-21	Jun-21	Sept-21	Dec-21	Mar-22	Jun-22	Sept-22	Dec-22	Mar-23	Jun-23	Sept-23
Result and RAG	14.4	17.6	20.5	19.9	15.8	16.1	16.1	16.7	17.3	17.5	14.4
Numerator	49	60	70	68	54	56	56	58	60	61	50

Admissions per Month	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Total
No. of Admissions	7	6	2	5	4	5	3	3	6	1	6	2	50

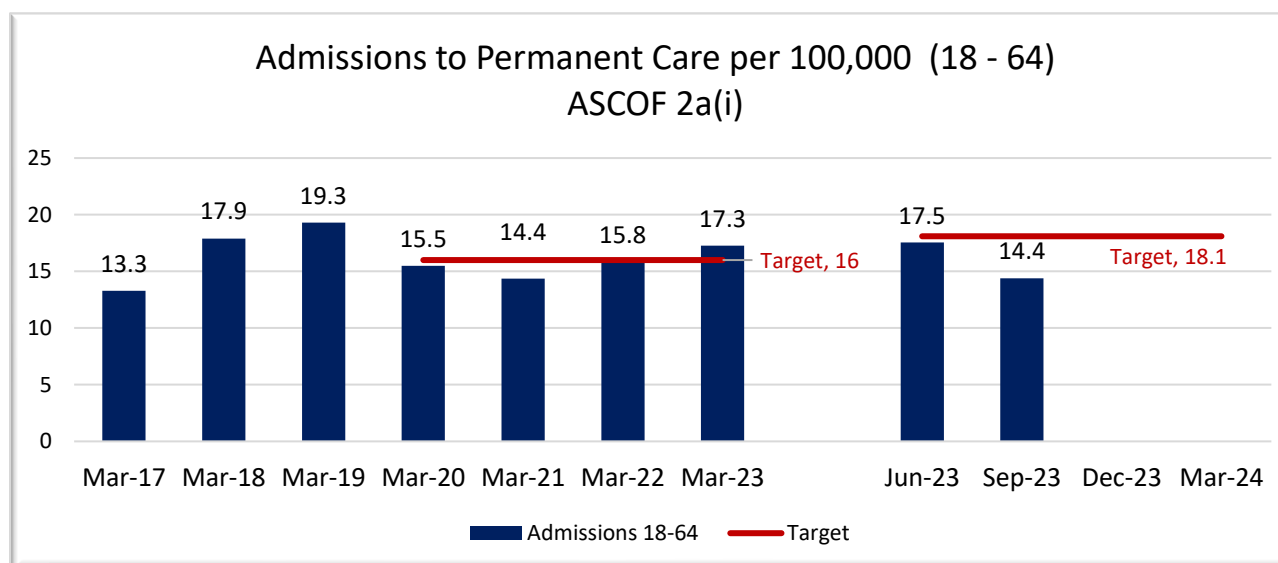
Commentary: Over the period 2019-2021, the rate of admissions for adults aged 18-64 people fell and was particularly low in Mar-21 due to the pandemic. Numbers rose during 21-22, returning to just above pre-pandemic levels at year end. National results for 21-22 show Worcestershire just over the comparator average and well above the national average (where good performance is low). During 2022-23, the rate increased from 14.38 (50 people) in April 2022 to 17.3 (60 people) in March 2023 (Green against a target of a rate of 16 admissions).

For September 2023, the result was 14.4 (50 people), Green against a target rate of 18.1 admissions. The figures from April 2023 onwards are provisional and will be revised when updated population figures are released (expected in the near future).

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, best value principles are applied, and any themes/improvement actions identified and discussed. We have recently commissioned some block purchased residential beds in the County to promote best value.

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Graph: Admissions to Permanent Care per 100,000 18-64



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

2023-24 Target rate = 554.2

Worcestershire 65+, Population = 140,204, Estimated population updated April 2023

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)

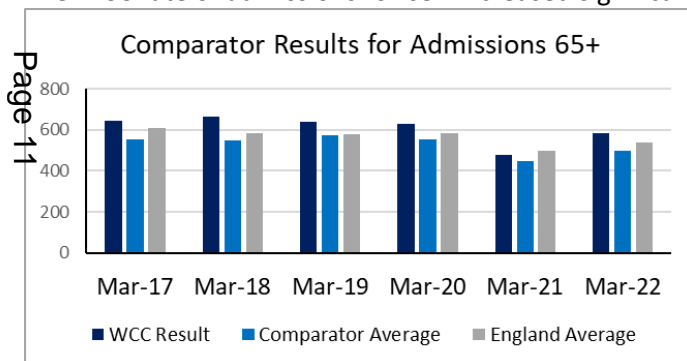
Analysis:

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 with oversight from the People Directorate Leadership Team and at monthly Finance and Performance meetings with senior managers. 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 and early discharge from hospital, 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 2021-22)

The WCC rate of admissions for 65+ increased significantly in this period and is still above the comparator and 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	585.0	498.6	538.5
Mar-23	536.1	*	*

* March 2023 comparator results will be added once published (expected in the near future).

Worcestershire Results (Reporting Method: Rolling 12 Months)

Month	Mar-21	Jun-21	Sept-21	Dec-21	Mar-22	Jun-22	Sept-22	Dec-22	Mar-23	Jun-23	Sept-23
Result and RAG	475.8	595.2	659.1	639.6	585.0	540.4	495.5	517.3	536.1	560.6	622.7
Numerator	654	818	906	879	804	746	684	714	740	786	873

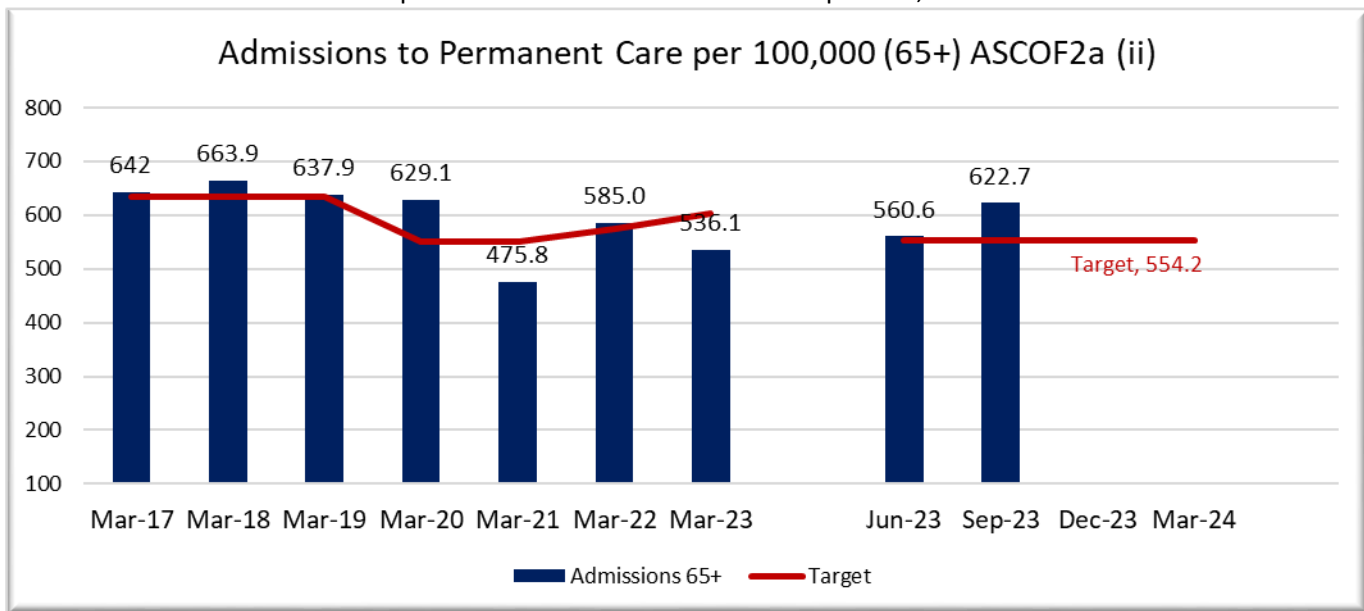
Admissions per Month	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Total
No. of Admissions	66	80	58	79	55	89	74	82	81	79	71	59	873

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 pre pandemic levels. Through the latter part of 2022-23 results have increased, ending with a result of 536.1 (740 people) in March 2023 (rated Green against a target of 604). For September 2023, the result is a rate of 622.7 or 873 admissions (rated red against a target rate of 554). The figures from April 2023 onwards are provisional and will be revised when updated population figures are released (expected in the near future.).

High-cost packages, authorisations and actions are being scrutinised as part of ongoing work to manage demand and spend. Continuing Health Care decisions are also examined. Where long term funded services are required, we are using best value principles and have recently audited decisions to identify any themes/improvement actions. Decisions relating to Level 4 / critical incident levels within acute hospitals are impacting on numbers requiring long term care home placements overall as we have spot purchased care home placements to facilitate discharge. We continue work on alternate options in readiness for Winter such as Wraparound care and stepdown care. There are high numbers of homeowners and self-funders in Worcestershire impact the number of admissions as these fall to local authority once an individual's savings run low.

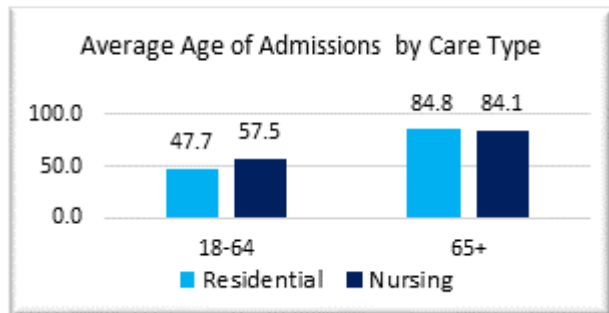
Graph: Admissions to Permanent Care per 100,000 65+



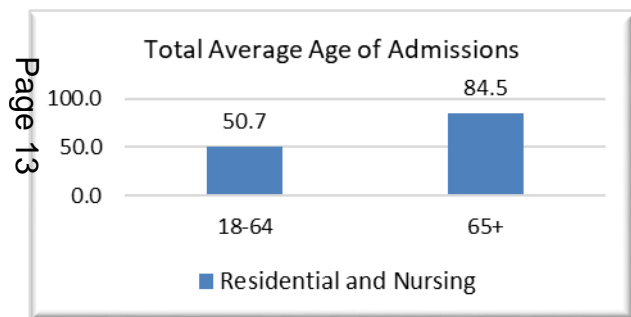
Profile of People Admitted to Long Term Care (Reporting Method: Rolling 12 months, Quarter 2 = October 2022 to September 2023)

Average Age of Admissions by Care Type

Tables and Graphs showing Results up to September 2023



Type of Care	18-64	65+
Residential	47.7	84.8
Nursing	57.5	84.1

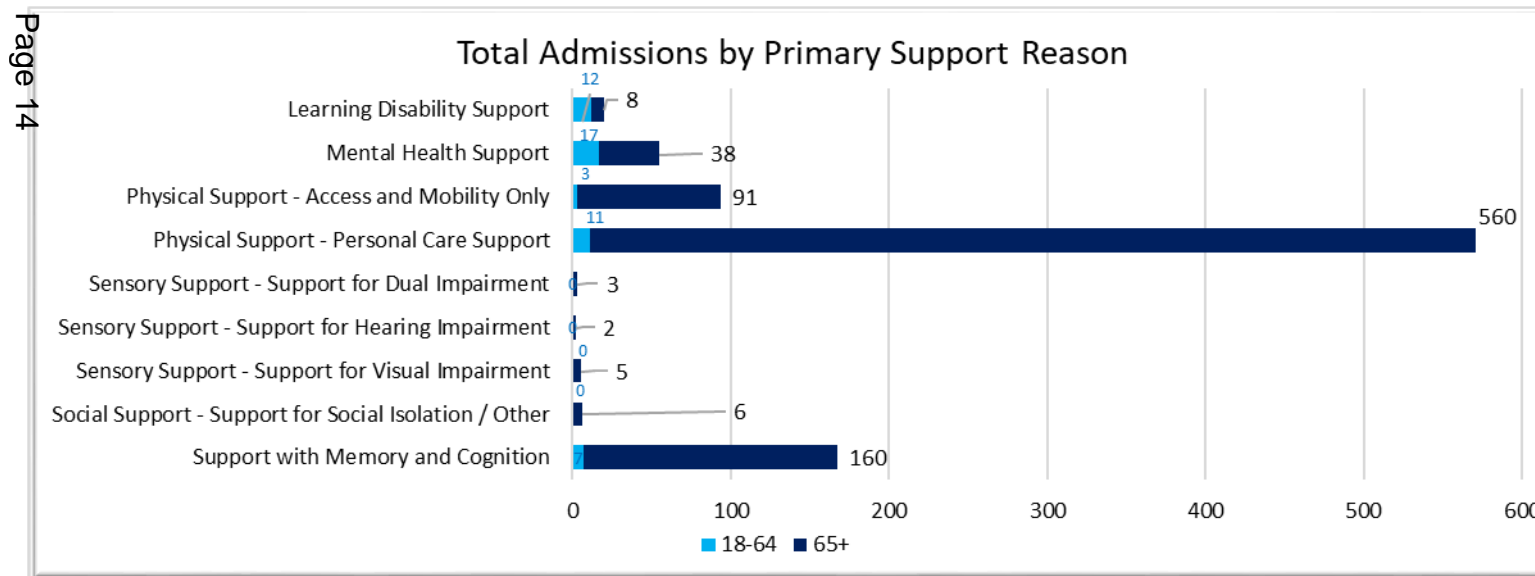


Type of Care	18-64	65+
Residential and Nursing	50.7	84.5

Admissions by Primary Support Reason – Residential and Nursing

Primary Support Reason	18-64	65+	Total
Learning Disability Support	12	8	20
Mental Health Support	17	38	55
Physical Support – Access and Mobility Only	3	91	94
Physical Support – Personal Care Support	11	560	571
Sensory Support – Support for Dual Impairment	0	3	3
Sensory Support – Support for Hearing Impairment	0	2	2
Sensory Support – Support for Visual Impairment	0	5	5
Social Support – Support for Social Isolation / Other	0	6	6
Support with Memory and Cognition	7	160	167
Grand Total	50	873	923

Graph: Total Admissions by Primary Support Reason



Admissions by Primary Support Reason 18-64 – Minimum, Maximum and Average age at Admission

Primary Support Reason	Number of People 18-64	Min Age at Admission	Max Age at Admission	Average Age at Admission
Learning Disability Support	12	18	64	47
Mental Health Support	17	22	63	46
Physical Support – Access and Mobility Only	3	23	60	47
Physical Support – Personal Care Support	11	47	64	58
Sensory Support – Support for Dual Impairment	0	0	0	0
Sensory Support – Support for Hearing Impairment	0	0	0	0
Sensory Support – Support for Visual Impairment	0	0	0	0
Social Support – Support for Social Isolation / Other	0	0	0	0
Support with Memory and Cognition	7	52	63	59
Grand Total	50	18	64	51

3. Outcomes of Short-term Services

2023-24 Target rate = 84.0%

Good Performance = Higher

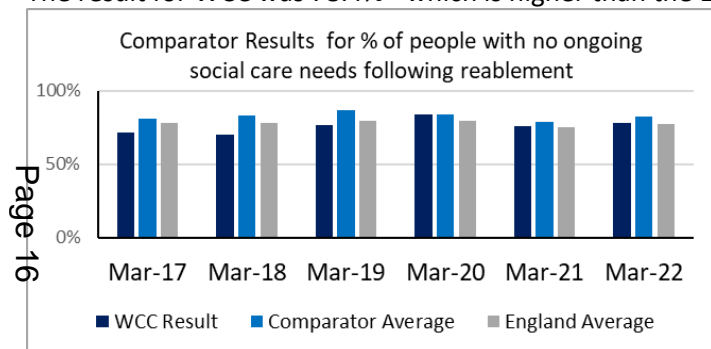
Definition: Proportion of people with no ongoing social care needs following a reablement service – sequel to short term services to maximize independence. (ASCOF2d)

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 the Reablement Service focused on hospital discharge but from Oct-21 the service was expanded to include community reablement. The community team did assist with hospital discharges at various stages during the pandemic, when the cohort was impacted due to a focus on hospital flow. Over time more complex people are being given the opportunity for reablement.

Comparator Data: (Latest national data available is 2021-22)

The result for WCC was 78.4% - 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%	82.7%	77.6%
Mar-23	84.4%	*	*

* March 2023 comparator results will be added once published (expected October 2023).

Worcestershire Results (Reporting Method: Cumulative from April onwards)

Month	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Result and RAG	81.8%	82.1%	82.6%	82.9%	83.6%	84.4%	89.7%	90.1%	88.1%	87.6%	86.8%	87.3%
Numerator	762	892	1012	1156	1271	1491	122	254	376	538	665	818

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 as people with more complex needs were discharged from hospital through pathway one to facilitate hospital discharge and flow across the whole system.

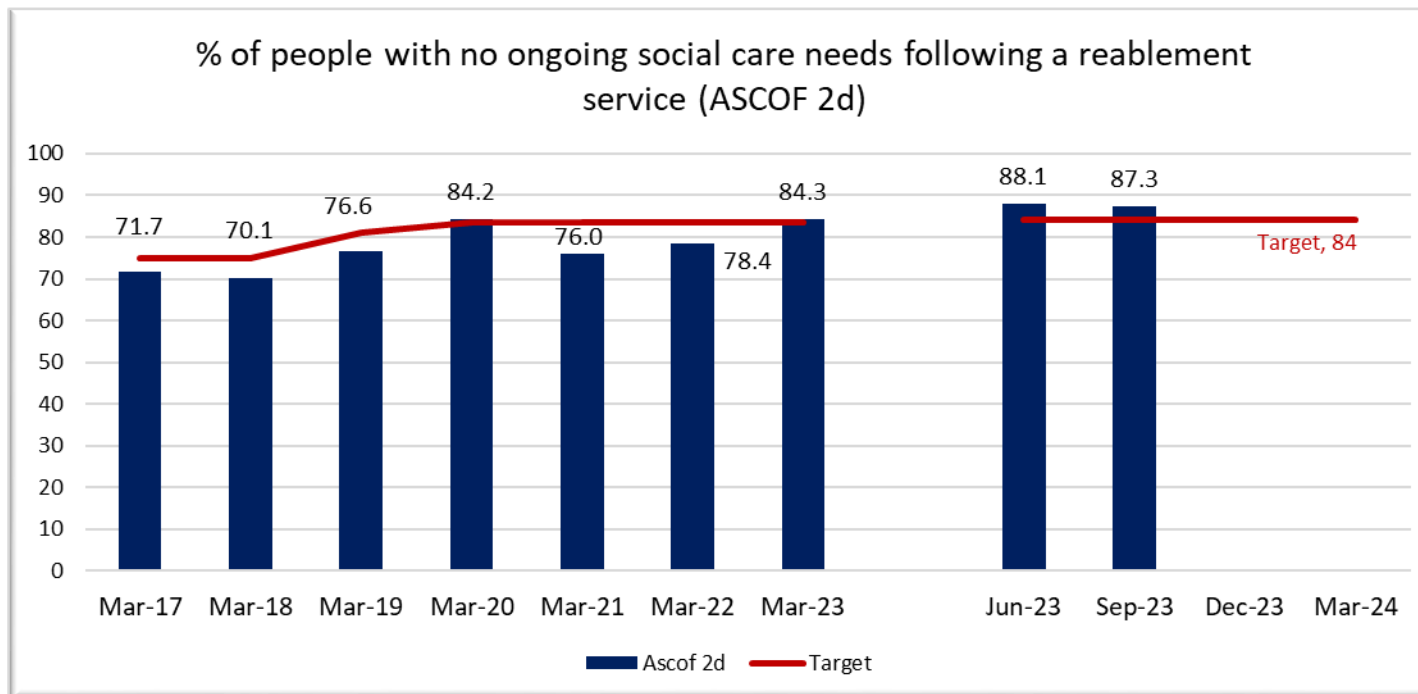
During 2021-22 the result has gradually increased to 78.4% at Mar-22. This was above the England average but below the comparator group.

Results have continued to steadily increase through 2022-23 despite continued pressures across the system, more people using the services and having more complex needs.

During 2022-23 the result gradually increased through the year ending with a result of 84.4% in March 2023 (Rated Green against a target of 83.5%).

For September 2023, the result increased to 87.3% (Rated Green against a target of 84%).

Graph: Percentage of people with no ongoing social care needs following a reablement service.



4. People Aged 65+ at home following Rehabilitation

2023-24 Target rate = 83.0%

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)

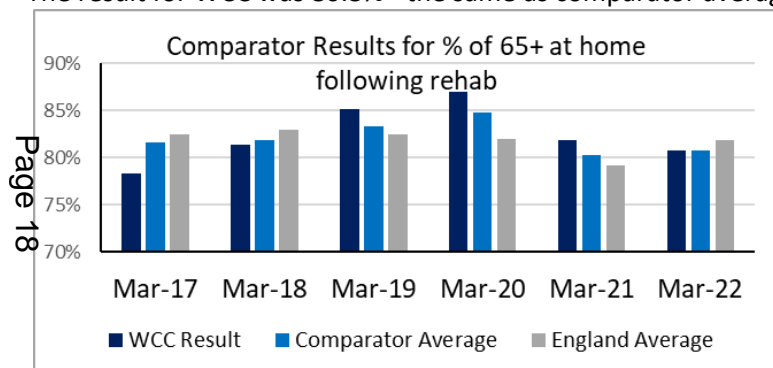
Analysis:

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: (Latest national data available is 2021-22)

The result for WCC was 80.8% - the same as comparator average but lower than England average.



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%	80.8%	81.8%
Mar-23	83.6%	*	*

* March 2023 comparator results will be added once published (expected October 2023).

Worcestershire Results (Reporting Method: 3 months running total)

Month	Mar-2022	Jun-2022	Sept-2022	Dec-2022	Mar-2023	Jun-23	Sept-23
Result and RAG	80.8%	82.4%	86.6%	84.9%	83.6%	85.8%	87.0%
Numerator	497	548	625	631	622	600	629

Commentary:

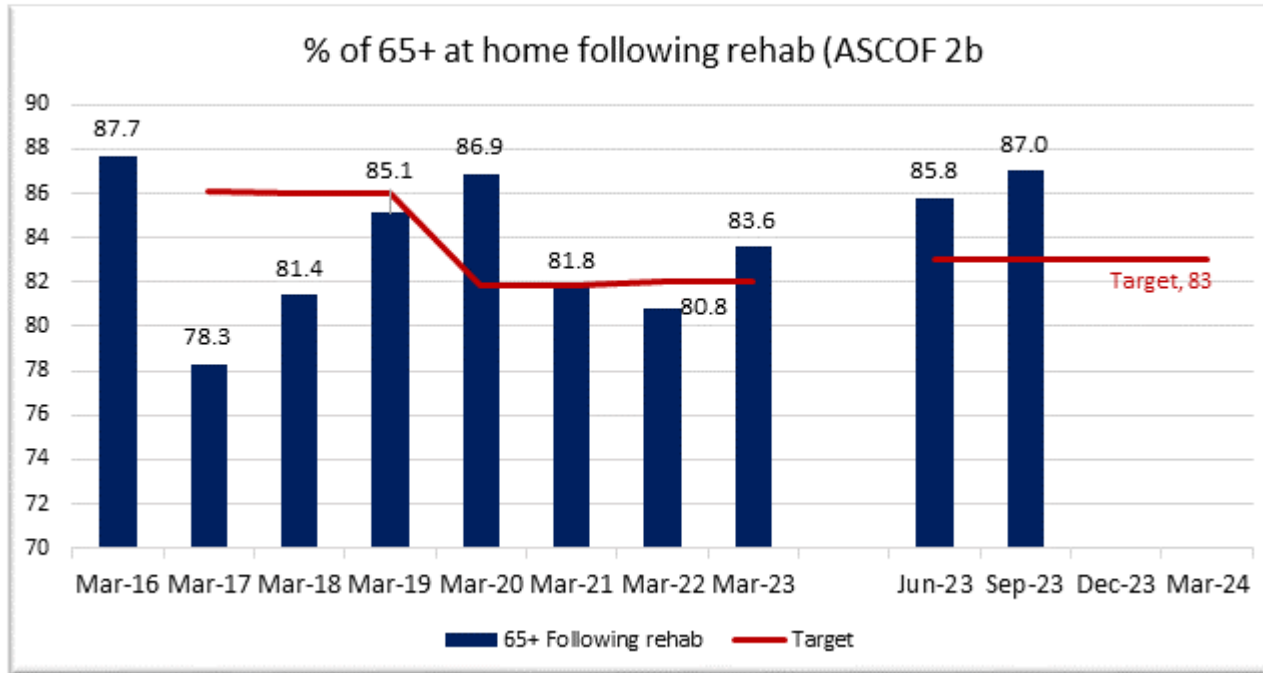
Despite the pressures across the health and social care system due to Covid, performance on this measure for 2021-22 was 80.8%. This was lower than the pre-pandemic level in Mar-20 of 86.9% but a good result considering pressures on the system and acuity of need and in line with comparators.

During 2022-23 the result gradually increased throughout the year until January 2023, then declined during February and March (mainly due to the winter months' reporting).

Result was 83.6% in March 2023 (Rated Green against a target of 82%).

For September 2023, the result was 87.0% (Rated Green against a target of 83%).

Graph: Percentage of 65 plus at home following rehab



5. Annual Care Package Reviews Completed

2023-24 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)

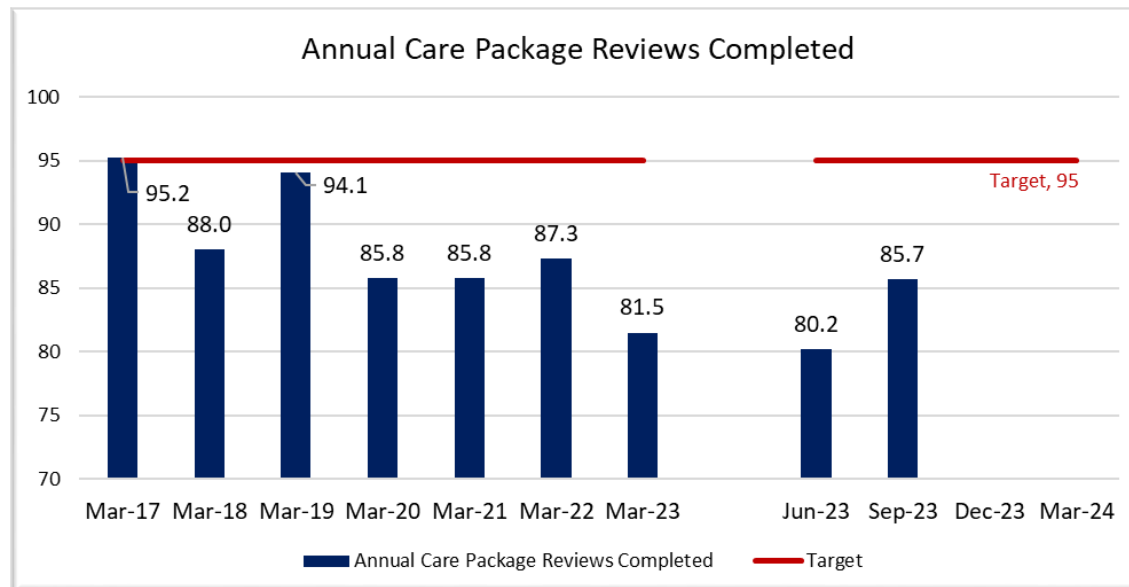
Month	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23
Result and RAG	85.2%	84.60%	84.1%	83.6%	82.4%	81.5%	81.2%	80.3%	80.2%	81.9%	83.5%	85.7%
Numerator	3997	3974	3964	3917	3884	3838	3816	3839	3846	3929	4008	4162

Commentary:

Increased demand (more contacts and more people receiving services) is impacting on reviewing capacity as are staffing vacancies. Processes are being reviewed to identify efficiencies. Area teams have been supported by an external provider, and performance has improved across all teams. Workforce issues and vacancy rates, including access to agency staff, has impacted on review performance. There are some overtime hours in place to further support the timeliness of reviews and performance is improving as a result, with a prediction to being significantly closer to the target by the next quarter.

Performance for September 2023 is 85.7% (Rated Red against a target of 95%) compared to 80.2% in June 2023.

Graph: Annual Care Package Reviews Completed



2023/24 Quarter 2 (Period 6) Budget Position

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**Adult Care and Well-being Overview and
Scrutiny Panel**

5 December 2023

Corporate Budget Position – Quarter 2 (Period 6)

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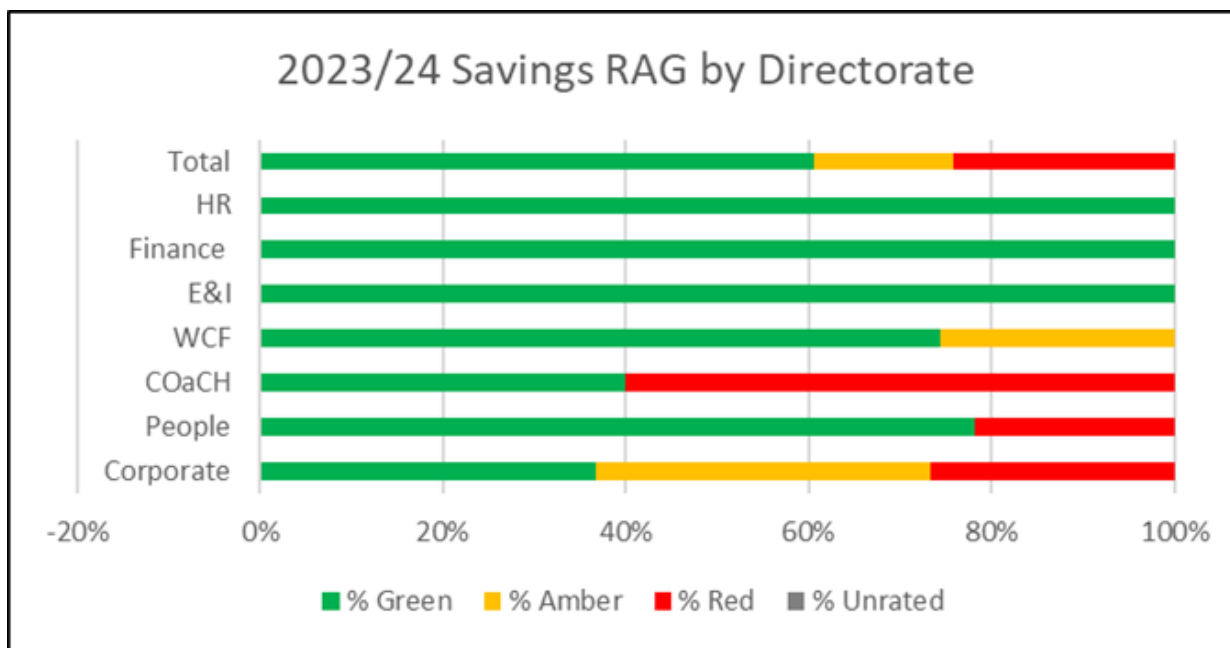
- Budget Report to Cabinet on 23 November 2023 summarises the financial position for Council and each of the service areas.
- The overall outturn forecast at Period 6 is for a net overspend of £21.9m after the use of budgeted risk reserves.
- The council has an underlying structural deficit that needs to be addressed due to demand and adults and children's social care and Home to School Transport.
- At budget setting, £7m was identified as likely to be required from reserves (£2m risk for Children's Social Care placements and £5m risk for non-delivery of savings). A further £2m was held for pressures within Home to School Transport (HTST)
- Additional business rates income of £4.1m is also forecast to be received this financial year.
- Applying these mitigations would leave a net forecast overspend of £21.9m
- Significant pressures in Adults, Childrens and Home to School Transport – price and demand, this position is similar for other Local Authorities

Forecast Financial Position – P6

FY 2023/24 P6			
Service Area	Budget £m	Forecast £m	Variance £m
People – Adults	145.815	151.678	5.863
People – Communities	21.596	22.110	0.514
Children’s Services/WCF	111.003	111.003	0.000
Economy & Infrastructure	72.072	72.788	0.716
Commercial & Change	10.291	11.134	0.843
Chief Executive / HR / Finance	3.222	3.184	-0.038
Public Health	0.186	0.186	0.000
Total: Service excl DSG	364.185	372.083	7.898
Corporate Items	36.630	35.130	-1.500
Non-assigned items	0.000	0.000	0.000
WCC TOTAL	400.815	407.213	6.398
WCF	123.325	142.403	19.078
Home to School Transport	22.477	31.977	9.500
WCF Total	145.802	174.380	28.578
WCC & WCF Total Services	546.617	581.593	34.976
Additional Funding:			
Business Rates			-4.100
Use of Reserves			-9.000
Net WCC & WCF			21.876
Overspend			

- £22.4m of savings built into the overall budget
- 61% rated as green i.e., delivered or expected to be fully delivered, 15% rated amber where there is some risk of non-delivery, and 24% rated red where there is significant risk of non-delivery
- £1.6m relate to one-off use of grants, including Public Health, and a further £1.5m are one-off, giving a recurrent pressure from 2024/25 of £3.1m

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- Current value of the Capital Programme for 2023/24 to 2026/27, subject to approval by Full Council, totals £372m
- 51% is funded via external sources, namely developer contributions (s106 funding) and government grants including those allocated to the County Council for scheme delivery by district partners. The remainder is a mixture of borrowing (42%), capital receipts (4%) and use of earmarked reserves held for capital (1%) and revenue funding (2%)

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Total Expenditure	23/24 Actuals YTD £'000	23/24 Revised Budget £'000	24/25 Revised Budget £'000	25/26 Revised Budget £'000	26/27 Onwards Revised Budget £'000	Total 23/24 + Revised Budget £'000
Open for Business	4,035	30,224	41,218	12,763	5,619	89,824
The Environment	29,777	83,970	51,589	6,000	3,400	144,959
Children and Families	9,978	46,572	55,026	10,474	6,630	118,702
Efficiency and Transformation	529	10,387	5,492	0	0	15,879
Health and Well-Being	37	2,101	891	27	0	3,019
TOTAL	44,356	173,254	154,216	29,264	15,649	372,383

Financial planning, strategy and the Medium-Term Financial Plan

- Required refresh of the MTFP has commenced.
- Significant and sustained inflation.
- Extremely challenging time for local government.
- Council remains focused on living within its means.
- Any overspend not dealt with in 2023/24 would, potentially, carry over into 2024/25 thereby increasing the requirement for savings in that year.
- 2024/25 budget setting process will once again prove to be extremely tough as the Council seeks to achieve its priorities whilst meeting the growing cost of demand, all from within limited funds.

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Spending Controls for the Council

Management actions have been put in place to control spending across the council to reduce the deficit in the current financial year based on the following principles:

- Existing permanent staffing and payroll costs,
- expenditure on goods and services which have already been received,
- contractually committed expenditure,
- urgent expenditure to safeguard vulnerable residents (Adults and Children),
- expenditure required to deliver the council's provision of essential statutory services at a minimum possible level, which includes adults and children's services including HTST,
- agreed political priorities of the council,
- expenditure necessary to achieve value for money and / or mitigate additional in year costs and / or generate additional income where evidenced through an "invest to save" business case.

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Specific 2023/24 Quarter 2 (Period 6) information

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Areas within remit of the Adult Care and Well-being Panel

P6 Financial Position – Adult Services

Adults Revenue Forecast	2023-24 Gross Budget Q2	2023-24 Net Budget Q2	2023-24 Forecast Outturn Q2	2023-24 Forecast Variance Q2	2023-24 Forecast Variance Q1
	£'000	£'000	£'000	£'000	£'000
Older People	113,097	76,530	77,386	856	2,641
Learning Disabilities	86,191	76,750	80,740	3,990	5,248
Physical Disability	24,289	20,379	21,136	757	1,335
Mental Health	31,894	23,284	23,604	320	559
Adults Commissioning Unit	18,981	1,008	1,288	280	188
Central Services (incl iBCF and Social Care Grant)	1,491	-52,136	-52,476	-340	-4,089
Provider Services	11,551	10,532	10,401	-131	15
TOTAL ADULTS	287,494	156,347	162,079	5,732	5,897

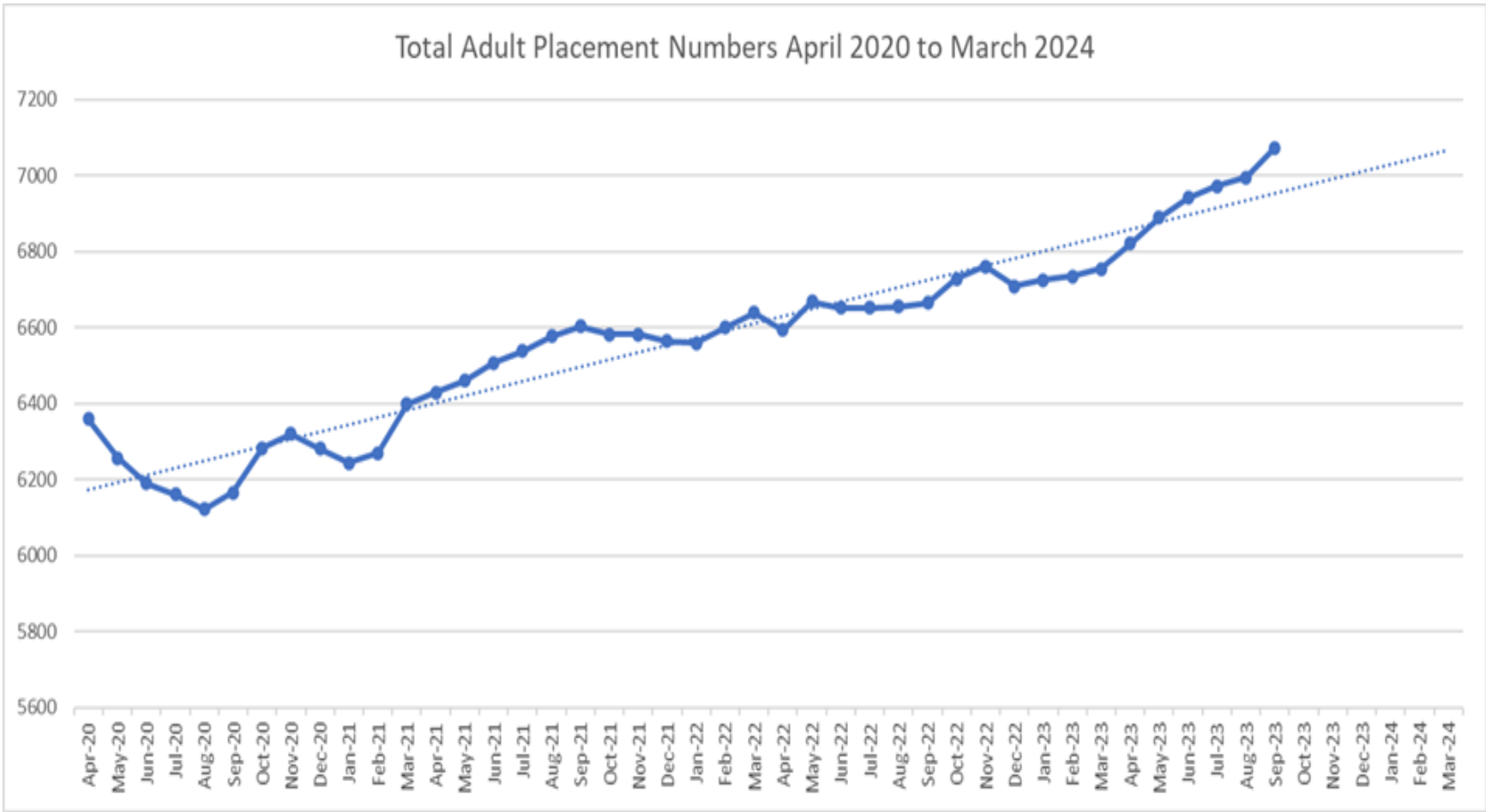
P6 Headlines – Adult Services

- Net £5.7m overspend on its £156m net budget (3.7%)
- £8.9m gross forecast overspend on placements - partially mitigated by use of £3m additional grant
- £0.6m additional grant funding increase in support for safeguarding assessments and reviews
- Budget based on 4% growth in clients
- 5.5% growth seen by end of September (additional 366 packages)
- Pressure in the market based relating to unit costs

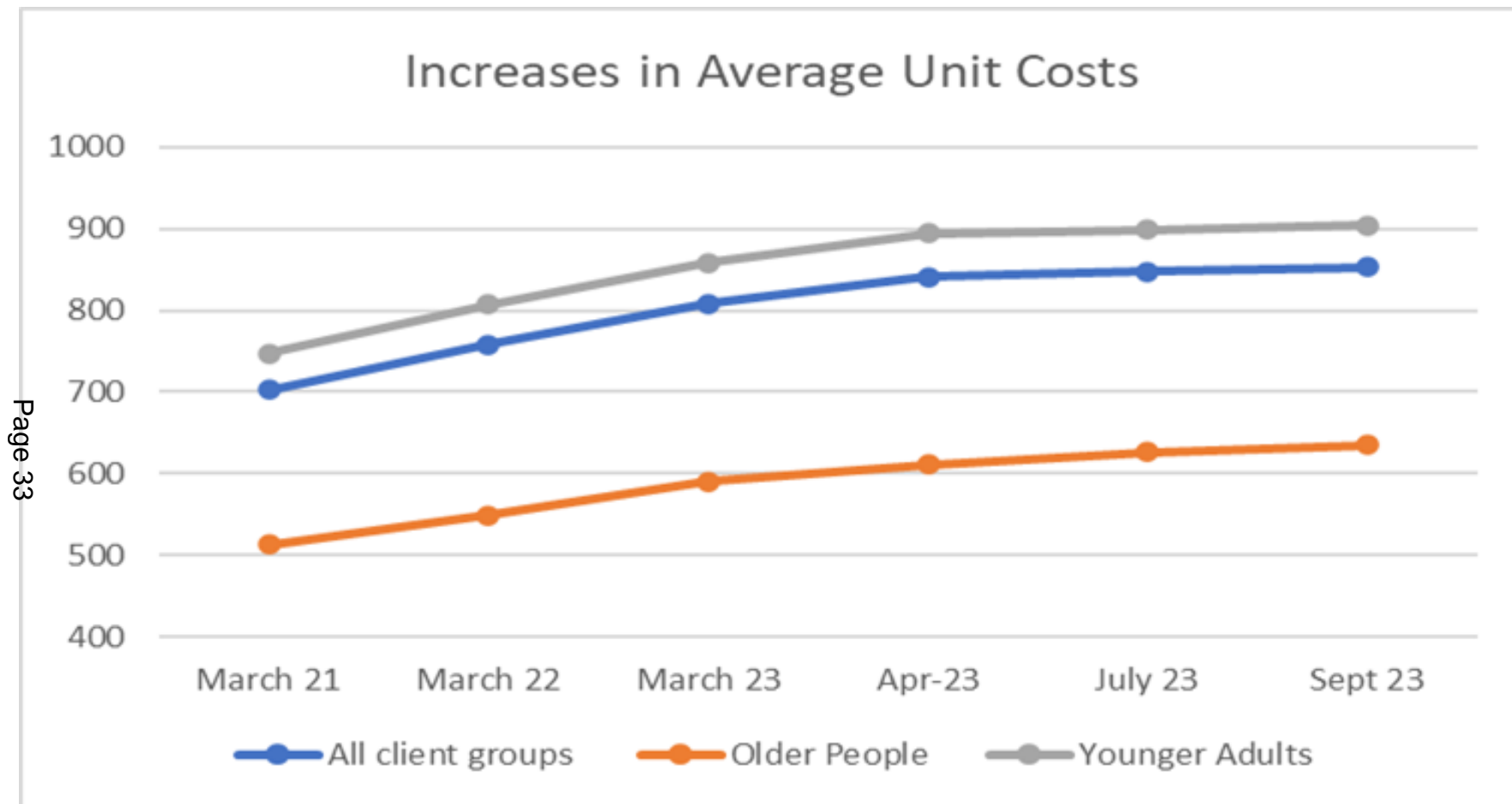
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Adult Placement Numbers

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Adult Unit Costs



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P6 Headlines – Placements - 1

Older People - £2.3m overspend

- Residential Care – increase of 85 clients and 6% increase in costs
- Nursing Care – increase of 68 clients and 9% increase in unit costs
- Home care - increase of 61 clients and 7% increase in unit costs

Learning Disabilities - £4.9m overspend

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- Increase of 53 clients
- Residential Care – 5% increase in unit costs
- Shared lives - 13% increase in unit costs
- Supported living - 9% increase in unit costs
- Home care - 16% increase in unit costs

P6 Headlines – Placements - 2

Mental Health - £0.3m overspend

- Residential Care – 6% increase in costs
- Nursing Care – 15% increase in unit costs
- Home care - 6% increase in unit costs

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Physical Disabilities - £1.4m overspend

- Increase of 48 clients
- Nursing Care – 9% increase in unit costs
- Home care - 9% increase in unit costs

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Appendix 3

Adults Placements – Financial Impact

Section 1 - Placements Budgets

1. The 2023/24 adults placements budget represents c78% of the total £281m adult services gross expenditure budget, which consists of adult social care and provider services (**Chart 1**). This is then split across client groups as shown in **Chart 2**.

Chart 1 – Proportionate Split of 2023/24 Gross Budget

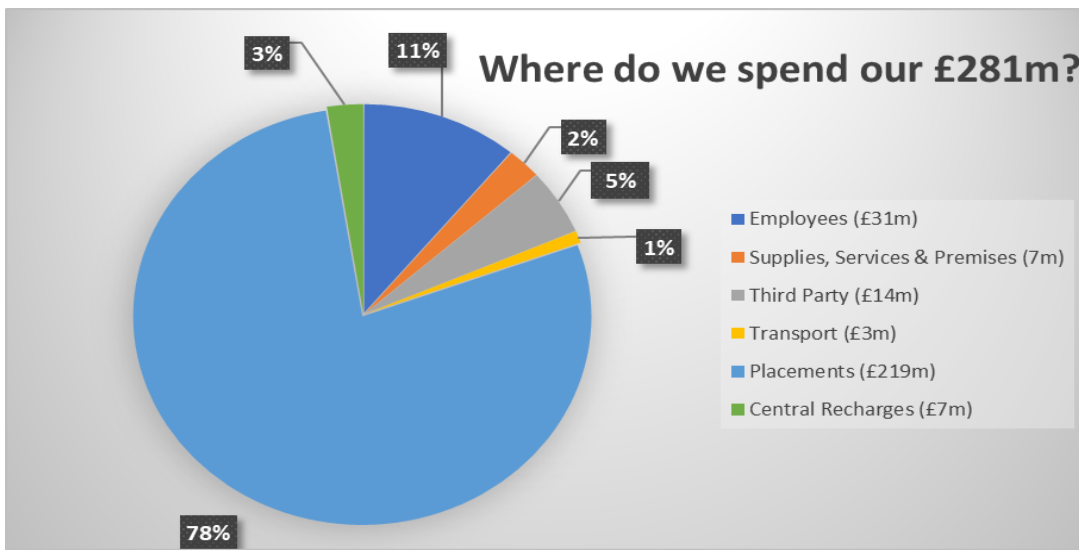
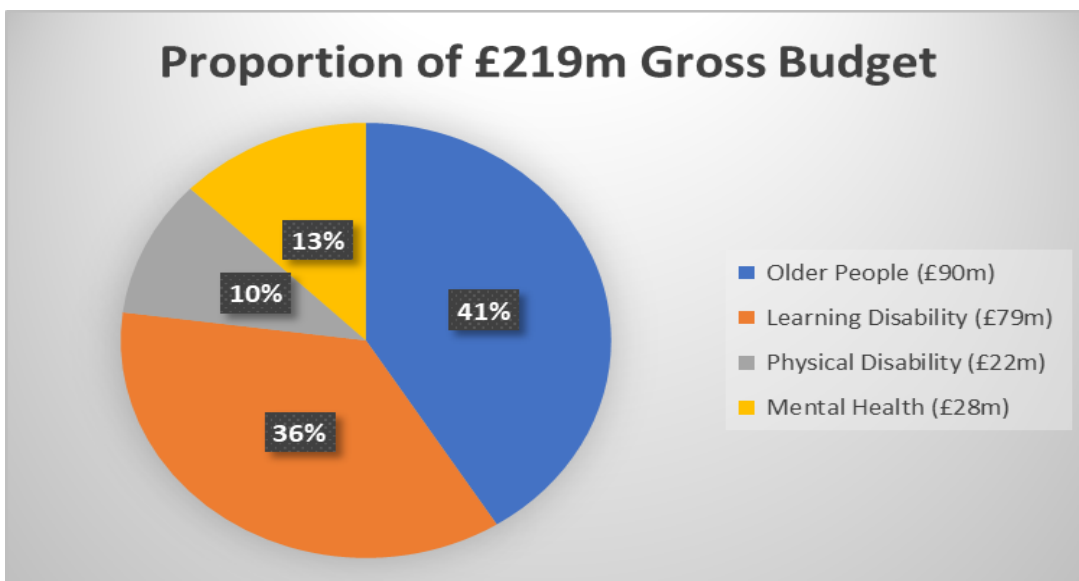


Chart 2 – Proportionate Split of 2023/24 Placement Budget



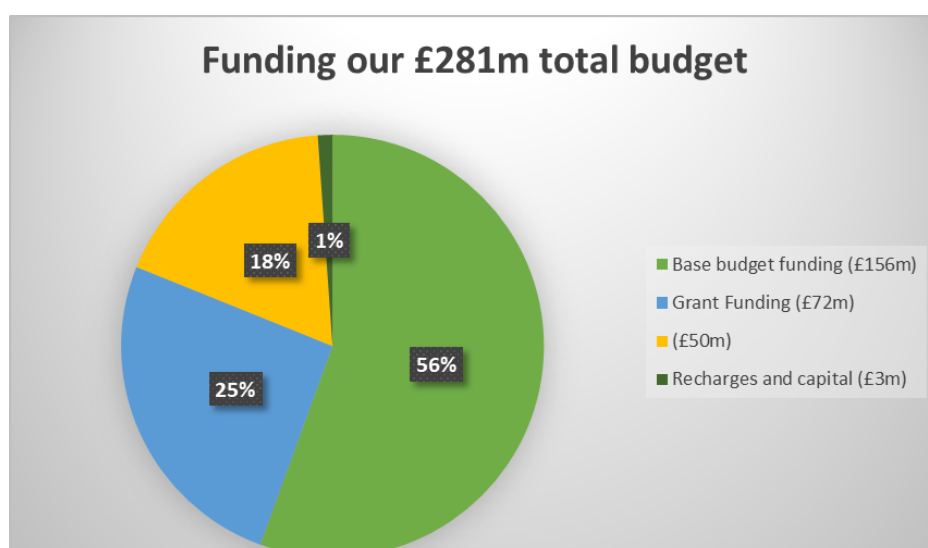
- The 2023/24 gross placement budget was set at £219m, which is £170.2m net of client contributions. This was based on the full year effect of additional growth seen in 2022/23 plus an estimated 4% additional growth for 2023/24. This totaled an increase in the gross budget relating to forecast demand of £18.5m in 2023/24 compared with 2022/23.
- A further £5.2m was allocated to the budget for 2023/24 to take account of the fee uplift for providers, along with additional uplifts for our staff and other contracts, which gave a total inflationary uplift of £7.5m.
- This total increase in budget of £26m was funded by savings, income and efficiencies alongside the increase in adult grants and the 2% ASC levy as shown in **Table 1**.

Table 1 – Funding the Increase in Adult Budgets in 2023/24

Adults Social Care Net Investment	£m
Additional demand increases along with complexity / acuity for Older People	6.3
Growth in number and complexity of packages for Adults with a Learning Disability	5.8
Increase in number of Mental Health packages of care	4.0
Growth in number and complexity of care packages for Adults with a Physical Disability including those transitioning from Children's Services	2.4
Demand and Growth Increase in Adult Care	18.5
General Inflation and price increases across Adult Care Services	7.5
Total investment into Adult Care	26.0
Savings, efficiencies and income generation identified relevant to Adult Care	- 9.6
Net investment into Adult Care	16.4
Funded by:	
Discharge Funding Allocation	2.7
Increase in ASC Market Sustainability & Improvement Fund	4.0
Increase in Social Care Grant (with remaining funding Children's Services)	2.5
ASC Equalisation Grant	1.2
2% Adult Social Care Levy	6.0
Total Funding	16.4

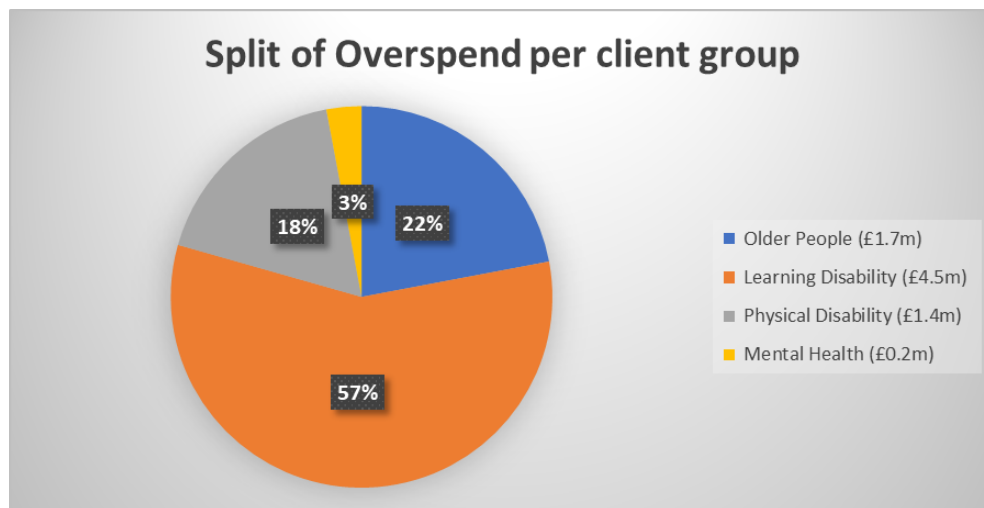
- Chart 3** details how our overall budget is funded, with 56% of all spend being funded from the Council's base budget.

Chart 3 – Funding the Adult Care Budget



6. As at Period 4 the placement budget is forecast to outturn with a gross overspend of c£8m along with a further £1.7m overspend on staffing and DOLS assessments giving a gross overspend of £9.7m. Part of this overspend is funded by the additional grant income received for Market Sustainability and Improvement – Workforce Fund.
7. **Chart 4** shows the proportionate split of the forecast overspend by client group with the biggest proportion being in Learning Disabilities relating to the Young Adults Team and clients placed in Supported Living.

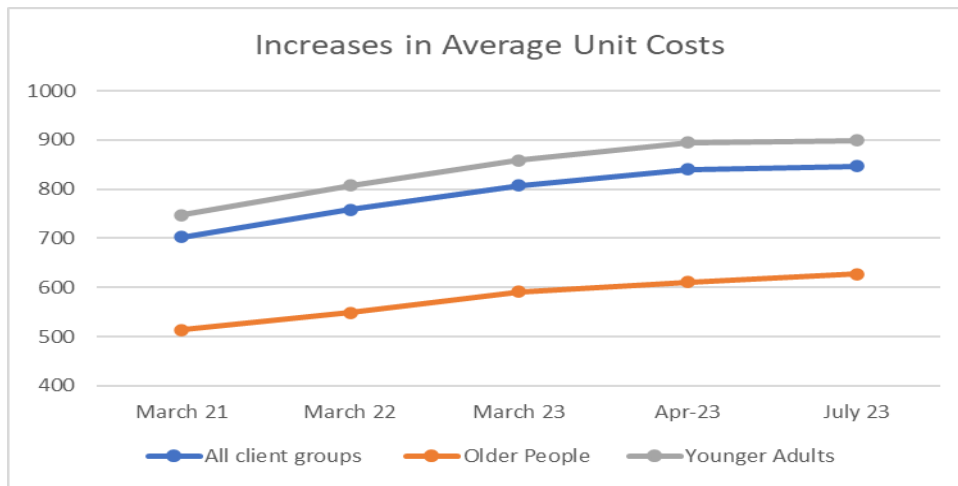
Chart 4 – Proportion of the current forecast overspend



Section 2 - Managing placement spend

8. The cost of care exercise under the charging reforms set provider expectations high, and this, coupled with inflation that has risen dramatically over the past 12 months and a further significant uplift to the national minimum wage has resulted in Worcestershire County Council, like others across the West Midlands having received numerous requests for high fee uplifts in the region of 20% (and upwards), more often than not, with the threat of handing back care packages if the fee demands are not met.
9. Budgetary pressures on the Health and Care system nationally continue. The Council's income is growing year on year due to an increase in the number of homes and an increase in business rates from a growing economy. However, the pace of income growth is not keeping up with the increase in demand in adult social care due to:
 - Population growth and demographics,
 - Clients living longer with increasingly complex care needs.
 - Inflation, pay and cost of living increases.
 - Transitions from Children's Services.
10. **Chart 5** tracks the average weekly costs since March 2021 and shows the steep increase over the past 2 years and the current average of £850/week compared with the figure of £700/week in March 2021 – an increase of 20.6%. This is broken down further into Older People and Younger Adults which identifies a marginally steeper rise in the unit costs for Older People (22%) but the higher average unit costs for those in the Younger Adults categories.

Chart 5 – Rises in Average Unit Costs



11. **Charts 6 to 10** detail the specific types of placement and their increases in unit costs since March 2021. Of financial concern is the increase in home care averages between March 2023 and April 2023, which are significantly higher than the fee uplifts approved, along with the increases in nursing care for those with Mental Health needs and Supported Living Costs for those with a Learning Disability.

Chart 6 – Rises in Average Unit Costs – Home Care

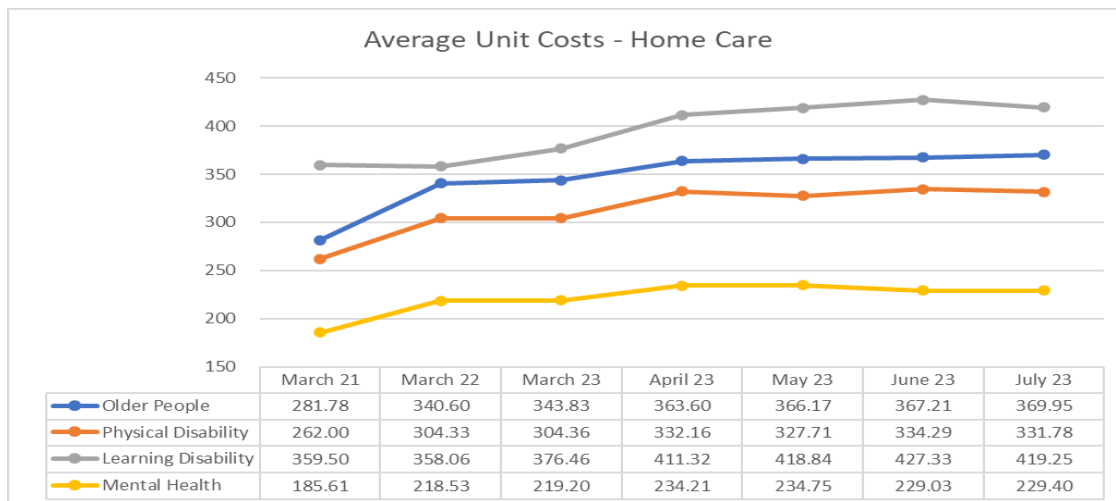


Chart 7 – Rises in Average Unit Costs – Residential Care

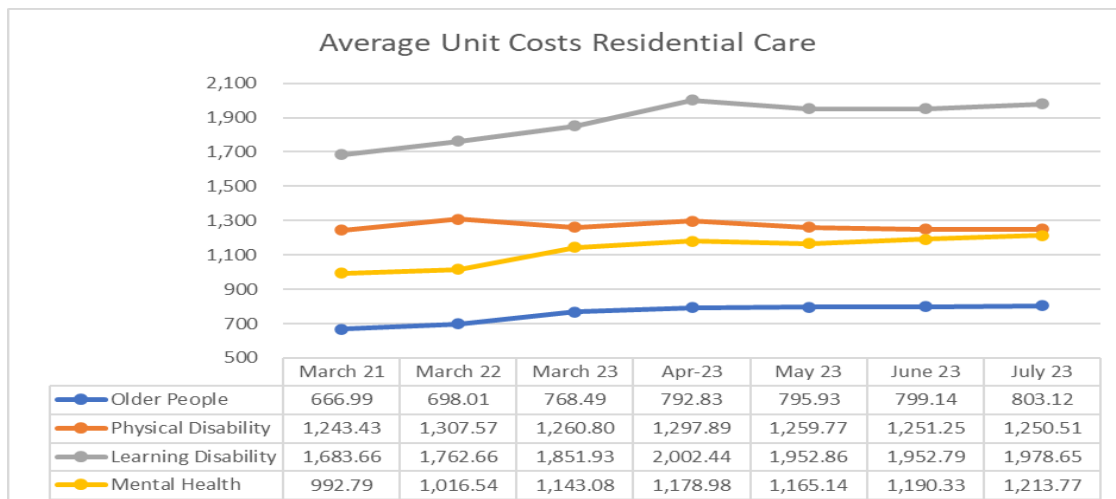


Chart 8 – Rises in Average Unit Costs – Nursing Care

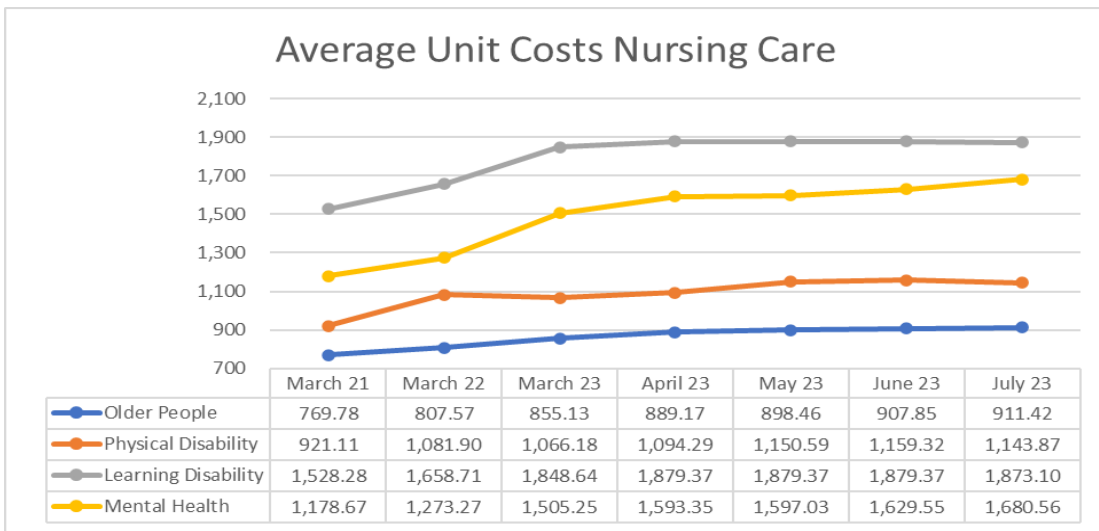


Chart 9 – Rises in Average Unit Costs – Supported Living

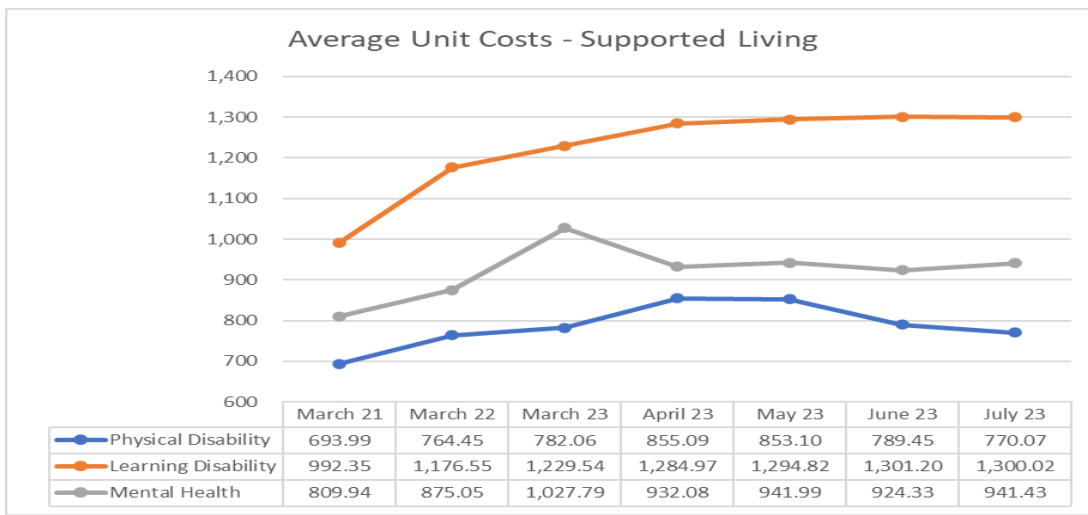
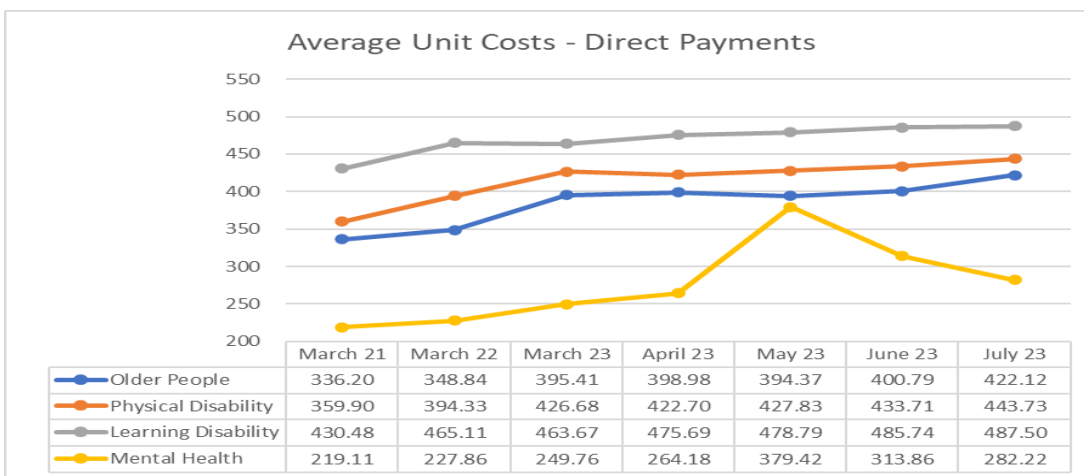


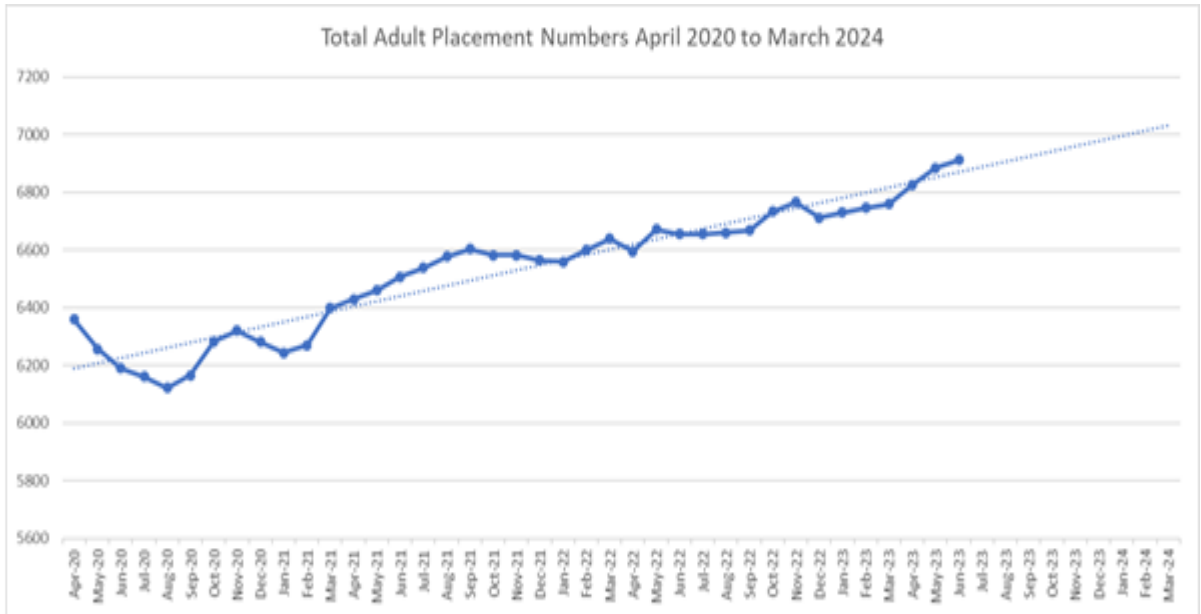
Chart 10 – Rises in Average Unit Costs – Direct Payments



Section 3 - Managing placement demand

12. The 2023/24 budget was set based on a forecast increase in demand of 4%, which was calculated based on previous years trends. By the end of July 2023, demand had already reached a 4% increase since March 2023. **Chart 11** depicts the demand position over recent years with the step up in demand between March 2023 and July 2023. It is forecast that demand will reach an increase of 5% by the end of the financial year.

Chart 11 – Placement Demand



13. The change in numbers of clients since March 2023 is detailed in **Table 2** which shows most of the demand increases are being seen within the Older People client group and particularly within bed based (and therefore more expensive) care.

Table 2 – Change in placements between March 2023 and August 2023

	Client numbers - March 23	Client numbers - Aug 23	Change	% Change
Older People				
Nursing Care	518	561	43	8.3
Residential Care	729	803	74	10.2
Home Care	1,696	1,753	57	3.4
Extra Care	214	222	8	3.7
Direct Payments	191	195	4	2.1
TOTAL	3,348	3,534	186	5.6
Learning Disabilities				
Nursing Care	22	20	-2	-9.1
Residential Care	216	214	-2	-0.9
Home Care	108	111	3	2.8
Support Living	493	497	4	0.8
Shared Lives	72	71	-1	-1.4
Direct Payments	418	415	-3	-0.7
Day Care	333	358	25	7.5
Younger Adults	135	152	17	12.6
TOTAL	1,797	1,838	41	2.3
Physical Disabilities				
Nursing Care	50	53	3	6.0
Residential Care	41	44	3	7.3
Support Living	77	83	6	7.8
Shared Lives	11	11	0	0.0
Home Care	429	442	13	3.0
Direct Payments	305	313	8	2.6
TOTAL	913	946	33	3.6
Mental Health				
Nursing Care	80	74	-6	-7.5
Residential Care	199	198	-1	-0.5
Home Care	158	164	6	3.8
Support Living	143	151	8	5.6
Direct Payments	58	68	10	17.2
TOTAL	638	655	17	2.7
Overall Total	6,696	6,973	277	4.1

14. Charts 12 to 17 show the trends in types of placement since April 2020

Chart 12 – Change in placements – Home Care

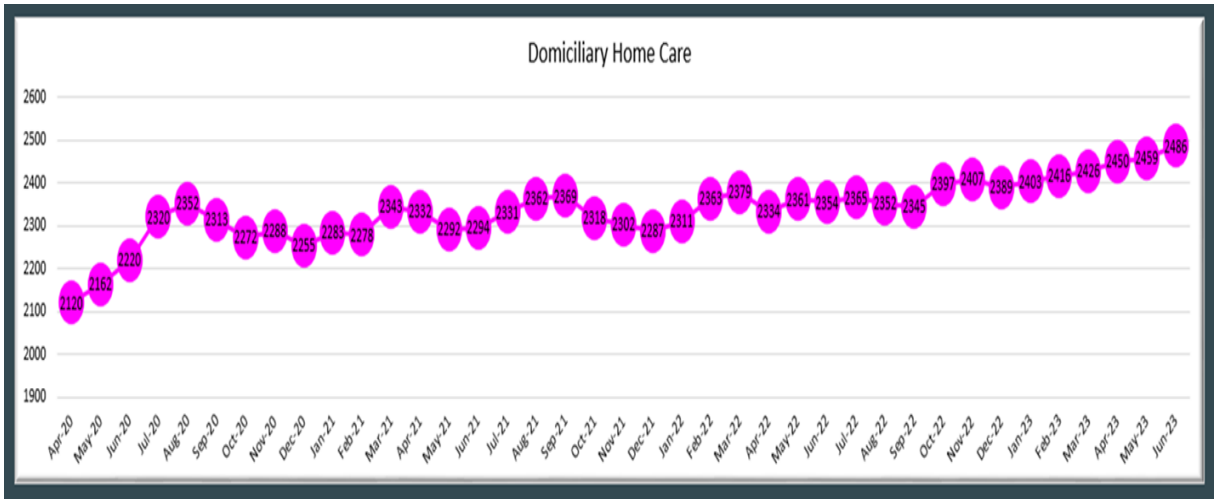


Chart 13 – Change in placements – Residential & Nursing

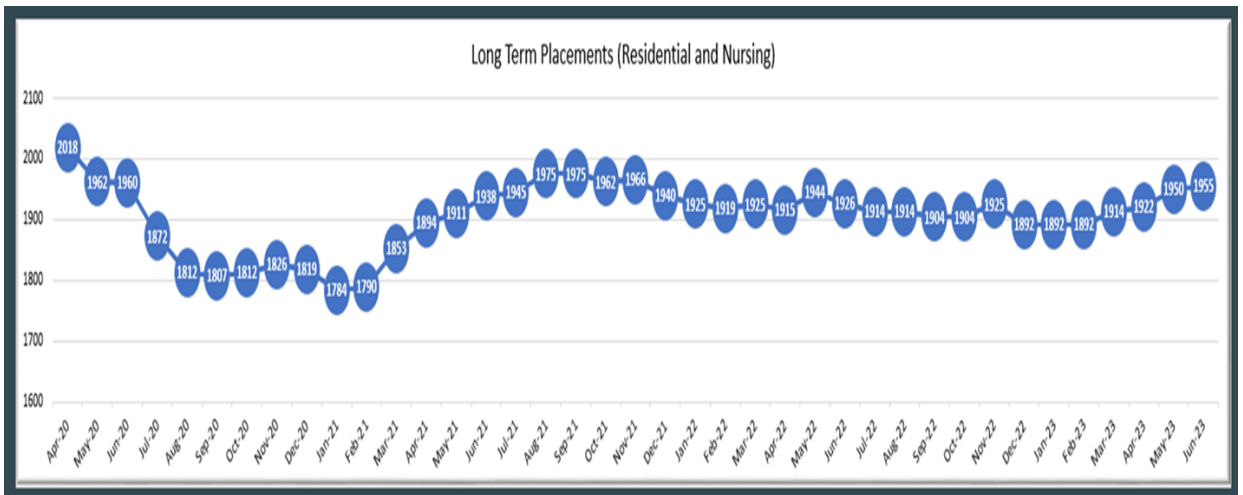


Chart 14 – Change in placements – Supported Living

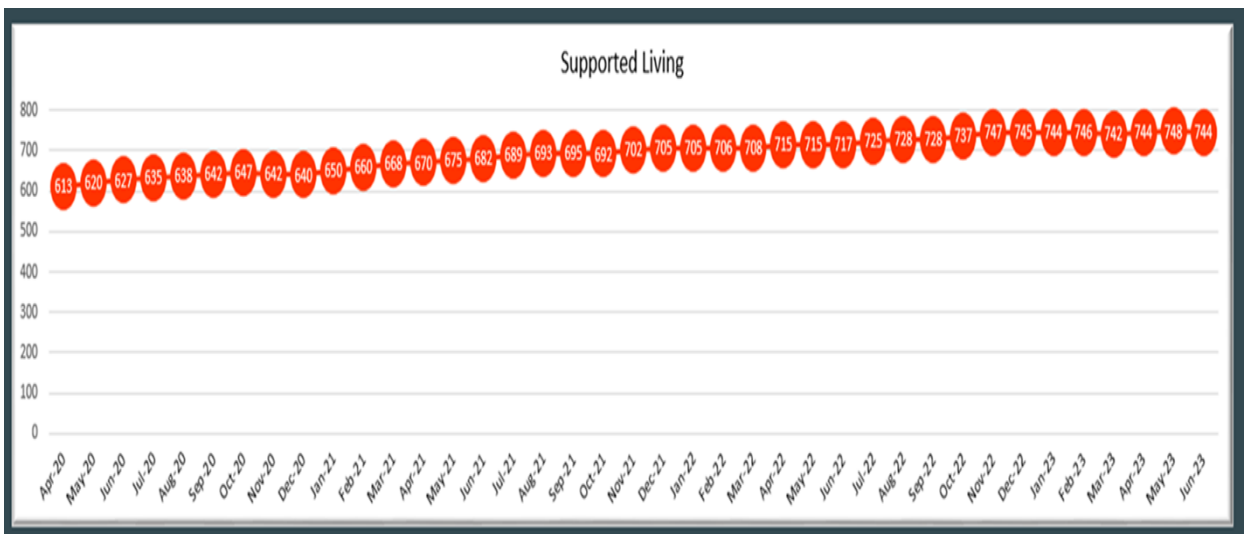


Chart 15 – Change in placements – Extra Care

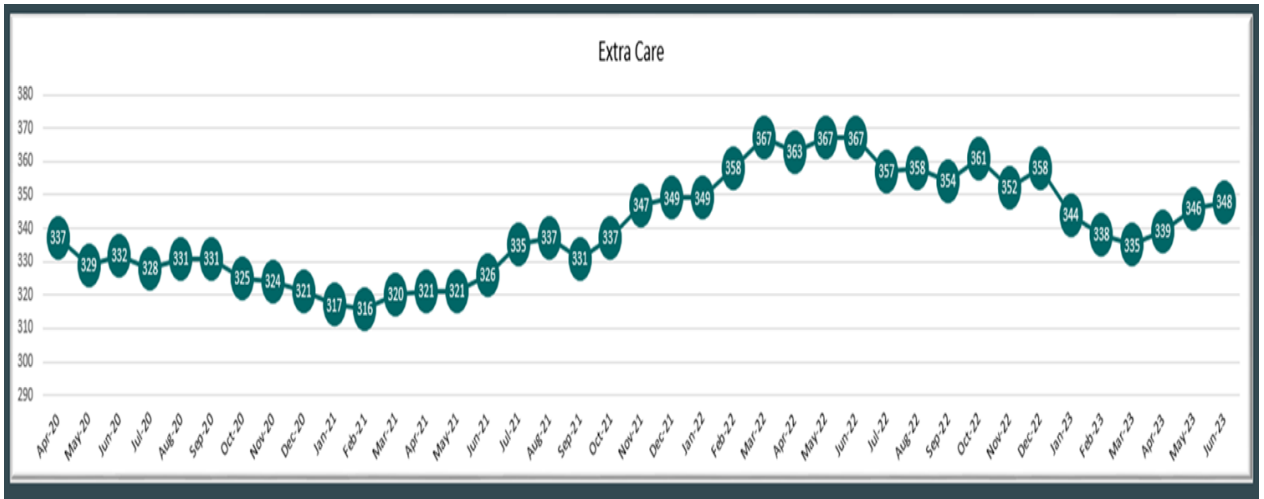


Chart 16 – Change in placements – Shared Lives

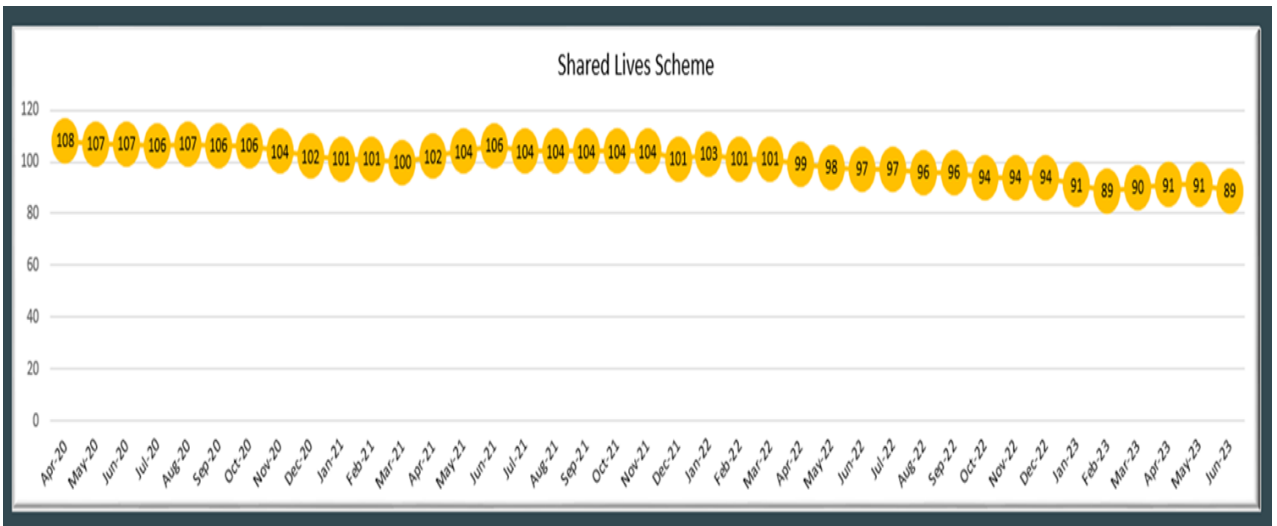
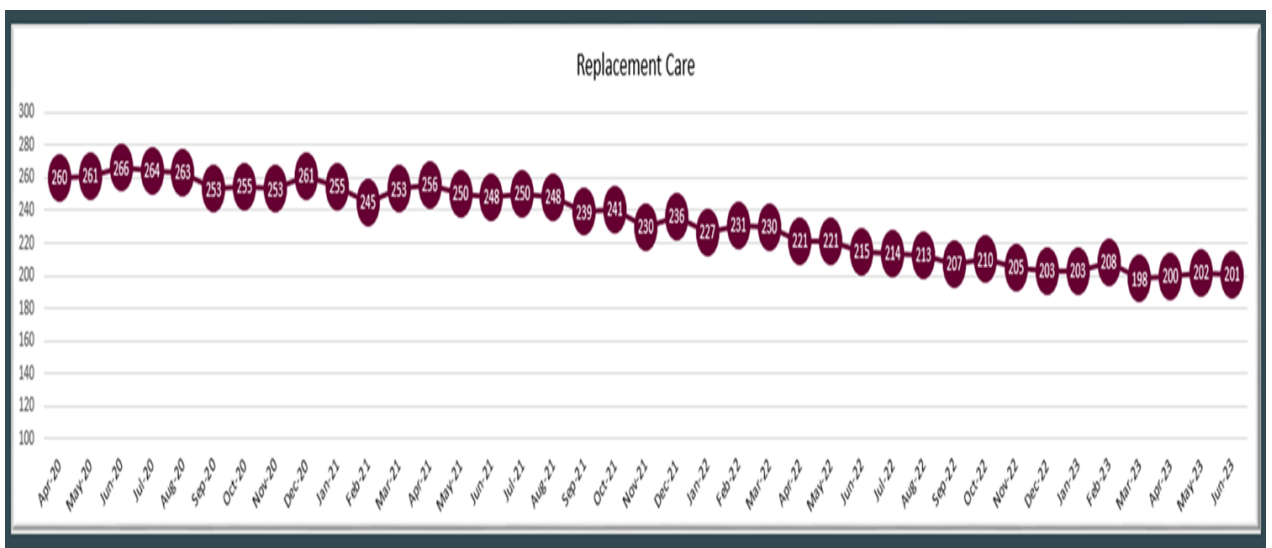


Chart 17 – Change in placements – Replacement Care



Section 4 - Financial impact on placement costs

15. Placement costs cover a variety of costed care for adults who are under the care and support of the local authority. These include direct payments where clients purchase their own care as well as placements that the local authority sources for them. **Table 3** shows how the spend in each of these areas has changed in the last two years along with our highest and our lowest weekly cost and the current average rate (as at August 2023).
16. The variation in unit costs makes forecasting based on averages quite difficult and as can be seen within Learning Disabilities we have Supported Living packages which range from £18.20 per week to £24,472 per week.

Table 3 – Trend in placement spend (net of client contributions) over the last 2 years compared to 2023/24

	2021/22 Outturn	2022/23 Outturn	2023/24 Forecast	Highest package cost (August 23)	Lowest package cost (August 23)	2023/24 Ave rate
Older People (OP)						
Nursing	15,438,875	14,016,931	15,608,505	6,197.52	483.48	920.73
Residential	16,352,513	18,039,015	18,033,384	3,212.60	495.29	805.70
Domiciliary Care	15,922,627	21,153,501	22,878,921	3,017.00	15.48	364.94
Extra Care	2,591,424	2,758,071	3,111,113	1,389.96	17.82	338.78
Direct Payments	3,050,922	3,845,251	3,405,096	2,041.47	51.72	420.83
Day Care	261,630	257,256	331,332	412.50	25.00	-
Other	-	-	84,058			-
Total OP	53,617,991	60,070,025	63,452,409			
Learning Disability (LD)						
Nursing	856,168	1,716,827	1,707,775	3,752.50	679.40	1,877.30
Residential	17,015,929	17,622,953	19,338,598	6,926.75	455.43	1,930.14
Domiciliary Care	1,476,888	1,878,733	2,089,272	2,590.56	41.28	422.66
Supported Living	25,582,664	27,000,392	31,758,932	24,472.50	18.20	1,353.10
Shared Lives	1,590,263	2,177,253	1,528,951	3,640.00	301.89	509.53
Direct Payments	7,433,453	8,320,397	8,471,906	4,803.00	15.39	489.93
Day Care	1,959,721	2,690,368	3,357,657	946.48	19.00	198.18
YAT	2,766,438	4,789,356	6,088,490	9,672.00	10.40	875.26
Total LD	58,681,524	66,196,279	74,341,581			
Physical Disability (PD)						
Nursing	2,025,160	2,222,793	2,573,126	2,790.12	544.06	1,146.80
Residential	2,026,339	1,584,413	2,270,359	2,947.62	529.00	1,228.33
Supported Living	2,196,382	2,975,605	2,943,289	2,760.80	18.20	791.37
Shared Lives	226,235	425,086	196,103	634.95	341.90	422.48
Domiciliary Care	4,389,919	5,634,325	6,629,460	2,423.87	12.51	327.64
Direct Payments	3,360,701	4,950,372	5,891,259	3,507.63	12.89	462.86
Day Care	127,285	177,582	227,154	486.00	25.00	-
Total PD	14,352,021	17,970,176	20,730,750			
Mental Health (MH)						
Nursing	4,007,384	3,783,264	4,388,611	5,672.29	539.68	1,695.43
Residential	6,975,601	7,490,211	8,066,198	5,499.84	342.44	1,211.06
Domiciliary Care	959,225	1,112,465	1,315,751	866.88	21.07	224.96
Supported Living	3,155,221	4,800,147	5,062,798	8,391.60	35.62	934.62
Direct Payments	442,681	609,587	754,621	1,138.03	11.47	281.30
Total MH	15,540,112	17,795,673	19,587,980			
Totals	142,191,648	162,032,153	178,112,720			

17. Our methodology for forecasting has proved reliable in recent years, though it is not immune to spikes in demand and unit costs. We use a 12-month rolling data set for forecasting both placement numbers, and average cost, for every single placement type. These are then combined into the forecast used in budget monitoring.
18. The current forecast for P5 (August) includes c£3.7m of new demand which is based on projections of new demand expected over the coming months along with clients we are aware who have been assessed to require a service which has yet to be purchased, along with reductions for clients expected to leave the service.
19. There are several people who move from children's services into adults each year. A few of them have unit costs more than £20,000 per week (c£1m per annum). Work is ongoing to review the care and support of these individuals as part of the All-Age Disability Strategy.

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 5 DECEMBER 2023

COMPLIMENTS AND COMPLAINTS FOR ADULT SERVICES

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel will receive a report on compliments and complaints relating to Adult Social Care Services for the period 1 April 2022 to 31 March 2023, which is an annual update provided to this Panel.
2. The Cabinet Member with Responsibility for Adult Social Care and the Strategic Director and Senior Officers from the Directorate for People and the Customer Services and Relations Manager have been invited to the meeting to respond to any questions the Panel may have.

Background

3. Worcestershire County Council (the Council) is required to produce an annual report of compliments, complaints and comments received concerning adult social care services, which is published on the Council's website and a copy of this year's report is attached at Appendix 1.
4. The information in this report includes the formal complaint and compliments process, data on the types of complaints, time taken to resolve and how many are upheld, those dealt with by the Directorate and those dealt with by the Consumer Relations Unit. It also includes an overview of numbers and themes.
5. Learning from complaints is vital to the continued development and delivery of Adult Social Care. When a complaint is received, the Consumer Relations Unit contacts the relevant Team Manager to see if the issue can be resolved informally. This is to reduce any delays in carrying out unnecessary investigations if a positive outcome for the person / complainant could be achieved within 24 hours.
6. If this is not possible and the complaint remains formal, then it is allocated to an appropriate manager for investigation. As part of the investigation the manager will firstly contact the complainant to confirm the key points of their complaint and any outcomes they are aiming to achieve. The manager will then review records and speak with staff involved to gather evidence and reach a conclusion as to whether the complaint should be upheld, and any actions required. This information is then shared with the Head of Service who reviews the information and any recommendations. Once approved, a letter detailing the decision and actions, along with the supporting rationale is shared with the complainant.

7. Where there is learning identified (for informal or formal complaints) for the individual worker, a specific service area or Adult Social Care as a wider organisation, an action plan is agreed with the Directorate/Consumer Relations Unit. This could be feedback to the individual worker, the topic being added to reflective practice sessions within teams, or a review of a policy or a pathway. The Council's new Quality Assurance Framework is in the final stages of development. This includes a new Quality Assurance Performance and Practice sub-group, which has been developed to ensure all learning opportunities are embraced.
8. Action Plans and themes, patterns and risks for all complaints are discussed to ensure that learning can be triangulated across all areas. The themes and learning identified for complaints are compared with those identified from other learning sources, such as Serious Incidents and Safeguarding Adult Reviews. Where consistent themes are identified, further actions are agreed and owned by a Lead Officer. The Principal Social Worker will also create Practice Briefings with updates on themes, learning and actions which are shared with all Adult Social Care staff via email and then discussed in Team Meetings to support the embedding of learning. To evidence that these actions have been completed, they are reviewed at the Quality Assurance Performance and Practice sub-group and the dates of action completed are noted on the log.
9. Where actions relate to training needs, the information is used to inform the Learning Needs Analysis, where the Directorate reviews existing training course content and develops new training offers. The Council has also adopted a Lessons Learnt model to identify a theme that has previously occurred to ensure the previous actions are reviewed to consider whether there is any new information or why this may have reoccurred, and a new action plan is then produced. Lessons Learnt are a fantastic way of engaging with workers and providers to reflect on current procedures and develop more effective ones for future use.
10. Provider Services also has a Quality Assurance System that involves analysing complaints and compliments to identify any themes and agree an action plan to address any areas for improvement and learning from good practice.

2022/23 Complaints

11. 6% of total number of complaints received in 2022/23 were escalated to the Ombudsman.
12. The number of complaints has increased in Adult Social Care from 233 in 2021/22 to 250 in 2022/23.
13. The primary areas of complaint are in assessment, support planning and resource allocation: this is the core business of Social Work and includes assessment, support planning and resource allocation. Within this area, the largest areas of complaint are around communication, decision making, and the standard of service provided.
14. There has been an increase in complaints regarding externally commissioned home care and services that fall under Mental Health and Financial Services.

15. Financial Assessments and Direct Payments is an area that has also seen an increase in complaint numbers. The financial assessment process is prioritised for people who have a Direct Payments, to promote timeliness of financial assessments.
16. There has been an increase in the number of complaints that relate to the standard of service received in the complainant's view. 65% of complaints received in 2022/23 (as compared to 58% in 2021/22) were related to standard of service which reflects an increase of 7%. Standard of Services includes service delivery, assessment of eligibility for services and timeliness in receiving services. Not all adults will be eligible for services from Adult Social Care following assessment. This can inevitably result in challenge and disagreement on how individual needs can be met. These are often emotive and challenging situations which can stimulate complaints where people do not agree with the practitioner's views or level of service received. A common issue is people's expectations on choice of care homes or delays incurred due to sourcing the right support, again leading to a complaint. Concerns may also be raised regarding a lack of empathy and compassion shown to service users, the standard of care received on domiciliary visits i.e., not staying for the full time allotted and the amount of attention given to residents.

Examples of Learning from Complaints

17. Examples of learning taken forward as a result of complaints received include external care providers being referred to the Council's Quality Assurance Team to review and address the concerns. A new provider was engaged, and a Communication Strategy for the changes was agreed. The Quality Assurance Team regularly devise Action Plans with providers to improve quality of care and then they monitor the improvements as a result.
18. As a result of a complaint received, Adult Services has developed a new appeals process to ensure that concerns regarding decisions made within Adult Social Care, follow a formal appeal process rather than come straight into the statutory complaint process. This will be published to provide clear advice and information on the Council's website as part of the Customer Journey workstream.
19. A recent large scale safeguarding concern led to a Lessons Learnt event, chaired by the Assistant Director. As a result, the Directorate is updating its Provider Concerns Process, considering the use of Organisational Abuse procedures and impact of such terminology, and ensuring there are clear pathways to follow. Engaging with the provider, staff, and stakeholders, led to immediate changes in ways of working, to positively change the experience of those involved in the next large scale safeguarding concern that occurred.

Purpose of the Meeting

20. The Panel is asked to:
 - Consider and comment on the information provided on compliments and complaints for adult services

- Agree any comments to highlight to the Cabinet Member with Responsibility for Adult Social Care
- Determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Adult Social Care Statutory Representations and Complaints Procedure
Annual report 2022-23

Contact Point

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of the Adult Care and Well Being Overview and Scrutiny Panel on 28 September 2022 and 15 November 2021

- [Weblink to Agendas and minutes of the Adult Care and Well Being Overview and Scrutiny Panel](#)

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

**Adult Social Care Statutory Representations and Complaints
Procedure
Annual Report
2022-2023**

Adult Social Care Services



**Compliments
Comments
Complaints**

Make your views known

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1. Purpose of Report

1.1 This is the Annual Report for Worcestershire County Council on the operation of the Representations and Complaints Procedure in respect of Adult Social Care Services from 1 April 2022 to 31 March 2023.

2. Background

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

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

3. Overview of complaints

3.1 Number of complaints received.

3.1.1 The number of complaints increased in Adult Social Care, increasing from 233 in 2021/22 to 250 in 2022/23. This is an increase of 7%. However, during 2022/23 there was a 4% increase in the number of people making a contact with Adult Social care compared to the previous year.

There were 8 informal complaints reported this year. (See appendix 1 for full data).

3.1.2 Some Social Care complaints, which do not relate to individuals or the services they receive, are dealt with through the Corporate process. This year 30 complaints were dealt with through the Corporate complaints procedure, mainly in regard to the standard of service received.

3.2 Ombudsman Complaints

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

- 15 complaints were received, and 16 were determined.
- Of the determined, 4 were upheld, and were found maladministration with injustice. 5 were closed after initial inquiries with no further action, 1 was upheld no further action, 1 was Report Issued Upheld with Maladministration and Injustice, 4 were closed after initial enquiries, Out of Jurisdiction and 1 was deemed a premature referral to the Ombudsman.
- The 5 upheld decisions and fault found, 4 were complainants who were dissatisfied with the response they had received to their formal complaint from Worcestershire County Council and 1 was dissatisfied as a result of a local resolution.

3.2.2 For the purposes of this annual report we have used the Council's figures. The LGO has published a report but accepted that their figures would not match the data collected by Local Authorities due to the timescale of decisions being reported. This is because a snapshot is taken at a point in time therefore dependent on the stage of a complaint at that point both sets of figures may never match.

3.3 What is being complained about?

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

a) Assessment, support planning and resource allocation

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

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

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

Finance is an area that has also seen an increase in complaint numbers.

3.3.4 There was an increase in the number of complaints that related to the standard of service received in the complainant's view. 65% of complaints received in 2022/23 (as compared to 58% in 2021/22) were related to standard of service and reflect an increase of 7%. Standard of Services includes service delivery, assessment of eligibility for services and timeliness in receiving services. Not all adults will be eligible for services from Adult Social Care following assessment. This can inevitably result in challenge and disagreement on how individual needs can be met. These are often emotive and challenging situations which can stimulate complaints where people do not agree with the practitioner's views or level of service received. Delays may also be incurred due to sourcing the right support, again leading to a complaint. Concerns raised regarding a lack of empathy and compassion shown to service users, the standard of care received on domiciliary visits i.e., not staying for the full time allotted and the amount of attention given to residents, not wearing the necessary Personal Protective Equipment.

A breakdown of the service areas is shown in Appendix 1.

3.4 Upheld Complaints

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

3.5 Learning from Complaints

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

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

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

3.5.4 These are some examples of learning this year:

What people have complained about	What action has been taken as a result
Complaint regarding care being provided	<p>In house provider managers addressed the issues with their front-line staff.</p> <p>A communication strategy was agreed with a new provider.</p> <p>Council continues its Quality Assurance Work with Provider through developing and monitoring the action plan in place.</p>
Service failed to provide a visit when required	<p>Additional training for staff that monitor the alerts to ensure they are actioning anything straight away. Explore the possibility of a report being generated to the management team to ensure that there is good oversight of this.</p> <p>Ensure we communicate with relatives to ensure any changes to calls that cannot be avoided.</p> <p>Ensure that missed calls are communicated to the families to enable them to support where appropriate.</p>
Concerns about ageism throughout the services, and poor treatment for those over a certain age. Negligent behaviours presented by all involved in the transition through the care process.	<p>Review of the information pack that is leave with people to ensure that it includes information regarding our processes and the levels of service that can be expected.</p> <p>Feedback will be given to the Social Worker and any learning shared with the wider team.</p> <p>All staff reminded of the need for a robust consideration of Mental Capacity in relation to decisions which may cause a person to be restricted.</p> <p>Shared response with our partners in Worcestershire Acute Hospitals NHS Trust in order that there is wider learning.</p>

3.6 Financial Redress

3.6.1 As an outcome of some of the upheld or partially upheld complaints Adult Social Care agreed to write off certain charges or make ex gratia payments. Payments this year totalled £6,378.81.

3.7 Time Limits

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

3.7.2. Of the Low-Risk complaints responded to, 79% were responded to within timescale; for Moderate Risk complaints 58% were responded to within timescales. However moderate complaints tend to be more complex and cover more than one service.

3.8 Advocacy

3.8.1 There were 6 complaints this year supported by an advocate. This service can help you understand the care and support process.

Help you challenge decisions about your care and support if you do not agree.

Support you to make a complaint about social care.

3.9 Compliments and Comments

3.9.1 There were 237 compliments received this year.

122 were received via e-mail, 23 in person, 14 by leaflet, 16 by letter, 57 by telephone and 5 via the Council's website.

3.9.2 The majority of compliments are regarding exemplary assistance from staff, and the standard of service provided. There has been an increase of 7% from 2021/22.

Detailed information is contained in Appendix 4

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

The Consumer Relations Officer, (Adult Social Care Services)
Telephone: 01905 846365
Email: representations@worcestershire.gov.uk

Consumer Relations Unit
County Hall
Worcester
WR5 2NP

This document can be made available in other languages and alternative formats (large print, audio tape, computer disc and Braille) by contacting the Consumer Relations Unit on telephone number 01905 846365.

Appendix 1

Formal Complaints Process

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

Numbers of Adult Service complaints received.

Level	2021-22	2022-23
Low Risk	190	203
Moderate /High Risk	43	47
Informal	14	14
LGO	13	15
Total	260	279

Complaints by Service Area

Service Area	2021 -22	% Share 21-22	2022-23	% Share 22-23
Central Services	57	20%	61	21%
Commissioning	7	2%	3	1%
Learning Disabilities	17	6%	17	6%

Service Area	2021 -22	% Share 21-22	2022-23	% Share 22-23
Mental Health	19	7%	22	8%
Area Social Work Teams	78	27%	79	28%
Provider Services	74	26%	78	27%
Quality, Safeguarding, DOLS & Prisons	17	6%	15	5%
Urgent Care	12	4%	11	4%
YAT	6	2%	-	-
Total	287	100%	286	100%

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

Of the 250 complaints received 67 were by email, 6 were received via leaflet, 38 by letter, 1 via a survey, 40 by telephone and 98 via the Council's website.

The number of complaints received as a percentage of people receiving professional support or services within Adult Social Care as at 31 March 2023.

Team Group	Caseload
Area Teams	1.5%
Learning Disability Teams	1.0%
Mental Health Teams	3.0%
Other Teams	9.1%
Provider Services	16.0%

Nature of Complaints

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

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

	2021-22	2022-23
Adult Safeguarding	2	3
Breach of Confidentiality	5	3
Care Plan Assessment	1	-
Changes to call Times	2	1
CHC	1	-
Decision Making	-	3
Delay in Providing Service	2	6
Delay/Failure to Keep Informed	1	1
Direct Payments	8	8
Discrimination	1	-
DOLs	-	2
DPA Process	-	1
Financial	14	2
General lack of Communication	35	38
Health/Personal Care	-	1
Hospital Discharge	-	2
Inaccurate Information	2	8

	2021-22	2022-23
Info from Provider	1	1
Lack of or delay in providing assessment	1	-
Lack of Service	5	3
Late Calls	-	1
Medication	2	1
Mental Capacity Assessment	3	-
Missed Calls	-	1
No return of telephone calls	6	12
Other	1	1
Outcome of Decision/Assessment	5	1
Practice non-compliant with leg/process	2	-
Process dec/Res Alloc	4	3
Provider Mgt Admin	-	1
Purchasing Services	-	1
Staff Attitude/Behaviour	16	7
Staff/Training/Qualifications	1	-
Standard of Service Delivery	176	216
Support Planning	4	4
Unavailability of Staff to take Calls	-	1
Total	301	333

The majority of the nature of complaints is regarding the standard of service delivery. 54 of these related to area social work teams' assessment and 61 related to Provider standards of service.

Break down by Service area.

2022/23	Central Services	Commissioning	Mental Health & Learning	Area Social Work Teams	Provider Services	Quality, Safeguarding, DOLS & Prisons	Urgent Care
Brokerage Process	-	-	-	1	-	-	-
CHC	1	-	-	1	-	-	-
Decision Making	14	2	12	23	6	7	4
Direct Payments	5	-	-	4	-	-	-
Duty Care & Support Planning	-	-	6	14	11	4	2
Externally Commissioned Service	2	-	5	5	26	2	-
Finance & Financial Assessment	28	-	4	12	5	-	-
Lack of Service	-	1	-	1	-	-	-
Mental Capacity Assessment	-	-	1	-	-	-	-
Process	1	1	-	1	1	1	-
Safeguarding process	-	-	-	1	3	5	1
Staff Attitude/Behaviour	1	-	1	3	6	1	-
Standard of Service Delivery	28	-	21	36	47	6	1

2022/23	Central Services	Commissioning	Mental Health & Learning	Area Social Work Teams	Provider Services	Quality, Safeguarding, DOLS & Prisons	Urgent Care
Support Planning	-	-	1	-	1	-	-
Total	80	4	51	99	106	26	8

25 complaints were received relating to external care providers and 32 complaints were received relating to internal providers.

Appendix 2: Outcomes of Formal Complaints

Low Risk Complaints	2021-22	% Share 21-22	2022-23	% Share 22-23
Upheld	26	15%	19	19%
Partially Upheld	30	17%	24	24%
Not Upheld	45	26%	39	38%
Re-directed	3	2%	2	2%
Discontinued (includes referred to Safeguarding)	62	36%	17	17%
Withdrawn	6	4%	-	0%
Total	172	100%	101	100%

Low Risk complaints are relatively straight forward and relate to a single or a few issues that can be readily resolved. Some complaints were redirected, such as to other partner organisations or to the provider's own complaints process. Complaints can be discontinued due to consent not being received when required or no further contact received when further clarification is required.

Moderate Risk Complaints	2021-22	% Share 21-22	2021-22	% Share 20-21
Upheld	3	8%	-	0%
Partially Upheld	8	22%	11	44%
Not Upheld	4	11%	7	28%
Discontinued	17	47%	5	20%
Redirected	2	6%	2	8%
Withdrawn	2	6%	-	%
Total	36	100%	25	100%

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

High Risk Complaints

There were one High Risk complaint this year that was not upheld.

Appendix 3: Time Limit

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

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

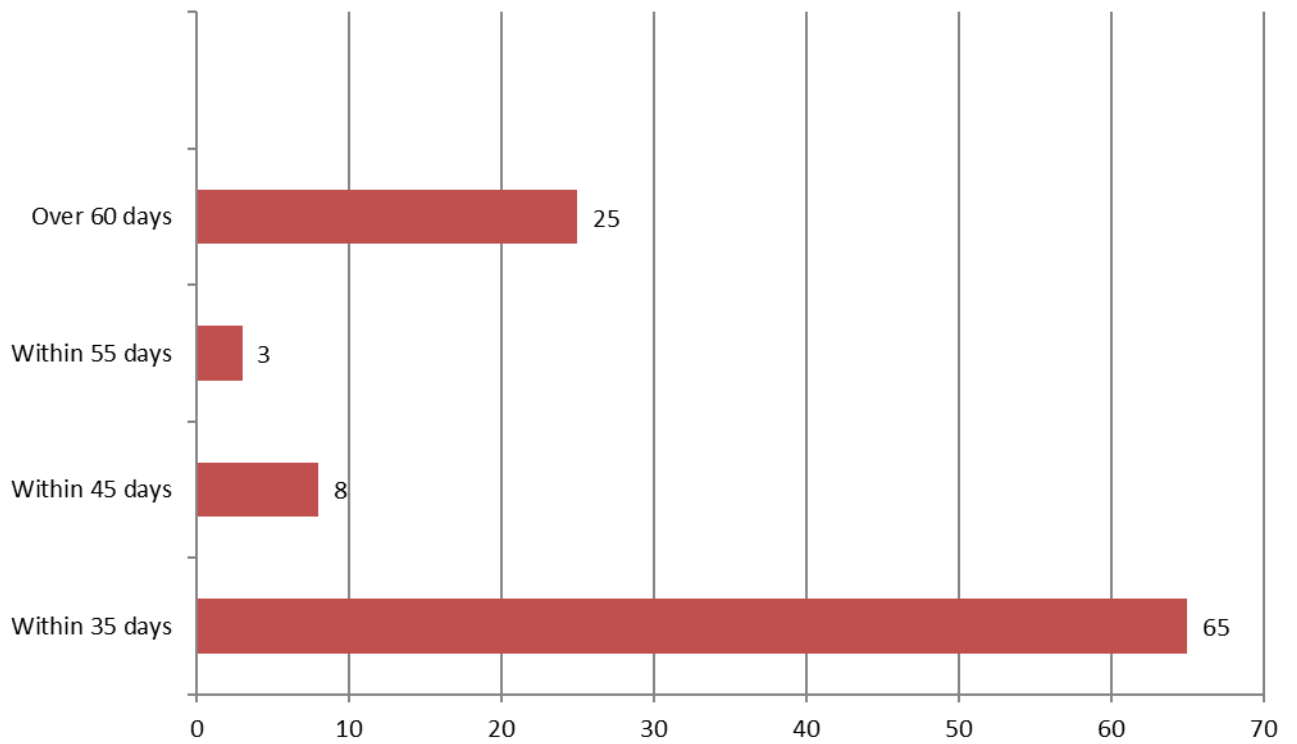
Low Risk Timescale

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

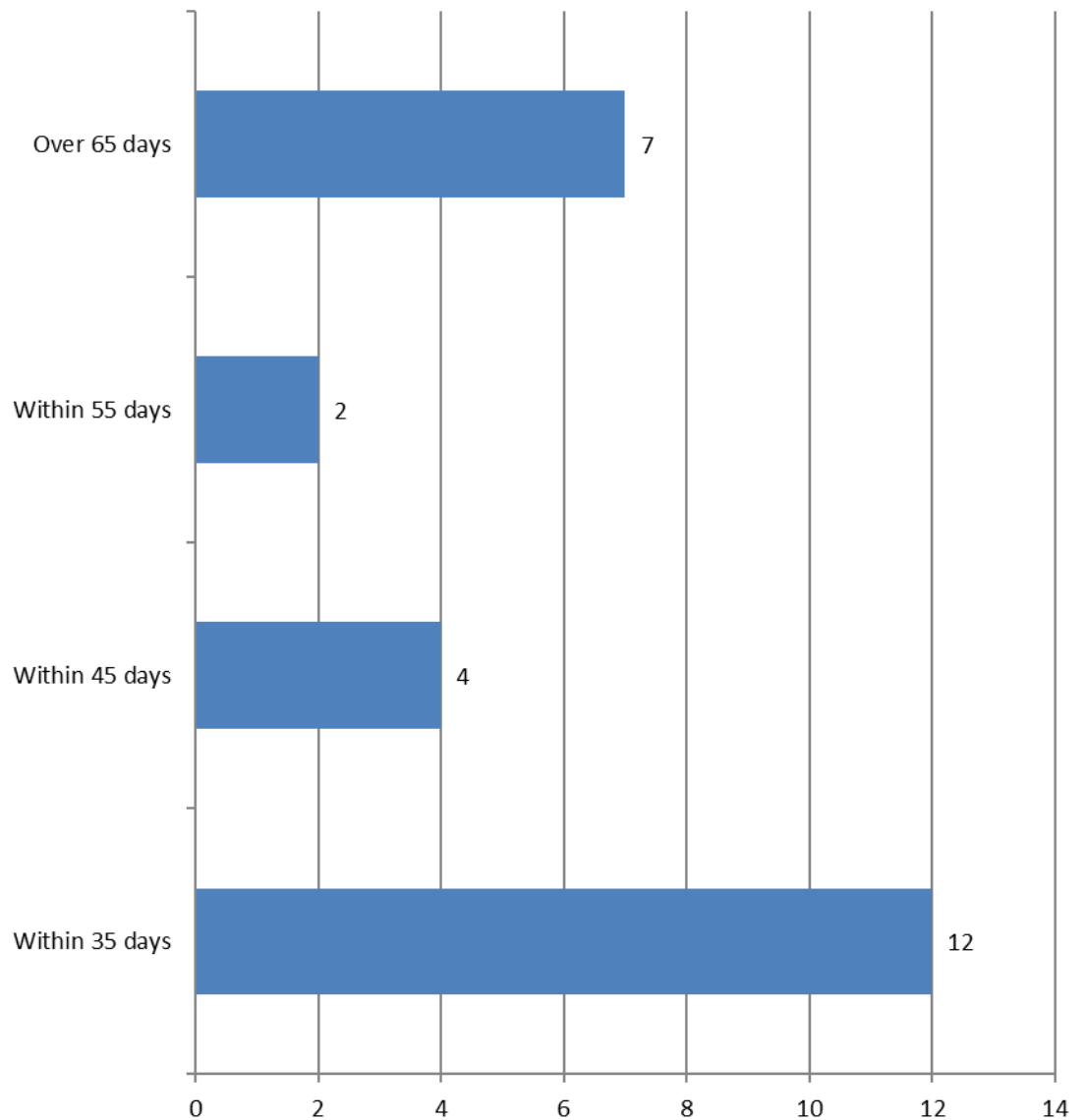
Moderate Risk Timescales

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

Low Risk Response Times 2022/23



Moderate Risk Response Times 2022/23



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

Appendix 4: Compliments and Comments

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

Comments

There were 27 comments received this year. 8 were received via email and 19 via the Council's website.

Service Area about which compliments were received.

	2021/22	2022/23
Central Services	10	10
Commissioning	1	1

	2021/22	2022/23
Mental Health & Learning Disabilities	39	40
Area Teams	68	97
Provider Services	92	63
Quality, Safeguarding, DOLS & Prisons	3	5
Urgent Care	9	21
Total	222	237

Of the 237 compliments received, 122 were received via e-mail, 23 in person, 14 by leaflet, 16 by letter, 57 by telephone and 5 via the Council's website.

The majority of compliments are regarding exemplary assistance from staff, and the standard of service provided. There has been an increase of 7% from 2022/23.

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

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

Examples of compliments received.

From a service user about a Social Worker:

"Thank you for the wonderful care you have given to my mom."

From a relative of a service user about a Social Worker:

"Thank you for your support you have stood beside me and my mum at a time when I felt very alone. You did not make assumptions or misinterpret my mum's presentation listening carefully to her history and behaviour traits."

."

From a service user about a Social Worker:

"Thank you so very much for all your work with us, you have been of enormous support to us all and we have felt you had a great understanding of our situation. You were always ready to help and explain and guide when needed, we have really appreciated that. You have also shown great empathy in our darkest times."

From a relative of a service user about a Social Worker:

"From the minute you became Mom's caseworker you went over and above to make sure everything was done in a timely manner. Nothing was too much trouble, you never made me feel as if I was a nuisance. You explained everything and put me at ease. Your actions mean more than I or my family can say, thank you."

From a service user about a Social Worker:

“Thank you’ for everything It has been a really difficult time, but you showed real compassion and I felt you were doing everything you could to turn a horrid situation into a really positive one.”

From a relative of a service user about a Social Worker:

“Thanks for listening and supporting me you have been fantastic.”

From a relative of a service user about a Social Worker:

“Thank you for the prompt care and attention given to us. At a very busy time for you I am impressed at your friendly service.”

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 5 DECEMBER 2023

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 2023/24 Work Programme has been developed by taking into account issues still to be completed from 2022/23, 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 28 April and was agreed by Council on 18 May 2023.

Dates of Future 2024 Meetings

- 22 January 2024
- 20 March 2024
- 20 May 2024
- 3 July 2024
- 7 October 2024
- 4 December 2024

Purpose of the Meeting

6. The Panel is asked to consider the 2023/24 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 2023/24

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board on 28 April 2023](#)

[Agenda for Council on 18 May 2023](#)

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

SCRUTINY WORK PROGRAMME 2023/24

Adult Care and Well Being Overview and Scrutiny Panel

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
5 December 2023	Performance (Q2 July to September) and In-Year Budget Monitoring		Including additional information on care packages (requested by OSPB on 26 July 2023 (as part of 2024/25 budget scrutiny)
	Compliments and Complaints for Adult Services	15 November 2021 28 September 2022	Annually
	How the Council works with Carers		Requested at 13 October 2023 meeting
22 January 2024	Scrutiny of 2024/25 Budget		Requested by OSPB on 26 July 2023
	Update on CQC Inspection Framework		CMR suggested at 13 October 2023 meeting
20 March 2024	Performance (Q3 October to December) and In-Year Budget Monitoring		
Possible Future Items			
TBC	Update on The Role of Adult Social Care in Complex Hospital Patient Discharges	7 November 2022 18 July 2022	
TBC	NHS Continuing Health Care (CHC) including any funding implications		Directorate Suggestion July 2022
TBC	Update on Direct Payments		Suggested at the 20 May 2022 meeting
TBC	Staff Vacancies and retention		Suggested at 28 September 2022 meeting
TBC	Liberty Protection Safeguards – awaiting national guidance on implementation		Panel member suggestion March 2022

TBC	Quality of Care Homes in Worcestershire		Healthwatch Worcestershire suggestion March 2023
TBC	Update on Assistive Technology in Care Planning	14 July 2023 and 14 January 2022	Requested at 14 July 2023 meeting
TBC	Worcestershire Strategy for Children and Young People with SEND (All Age Disability Strategy)	6 July 2023	Further update requested in 12 months
TBC	Integrated Care System Autism Strategy Development	6 July 2023	Further update requested once draft strategy available (est October 2023)
TBC	Worcestershire Learning Disability Strategy 2023-2028	6 July 2023	Further update requested in due course
TBC	Delivery of the All-Age Carers Strategy	6 July 2023	Further update requested in due course
April/May 2024	Update on How to access adult social care (the Adult Social Care Front Door)	13 October 2023	Requested at 13 October 2023 meeting
Standing Items			
March	Safeguarding Adults Annual Update	28 January 2021 15 March 2022 24 March 2023	Annually
September	Compliments and Complaints for Adult Services	15 November 2021 28 September 2022	Annually
November/January	Budget Scrutiny		Annually
March/July/ September/November	Performance and In-Year Budget Monitoring		Quarterly