

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Wednesday, 20 March 2024, 2.00 pm
County Hall, Worcester

All County Councillors are invited to attend and participate

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

DISCLOSING INTERESTS

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

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

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

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

WHAT MUST I DO WITH A DPI?

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

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

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

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

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

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

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

Not normally. You must withdraw only if it:

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

DON'T FORGET

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

Adult Care and Well Being Overview and Scrutiny Panel Wednesday, 20 March 2024, 2.00 pm, 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 19 March 2024). 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	Worcestershire Safeguarding Adults Board Annual Report 2022/23 (Indicative timing: 2:05 – 2.45pm)	1 - 34
6	Update on the Role of Adult Social Care in Complex Hospital Patient Discharges (Indicative timing: 2:45 – 3.25pm)	35 - 50
7	Demand and Efficiency Management - Adult Social Care (Indicative timing: 3:25 – 4.05pm)	51 - 56
8	Performance and 2023/24 In-Year Budget Monitoring (Indicative timing: 4:05 – 4.35pm)	57 - 86
9	Refresh of the Scrutiny Work Programme 2024-25 (Indicative timing: 4:35 – 4.50pm)	87 - 90

Agenda produced and published by the Assistant Director for Legal and Governance Legal, County Hall, Spetchley Road, Worcester WR5 2NP To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston telephone: 01905 844964 email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Monday, 11 March 2024

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 20 MARCH 2024

WORCESTERSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23

Summary

1. The Independent Chair and Board Manager of the Worcestershire Safeguarding Adults Board (WSAB) have been invited to discuss progress and developments in safeguarding vulnerable adults in Worcestershire, which will include the Board's Annual Report 2022/23.
2. The Annual Report includes details of contributions from each of the key partner agencies of the Board and these illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.
3. The Cabinet Member with Responsibility for Adult Social Care has also been invited.

Background

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

8. Discussion of the Annual Report provides the Panel with an opportunity to verify that systems across Worcestershire, including those of the County Council, are working well to safeguard Worcestershire's adults with care and support needs. Discussions also enable the Panel to keep up to date with safeguarding statistics and trends, and to explore any issues identified through Safeguarding Adult Reviews (SARs), and also through the Panel's own scrutiny work.
9. Worcestershire Safeguarding Adults Board Annual Report is also presented to the Health and Wellbeing Board.

Worcestershire Safeguarding Adults Board Annual Report 2022-2023

10. Worcestershire Safeguarding Adults Board Annual Report 2022-2023 is attached at Appendix 1, and is available on the Safeguarding Worcestershire website by following this link [WSAB Annual Report 2022 - 23](#)
11. The Annual Report provides an overview of the activity of the Board during the year. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period. The guidance provided by the Care Act clearly sets expectations for the minimum content for Safeguarding Adults Boards (SAB) and Annual Reports (Schedule 2.4 (1) a-g).

Safeguarding Adults Reviews (SAR)

12. The WSAB has continued to develop the Rapid Review process. Adhering to the requirements of the Care Act 2014, the process ensures representation from all agencies are involved at the earliest stage, along with the person, family, and carers, where possible. This facilitates more robust decision making on whether the SAR criteria are met and ensure that the learning is shared at the earliest opportunity.
13. Ten SAR referrals were received during this year. SAR criteria was met in 3 of these referrals and two of these were undertaken through a Rapid Review and one went through the full SAR process. The remaining two were received at the end of the year.
14. Three mandatory SARs were completed and signed off by the WSAB. These were:
 - a) Alison SAR
 - b) Dorothy SAR
 - c) Ruth SAR
15. Each of these SARs can be found on the dedicated SAR webpage [WSAB Locally Published SARs and Review page](#)

Board Objectives

16. Objectives for 2022/23 included taking forward work to address Exploitation, Rough Sleeping and the Lead Professional. The WSAB also continued to take forward its communication plan and build links across the Integrated Care Board (ICB).
17. A key achievement during the year was the introduction and implementation of the Complex Adult Risk Management (CARM) Framework. This was developed in response to multiple SARs advising on the need for a lead professional where multiple organisations are involved in work with an adult who has complex needs and engagement is difficult. [Link to CARM page](#)
18. During 2022/23 there were a total of 38 referrals to CARM. Of these 16 were appropriate to progress to a CARM meeting and have safety plans in place. The remaining referrals were progressed through other pathways including, self-neglect, adult safeguarding and for social care assessments. Issues sought to be addressed included access to mental health services, domestic abuse, homelessness and risk of eviction, substance misuse, the long-term management and support of self-neglect or hoarding. Improvements identified through a review of the framework include:
 - Improved networking and engagement of organisations best placed to provide support to the person.
 - Evictions have been delayed whilst further work is progressed thereby reducing potential homelessness / further mental health breakdown.
 - Alternative ways of working are identified rather than fixed procedures eg early/late appts to reduce anxiety / trigger points.
 - Risk is agreed and shared between agencies.
 - Practitioners are using CARM as part of their toolkit of response to complex cases.
 - Information gathering for DHR35/SAR has identified that agencies were communicating and there was a Lead Practitioner in place due to the CARM framework.
 - Reduction in 'revolving' door referrals.
 - Continuity and consistency for adults
19. Other achievements during the year include:
 - a) Development of Assurance Panels to bring more rigor and transparency in ensuring that the recommendations from SARs are implemented. The first of these panels oversaw the implementation of the recommendations from the Thematic SAR into the death of Rough Sleepers. Other panels are looking at Carers and the Dorothy SAR.
 - b) Provided challenge on the recommissioning of the Homelessness service overseen by Worcester City Council, via the Cardon Banfield foundation.
 - c) Taking forward the updated Self-Neglect and Hoarding policy, which was produced collaboratively with a range of stakeholders and is based on the approach of no wrong door. The updated Policy clarifies the support pathway and introduces the concept of significant harm requiring a S42 enquiry. A copy of the policy can be found here: [WSAB Self-neglect policy Link](#)

- d) A joint policy framework with Herefordshire (to cover the ICB area)
- e) Introduction and implementation of a comprehensive communication plan, of which notable actions include:
 - i. the development of podcasts addressing areas identified through SARs
 - ii. WSAB Website Local Learning Resources Page
 - iii. successful safeguarding week with virtual sessions and a joint learning event
 - iv. the sharing of themed SAR learning Briefings
 - v. awareness raising campaign on the CARM Framework and Self-Neglect and Hoarding Policy.
 - vi. Redesign of the WSAB website in collaboration with carers, people with lived experience and practitioners

Activity Data

20. The number of concerns reported during this business year (Table 4.1 of the Annual report) saw a slight decrease on the previous year, which saw a significant increase. Of those concerns raised there was a 10% increase of concerns raised which meet section 42 criteria. Further data information can be found in section 4 of the Annual Report (page 19 onwards).

Purpose of the Meeting

21. The Panel is asked to:
- Consider and comment on the Worcestershire Safeguarding Adults Annual Report
 - understand and discuss key safeguarding statistics from the WSAB Annual Report 2022/23
 - identify any further information needs or potential areas for scrutiny.

Supporting Information

Appendix 1 [Worcestershire Safeguarding Adults Board Annual Report 2022-23](#)

Contact Points

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Specific Contact Points for this report

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Background Papers

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

- Agendas and Minutes of the Adult Care and Well-being Overview and Scrutiny Panel on 24 March 2023, 15 March 2022, 28 January 2021
- Care Act 2014 Schedule 2 Safeguarding Adults Board

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

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Worcestershire Safeguarding Adults Board

Annual Report 2022/23

Worcestershire Safeguarding Adults Board

Final V1

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Document Control

Contact: Worcestershire Safeguarding Adults Board Manager

Location: Worcestershire Safeguarding Adults Board website

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Actions

Required Actions	Date
DRAFT V1 Presented to Chairs comments submitted by 24 th August 2023. Draft 1 Updated	15 th August 2023
Draft V2 Presented to Board	19 th September 2023
Sign Off (no further comments following Board)	26 th September 2023
Placed on website	October 2023

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Chairs Foreword

The 2022/2023 Annual Report of the Worcestershire Safeguarding Adults Board (WSAB), reflects and represents the hard work that the Board and its members have undertaken in the past year. Whilst fortunately for most of us, living with covid 19 is not a daily concern, for those engaged in the health and social care sector, its impact remains. The pandemic pushed an already stretched system to the very edge. The shortage of staff in the health and social care sector is becoming one of the most acute problems and is a significant risk to the system. Whilst resolving this is beyond the scope and influence of a safeguarding board, it is a reminder that staff continue to face extreme pressure and our admiration for these colleagues remains undiminished.

I must acknowledge the skill and dedication of the Board staff and Board members who have worked in various subgroups and teams to effectively discharge the business of the Board and drive forward new initiatives and policies with the aim of improving the safeguarding of vulnerable adults in Worcestershire. Of note is the development of the Lead Professional agenda, with the introduction of the Complex Adult Risk Management (CARM) framework. We have seen some excellent work undertaken by staff, led by the newly appointed framework lead.

The Board also approved a new Self-neglect and Hoarding policy, produced using a collaborative approach with a range of stakeholders from the statutory and voluntary sectors. We are now focused on the introduction of an Adult Exploitation Strategy.

The WSAB continued to work closely with providers of services for people who are homeless or sleeping rough through the establishment of an Assurance Panel with representatives from across the sector and their advocates, who assess responses to the recommendations of the review.

As a Board we also commissioned two animated podcasts, looking at scams and executive function. These are freely available across the sector via YouTube and form part of our wider learning and development programme.

Please take time to read this annual report. It demonstrates how various agencies are committed to providing better outcomes for some of the most vulnerable people in our communities. A significant task and one that grows every year as we learn more about exploitation and vulnerability in our society. Alongside commending the practitioners and managers who strive daily to deliver their very best for society's benefit, I also want to thank councillors and members of health boards, alongside members of the local community who give of their time usually in an unpaid capacity to help shape and promote the services we all use and show incredible support for safeguarding issues. Together we really are stronger and make a more positive impact.

Professor Keith Brown
Independent Chair of Worcestershire Safeguarding Adults Board

1.0 Introduction

In line with the Care Act (2014) guidance on Annual Reports the purpose of this report is to:

- Clearly state what the Worcestershire Safeguarding Adults Board (WSAB) and its members have done to carry out its objectives and strategic plan.
- Set out how the Board is monitoring progress against policies and intentions to deliver its strategic plan.
- Provide information on Safeguarding Adult Reviews (SARs). Reporting on what has been done to act on the findings of completed reviews.

2.0 Background

2.1 Purpose of the Board

The WSAB's primary role is to provide assurance that local safeguarding arrangements are effective, and partners act to help and protect adults in its area who:

- *have needs for care and support (whether or not the local authority is meeting any of those needs) and;*
- *are experiencing, or at risk of, abuse or neglect; and*
- *as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect*

The WSAB's vision is to provide assurance that adults with care and support needs are safeguarded from abuse or neglect. Partners work together to ensure that these people are empowered and kept safe from abuse or neglect; where abuse sadly occurs the WSAB acts to ensure that partner organisations respond effectively and proportionately, whilst adhering to the outcome focused principles of Making Safeguarding Personal (MSP).

The work of the Board is underpinned by the six safeguarding principles as defined in the Care Act (2014) guidance which are:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** - It is better to act before harm occurs.
- **Proportionality** - The least intrusive response appropriate to the risk presented.
- **Protection** - Support and representation for those in greatest need.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding.

2.2 Board Membership

The Board is made up of several key partner organisations in Worcestershire including:

- Worcestershire County Council Directorate of People
- West Mercia Police
- NHS Herefordshire & Worcestershire Integrated Care Board'
- Herefordshire & Worcestershire Health and Care NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- National Probation Service
- Regulatory Services
- Worcestershire Voices
- Representative from Worcestershire Housing Strategic Partnership
- Representative from Care Homes
- Representative from Independent Health Sector
- Representative from Carer reference group
- Representative from Advocacy Reference Group
- Representative from People with Lived Experience (PwLE)
- Lead Councillor for Adult Social Care
- Worcestershire County Council Directorate of Public Health
- Representative from Independent Health Providers
- Herefordshire and Worcestershire Fire and Rescue Service

2.3 Annual Budget and Financial Contribution

The annual budget is established through a financial contribution from statutory partners. The total partner contributions for 2022/23 was £134,450. The name of the agency and their contribution; shown as a percentage of the overall cost, is set out in table 2.1 below:

Table 2.1 – Financial Contribution by Statutory Partners

Agency Name	% Contribution
Worcestershire County Council	47.00
Herefordshire & Worcestershire Clinical Commissioning Group	41.10
West Mercia Police	11.90

The 2022/23 expenditure was £174,385 which is £39,935 over the total funding received. The majority of the overspend was predicted and covered through reserves, along with additional partnership funding from the South Worcestershire Community Safety Partnership and Public Health to develop a multi-agency response to the exploitation of adults with care and support needs. There was also an increase in projected salary costs due to the pay settlement and local changes in leave agreements.

The spend for 2022/23 can broadly be broken down under the following categories:

Staff and administration costs (including the Independent Chair)	£113,537
Special Projects (funded via reserves and other sources) <ul style="list-style-type: none"> • Exploitation Project (£6,613) • CARM Project Lead (£8,388) 	£15,001
Sub-group and task-group spend	
• Case Review (Safeguarding Adults Reviews)	£15,229
• Case Review (Database)	£5,287
• Learning Development Practice and Communications	£8,710
• Reference Group * (2021/22 & 2022/23 payments)	£7,750
• Regional Assurance Framework	£4,665
• Policy Reviews	£1,167
• Business Mileage	£1,423
• Other (Insurance, communications, equipment, licenses)	£1250
• Network meetings	£366
Total Spend	£174,385

Following previous years of underspend, 2022/23 finished at £72,193, which is broken down into £48,894 from funding partners and £23,299 of carry forward from Public Health for the aforementioned exploitation work.

The carry forward into 2023/24 has been allocated to continue developing the work around, the Complex Adult Risk Management (CARM) framework and exploitation of adults, delivering the communication plan, policy reviews, alongside continuation of developing the rapid review SAR process and SAR development project work.

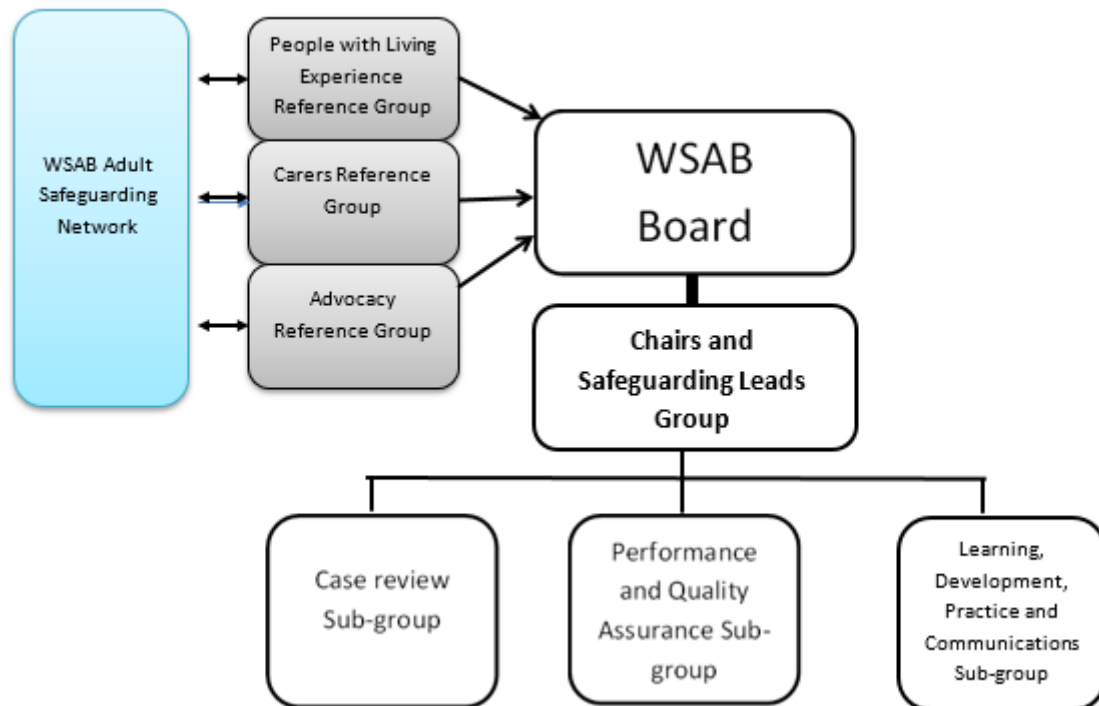
2.4 Delivery Model

Implementation of the Business Objectives is achieved through the work of the Board and its three sub-groups (Fig 2.1). Each year annual business objectives are identified through emerging themes from the data, findings from local and national SARs and Reviews, alongside a review of previous priorities.

Issues are also identified and raised at the Board via three reference groups, which facilitate the engagement of people with care and support needs, their carers and families with the work of the Board. There is a representative from each of these reference groups on the Board. They also link into a wider Adult Safeguarding Network.

The sub-groups develop individual implementation plans which outline the activities different stakeholders will undertake to ensure that the annual business objectives will be met. These are reviewed at Board on a quarterly basis.

Fig 2.1 Board Structure



2.5 Business Objectives

There the objectives identified in the 2022/23 business plan were:

Continuing to take forward work around Wicked Issues from previous business plans, particularly

- Exploitation
- Rough Sleeping
- The Lead Professional

Developing and Implementing a Communication Plan

Building Links with Herefordshire to support the development of the integrated Care System

Monitoring the impact of the difficulties in staff recruitment across the Health and Social Care system

There was also an objective to monitor the implementation of the Liberty Protection Safeguards, however this is currently on hold whilst we await further

Table 2.2 gives a summary of the annual objectives and details or achievements.

Table 2.2 – Achievements	
WSAB Objective	Achievements
Continue to take forward work around 'wicked issues'	<p>Exploitation A consultant was appointed to develop a strategy. The consultant held meetings with stakeholders and facilitated two workshops. One with voluntary sector representatives, the other with key stakeholders. A draft strategy has now been produced and is out for wider consultation with the ambition of it being signed off during the 2023/24 business year.</p> <p>Lead Professional The WSAB led on the development and implementation of a Complex Adult Risk Management (CARM) framework, which was launched in May 2022. (More details below in separate CARM section).</p> <p>Homelessness and Rough Sleeping The WSAB continued to work closely with providers of services for people who are homeless or sleeping rough. An assurance panel, which includes representation from these providers, assess responses to the recommendations of the Thematic Review into people who sleep rough. Minutes of the meetings can be found Link to WSAB Self-Neglect website page, along with a copy of the review and other information on working with people who are homeless or sleeping rough. In addition, the WSAB is currently reviewing its SAR process to ensure that there are clear expectations on the review process that needs to take place following any future deaths of Rough Sleepers.</p> <p>Self-Neglect and Hoarding The WSAB also signed off its updated Self-Neglect and Hoarding Policy. This revised guidance was produced through a collaborative approach, with a range of statutory and voluntary sector stakeholders, across Herefordshire and Worcestershire. It is for practitioners (both paid and voluntary) who have contact with people who persistently self-neglect, including those displaying hoarding behavior and people who sleep rough. Based on the approach of no wrong door, it clarifies the support pathway and introduces the concept of significant harm requiring a S42 enquiry. A copy of the policy can be found by following this WSAB Self Neglect Policy.</p>
Developing and implementing a communication	Led by the Learning Development and Practice Sub-group the WSAB introduced its first comprehensive communication plan. This set out to

<p>plan</p>	<p>raise awareness of safeguarding issues and the work of the Board over the year. Notable achievements include</p> <ul style="list-style-type: none"> • the development of podcasts addressing areas identified through SARs which can be found by following these links WSAB Website Local Learning Resources Page • a successful safeguarding week with virtual sessions and a joint learning event with the ‘Learning from Lives and Deaths of People with a Learning Disability and autistic people’ panel (LeDeR) • the sharing of themed SAR learning Briefings, • a sustained awareness raising campaign on the CARM Framework and Self-Neglect and Hoarding Policy. • Refreshed Making Safeguarding Personal Leaflet Link to leaflet • Design of a demystifying safeguarding leaflet Link to leaflet <p>The WSAB website was also subject to a redesign, in collaboration with carers, people with lived experience and professional. There is now an entrance point for each of these groups which takes them to the information they identified as that they are most likely to require the link to this page can be found here. Link to page Other pages on the website were also built to increase the level of information we provide on specific safeguarding issues.</p>
<p>Building Links with Herefordshire to support the development of the integrated care system;</p>	<p>With the introduction of the Integrated Care Board (ICB) and System (ICS) the footprint of the ICB and the Health and Care Trust expanded across both Herefordshire and Worcestershire. West Mercia Police’s reach also covers these two counties, alongside Shropshire and Telford. Both the WSAB and Herefordshire Safeguarding Adults Board (HSAB) adopted a joint policy framework which sets out the approach for developing shared policies, where feasible. Link to Joint Policy</p>
<p>Monitoring the impact of the difficulties in staff recruitment across the Health and Social Care system</p>	<p>At the beginning of the year, in recognition of the difficulties which the Health and Care sector were experiencing in recruitment and retention of staff, the WSAB agreed to regularly monitor the situation, and receive regular updates on actions the sector were undertaking to address this concern. As the year progressed other issues also arose which impacted on this situation, including the industrial action which was taking place across the Health Sector. The WSAB received regular updates on how the sector were addressing this situation so that risks, particularly to safeguarding, were mitigated where possible.</p>

Complex Adult Risk Management (CARM) Framework

The CARM framework, launched in May 2022, sets out a clear approach for multi-agency meetings when working with people with complex needs who are at risk of abuse or neglect but don’t meet other social care or safeguarding criteria. Details of the framework can be found by following this Link. [CARM document and information](#)

The CARM was established in response to recommendations from Safeguarding Adults Reviews which advised that a Lead Professional needs to be identified in cases where there are multiple organisations involved and it is difficult to engage with the person. In October

2022 a Project Lead, was employed one day a week to help embed the framework.

During 2022/23 there were a total of 38 referrals to CARM. Of these 16 were appropriate to progress to a CARM meeting and have safety plans in place. The remaining referrals were progressed through other pathways including, self-neglect, adult safeguarding and for social care assessments.

Issues which were sought to be addressed during the CARM planning meetings include access to mental health services, domestic abuse, homelessness and risk of eviction, substance misuse, the long-term management and support of self-neglect or hoarding.

Practitioners attending the CARM meetings include Housing, Police, Probation, District Councils, WCC Teams, Care Providers, NHS Acute Trust, District Nurses, Surgeries / Medical Practices, Voluntary Agencies, Health & Care NHS Trust and charities. A Lead Practitioner has been identified from these organisations in most of the CARM referrals. In the two which weren't the CARM project lead has ensured that they move forward.

The CARM project lead has also held a series of online briefings over the year explaining its purpose and process. The sessions are available to all organisations across the county and have been attended by 401 people.

3 Review of Activities 2022/23

3.1 Care Act Requirements

Care Act Guidance requires Safeguarding Adults Boards and the statutory partners to provide an account, through the Annual Report, of how they ensure that Care Act duties are both effective and meaningful, to ensure that local safeguarding systems and processes reflect the vision, principles, and requirements of the Act.

3.2 Work of the Board

Board processes are now well established and structures to engage with people who have experience of health and social care services, their carers and advocates are now in place through our different reference group. We also have an Adult Safeguarding Network group. This network is open to all sectors and services across the County that deliver services for adults with care and support needs. The network met twice virtually this year. Further information on the network can be found here [Link to information on WSAB Safeguarding Network](#)

3.2.1 Safeguarding Adults Reviews (SAR)

Mandatory SARs must be commissioned when:

- There is reasonable cause for concern about how services, worked together to safeguard an adult, and
- The adult has died, and it is known or suspected that the death resulted from abuse or neglect

or

- The adult is still alive, and it is known or suspected that the adult has experienced serious harm.

Safeguarding Adult Boards (SABs) can also commission a 'discretionary SAR' in other situations involving an adult with care and support needs, where there are clearly identified areas of learning, practice improvement or service development which have the potential to significantly improve provision of care and support, and this cannot be achieved by other review procedures. The capacity of the SAR subgroup and agencies to manage such a review would have to be considered.

A SAR is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently, that could have prevented harm or a death from taking place to prevent future harm or death from occurring. It also highlights and seeks to share good practice.

The purpose of a SAR is to critically review whether:

- The services involved and establish whether they were provided in accordance with current policies, procedures, and professional standards.
- The policies and procedures enabled the services to work together to the benefit of the individual.

And importantly, if any matter had been completed differently the outcome would have been to the advantage of the individual.

3.2.2 SAR Methodologies

Rapid Review

This year the WSAB has continued to develop the Rapid Review process. The WSAB has adapted a process, initially introduced for Local Safeguarding Children's Partnerships, for working on reviews into the care and treatment provided to adults. Adhering to the requirements of the Care Act 2014, the process ensures representation from all agencies are involved at the earliest stage, along with the person, family, and carers, where possible. This facilitates more robust decision making on whether the SAR criteria are met and ensure that the learning is shared at the earliest opportunity. Concerns had been

raised regarding the number of SARs commissioned previously so, two independent consultants were commissioned to chair these meetings, providing challenge and support.

As a result, it has been possible to agree recommendations to improve systems and share learning more quickly and there has been a positive cost benefit with a saving of approximately 25% in comparison to following the original SAR protocol for all referrals.

3.2.3 SAR Referrals

During 2022/23 10 referrals were received by WSAB and the following decisions made:

- SAR criteria were not met in relation to five referrals.
- SAR criteria was met in three referrals. It was agreed that the rapid review process was appropriate for two of these, with the third being an extended SAR. The two rapid reviews are in progress. The extended SAR is awaiting author procurement.
- Two recent referrals have rapid review meetings pending.

3.2.4 SARs completed during 2022/23

Three mandatory SARs were completed and signed off by the Board at the end of March 2023.

- One mandatory Rapid Review SAR was published and can be found using the following link: [Alison SAR](#)
- One mandatory SAR was completed as a full SAR report, but only the executive summary will be published as soon as final engagement with the family has taken place.

One mandatory SAR was completed in the previous year but was awaiting publication due to a complaint which was not upheld This SAR involved a Care Home. Details of the SAR can be found using the following link: [Dorothy SAR](#).

3.2.5 SARs: Changing Practice through Learning and Action

SARs seek to determine what the relevant agencies and individuals involved with the person's care and treatment might have done differently to prevent the harm or death. The reviews involve developing recommendations to promote effective learning and improvement actions. It is understood that professional practice occurs within the context and culture of the wider multi-agency safeguarding system, therefore, recommendations and associated action plans focus on improving the safeguarding system. Capacity within the team supporting the Board remains an issue, however, progress has been made in the monitoring process to ensure the assurance from subgroups and agencies that agreed actions are being progressed. The Board Business Support team are continuing to address this, and it remains a priority.

Areas for improvement identified in the three SARs signed off by the WSAB during this year included.

Making safeguarding personal (MSP) / CARM Framework:

- Improve engagement of individuals who decline support, engagement of CARM framework*.
- Importance of holistic approach.
- Professional curiosity particularly where the vulnerable person may be reluctant to engage.

Multi-agency working / CARM Framework:

- When considering individuals multiple and complex needs, ensure multi-agency approach to include lead professional, multi-agency meetings and jointly owned action plans*.

Mental Capacity & Self-Neglect:

- When considering mental capacity, a person's executive capacity should also be considered

*The Complex Adults Risk Management (CARM) framework launched in May 2022 seeks to address these issues and further briefings throughout 2022/23 have taken place

One multi-agency action plan, which encompasses the recommendations made for a SAR on 'Neil', has been signed off: [Link to Neil Learning Brief](#)

Six single agency action plans were also signed off during 2022/23

3.2.6 Annual Learning Event – Joint Event with the LeDeR

In 2022 the WSAB held a Joint annual learning with the Learning from Lives and Deaths Reviews (LeDeR) program. It was the first learning event for the WSAB which engaged people with lived experience (PWLE). The event explored the safeguarding experiences of people with learning difficulties, including findings from SARs and LeDeR reviews and provided an opportunity for participants to share their experience and concerns with service providers and commissioners of services.

The findings from the event were recorded via a graphic facilitator and an overview can be found on the WSAB website by following this link: [WSAB Annual Learning Event 2022 Graphic Recording](#)

Following the event, a Task Group was established to take forward the findings from this event, these include developing resources which can support the improvement of service provision such as:

- mapping services,
- designing checklists/quality standards for practitioners and service users

The Task Group also identified several concerns in the current pathways which present a potential risk to the safety of people with learning disabilities, which they shared with WSAB. These included:

1. Allocation of a named Social Worker.

Whilst there have been improvements over recent years, some people still don't have a named social worker, or they are changed frequently due to turn over in staff. This often means they are unsure of where to ask for help from resulting in a delay which can sometimes mean a risk increases.

*It is important to note that since the learning event this has been rectified and the team that supports people with learning disabilities is now fully staffed. Prior to this they ensured that there were systems and mechanisms to respond promptly to those who didn't have a named worker.

2. Increase in professional distance

The increase in online appointments and triage systems, particularly following covid, can create confusion and avoidance of asking for help. Many people with a learning disability find themselves sat waiting for a return call for a few hours, which can make it difficult for them to ensure that an advocate is with them when the call comes in. They also find that they are constantly repeating their story and are often not sure who to.

3. Waiting lists for Diagnosis Assessments.

Whilst people are waiting for assessments and diagnosis, they are often not receiving formal support, which can increase the risk of exploitation as well as mental health issues. During this wait they also do not have access to any additional benefits, which can make them anxious and isolated.

3.2.7 National Safeguarding Week.

Over recent years the WSAB have actively delivered local events during the National Safeguarding Week each November. The week has been used to get key messages out to professionals and practitioners about the services, resources and policies which can support them in safeguarding the adults with care and support needs that they work with. This year we focused on the role of the Self-Neglect and Hoarders Policy and the Complex Adults Risk Management (CARM) Framework, which included the CARM project lead holding a series of briefing sessions.

3.2.8 Annual Assurance Statement

Statutory member organisations of SABs are required to undertake an annual assurance review of how they have worked to meet the Care Act requirements and deliver the Board's priorities. Initially, following the introduction of the Care Act, statutory partners assessed themselves against a set of standards and provided evidence to support these statements. The Performance and Quality Assurance (P&QA) sub-group provide oversight of this process.

Over the years this approach has been adapted to avoid repetition and duplication as many organisations must provide similar information to their regulatory bodies for their internal quality frameworks along other SABs where there are wider boundaries (e.g the ICB covers two counties). In 2023 the WSAB signed up to a regional framework which covers both Adults and Children's safeguarding. Locally organisations will complete the online template in the Autumn of 2023, and this will be reviewed and inform the 2024/5 improvement plan. A report on the outcomes of this will be provided in next year's annual report.

3.2.9 Collaboration and Co-Production

As part of its approach to Making safeguarding Personal (MSP), the WSAB have continued to build on its commitment to working collaboratively with People with Lived Experience and the services that support them. Representatives from the reference groups continued to build on their participation into the work of the Board. Alongside continued involvement into the design of promotional and learning material, there has been greater engagement of reference group representatives in the assurance role of the WSAB.

i) Assurance Panels

Building on the Assurance Panel approach, adopted to oversee the implementation of the Thematic SAR into Rough Sleeping recommendations, additional assurance panels and theme groups were established during 2022/23 to assess the response to recommendations in other SARs. Panels have been established to examine responses from reoccurring themes including Multi-Agency Working, Self-Neglect and Carers. The assurance panels membership draws on expertise from the sector and people with lived experience, providing a framework through which they can challenge current approaches and influence change.

ii) Review of PWLE approach

During the year the WSAB, through the Learning Development Practice and Communication (LDP&C) sub-group, undertook a review of its approach to engaging People With Lived Experience (PWLE) in its work. This has developed organically, with the lead on how to undertake this work being driven by participants. Whilst there were no concerns regarding the approach, the WSAB wanted to identify any areas which could be built on and improved. Following the review, several recommendations were identified which will inform an improvement plan to be taken forward over the next business year.

A key part of this improvement plan is developing the role of the Adult Safeguarding Network. Following the end of lockdown this Network resumed in-person meetings, which have been well received. At these meetings the WSAB provide regular updates on the work of the WSAB, alongside presentations on services, organisations and policies which play an important role in adult safeguarding. Following the review of the PWLE approach this network will also provide a valuable link to their service users, who through their

support, will provide further input into the work of the WSAB.

Details of the network, along with presentations from the meetings, can be found by following this [Link to WSAB network page](#).

3.2.10 WSAB Publications and Guidance

i) Policies and Guidance

During 2022/23 the WSAB adopted a Complex Adult Risk Management Framework. Details of the framework along with other information to support and advise the process can be found by following this link: [WSAB CARM Framework](#)

The Self-Neglect Policy was also reviewed and updated in response to recommendations and learning from several Safeguarding Adults Reviews. This revised guidance was produced through a collaborative approach, with a range of statutory and voluntary sector stakeholders, across Herefordshire and Worcestershire. Based on the approach of no wrong door, it clarifies the support pathway and introduces the concept of significant harm requiring a S42 enquiry. Details of the Policy can be found by following this link: [WSAB Self-Neglect and Hoarding Policy](#)

Details of all the WSABs Policies and Guidance can be found on the following page : [Link to WSAB Policies and Guidance](#)

ii) Guidance and Briefings

Alongside the publication of Safeguarding Adults Reviews the WSAB also published a series of briefings based on common themes. These set out a summary of the learning found in relation to the theme, including links to relevant SARs, alongside links to useful resources. Links to the briefings can be found by following the links below:

- [Self-Neglect Briefing](#)
- [Mental Capacity](#)

In addition, we also produced and published some information documents explaining the purpose and process of undertaking a review. These can be found in the introduction of the following page: [Information on SARs](#)

iii) Podcasts

The WSAB have also been producing a series of podcasts looking at the Mental Capacity Act. Designed in collaboration with people with lived experience, they aim to provide an overview of the legal frameworks and provide advice on things to consider when applying them. At the end of last year, we published two on the Mental Capacity Act and Best Interest Decisions. We also produced a podcast advising on Scams and how to prevent them. All these podcasts can all be found on the following page : [Link to WSAB Podcasts](#)

3.3 Organisational Contributions

Contributions from Statutory Partners to support the delivery of WSAB objectives include:

Objective 1: Developing and implementing a WSAB communication plan

All partners have supported this objective ensuring that information produced by the WSAB is disseminated across their organisation in a timely way. This has included

- Sharing information on new or revised policies and the CARM framework, including briefings and details of training events
- Sharing briefings produced by the WSAB, including the daily briefings for Adult Safeguarding Week.
- The Acute Trusts intranet A-Z now contains a link to the WSAB website.

Objective 2: Taking forward the work around 'wicked issues' focusing on

Rough Sleeping

- The Integrated Care Board (ICB) Homelessness Liaison Pathway Officer has a clear workplan in place with priorities around supporting people to live independently and mental health and wellbeing.
- The ICB Mental Health Collaborative is well established and delivering against its plan
- Health organisations and the County Council are committed to delivering the recommendations in the Thematic SAR on Rough Sleeping and steady progress is being made.
- Adult Social Care are reviewing and revising their recording of data to ensure that they can better capture the number of rough sleepers and homeless referred to their services.
- The Acute Trust are ensuring that they have robust data on rough sleepers and the homeless and regularly review the Homelessness Liaison Pathway work.

Exploitation

- All partners have been actively engaged in the development of the Exploitation Strategy
- Adult Social Care have reviewed their safeguarding model, including how they capture data so that they can identify patterns and trends, including identifying exploitation.
- The Acute Trust, acknowledging their unique position to identify people who have been exploited, now have a named professional meeting where they regularly review people from key groups who are at risk from modern slavery
- West Mercia Police have drawn on their experience in other areas to support,

advise and share good practice or learning in relation to exploitation, including ensuring we that all areas adopt the forces definition and sharing their specialist training with other organisations.

Lead Professional

- All organisations have actively supported the implementation of the CARM framework, including sharing the briefings and encouraging staff to attend the information session provided by the WSAB
- Adult Social Care and WAHT have also delivered internal briefing sessions and training to ensure that staff are aware of the framework and its approach.
- The ICB are planning to measure how well the framework has been embedded across primary care
- The H&W H&C Trust have identified a Named Nurse to work with the CARM project lead to ensure that the relevant level of mental health support is available for each individual subject to a CARM referral.

Self-Neglect

- Following the publication of the revised Self-Neglect and Hoarding policy by the WSAB Adult Social care have reviewed their internal self-neglect pathway to ensure that the policy can be effectively implemented.
- Health organisations are actively monitoring the implantation of the policy and ensuring that it is reviewed through their governance processes

Objective 3 Supporting wider issues, risks and the WSAB development

All sectors have provided regular reports on how they are managing the risk in recruitment and retention of health and social care staff across the sector. Action taken to mitigate this risk include:

- Offering supplements to difficult to recruit posts (ASC)
- Changing terms and conditions, including the introduction of new benefits (ASC)
- Recruitment drives and raising awareness of the work across education establishments

The industrial action across the health sector further impacted on this risk, particularly at the WAHT. The Trust and ICB provided regular updates on actions being undertaken to monitor and address the risks.

Since Covid 19 the WSAB also saw a steady increase in safeguarding referrals. Actions to address this include:

- ASC are developing a new safeguarding model to address the increase in demand. This will require additional funding which has been allocated.
- The WAHT safeguarding team ensured that the workload had clear priorities so that they could ensure they met legal and statutory duties during periods of increased activities.
- The ICB worked with Primary Care Trusts providing educational sessions to ensure referrals were appropriate and submitted correctly

- WMP actively raised awareness across their personnel to ensure that referrals were appropriate, this included providing information on other agencies to sign post to where section 42 criteria aren't met.

4 Safeguarding Activity and Performance 2022/23

4.1 Care Act (2014)

The data in this report is based on the definitions of safeguarding criteria as set out in the Care Act (2014).

Data for this section is obtained from Adult Social Care (ASC) Safeguarding Adults Collection (SAC) which is submitted to NHS Digital by all areas across England and Wales

4.2. The data

4.2.1 Number and Source of Concerns

The number of concerns reported during this business year (Table 4.1) saw a slight decrease on the previous year, which saw a significant increase.

	2019-20	2020-21	2021-22	2022-23
Concerns Reported	3921	3283	4007	3912
Section 42 applies (meets criteria)	542	902	793	1309
Percentage of concerns reported where Section 42 Applies	14%	27%	19%	33%

The concerns reported involved 2519 individuals (Table 4.2) and the section 42 criteria was met for 1114 of these individuals, 189 individuals were reviewed under 'other safeguarding enquiries.

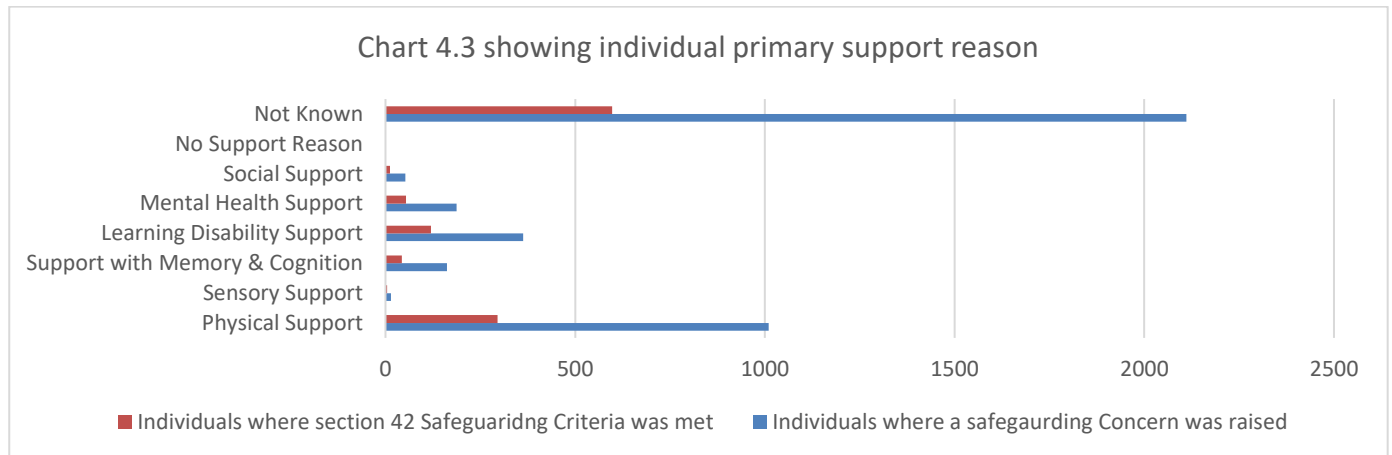
In percentage terms there was an increase of 10% of concerns reported which met Section 42 criteria.

	Concerns Reported	Individuals
Total Number of Safeguarding Concerns	3912	2519
Total Number of Section 42 Safeguarding Enquiries	1309	1114
Total Number of Other Safeguarding Enquiries	197	189
Percentage of concerns reported where Section 42 Applies	33%	43%

4.2.2 Individuals Primary Support Needs (Chart 4.3)

Of the individuals where a safeguarding concern was raised during the year, in over half of these people their primary support need was not known (1423). Where the support reason was known most required physical support (648). (Chart 4.3)

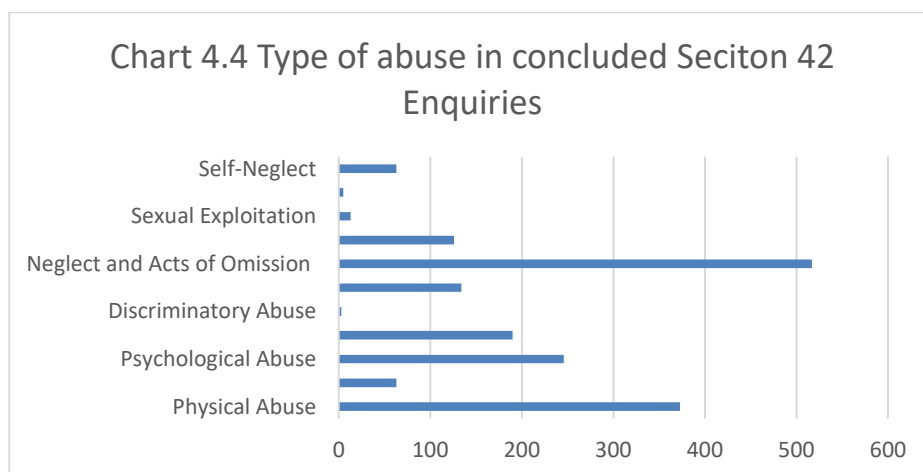
Of those individuals that went on to meet the section 42 safeguarding criteria, the proportions were similar. (chart 4.3)



4.2.3 Type of abuse

The following information relates to the data which Adult Social Care hold on concluded enquires for 2022 to 2023. The total concluded enquires which met section 42 criteria during 2022/23 was 2174.

In terms of the types of abuse, the highest number of concerns in the Section 42 enquiries which were concluded during the year were for neglect and acts of omission. This was followed by physical, psychological, financial and organisational abuse (Chart 4.4), which is similar to previous years.



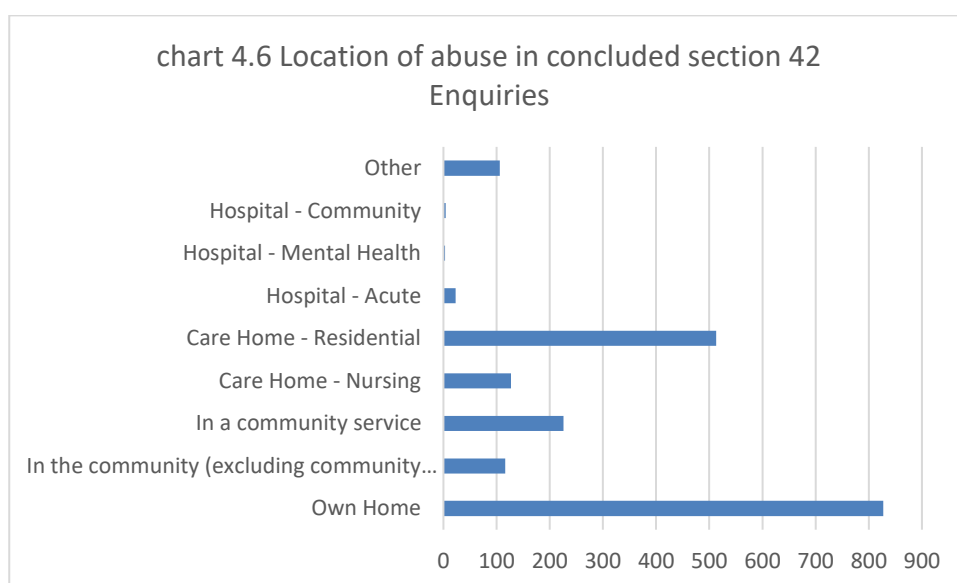
During the year it was brought to the attention of the WSAB that nationally there had been a rise in sexual abuse against people with a learning disability. Whilst the data which is reported nationally does not give a breakdown of type of abuse against support needs the

Performance and Quality Assurance Sub-group are reviewing this information and found a similar rise locally between 2020 and 2022 (Table 4.5). The WSAB will continue to monitor this and consider causes, along with ways to address this.

Table 4.5 Safeguarding involving sexual abuse for people with a learning disability Concern Reported and Enquiries						
Primary Support Reason	2020		2021		2022	
	Concerns	Enquiries	Concerns	Enquiries	Concerns	Enquiries
Learning Disability Support	10	5	28	10	31	17

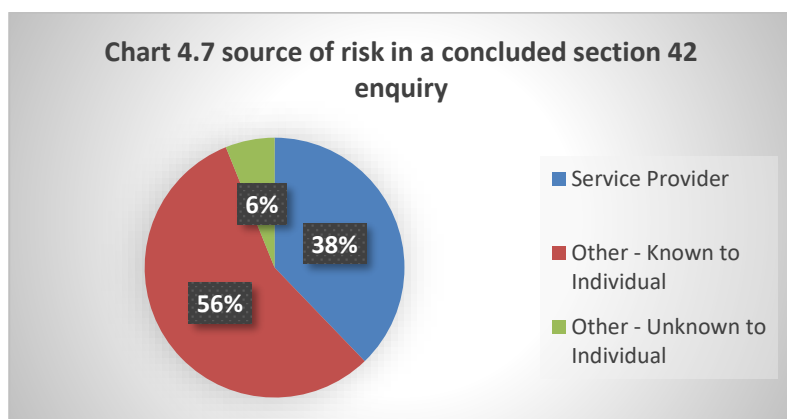
4.2.4 Location of the safeguarding concern

Most concluded section 42 safeguarding concerns took place in the person’s own home, followed by a care home-setting (Chart 4.6). Again, this is similar to previous years.



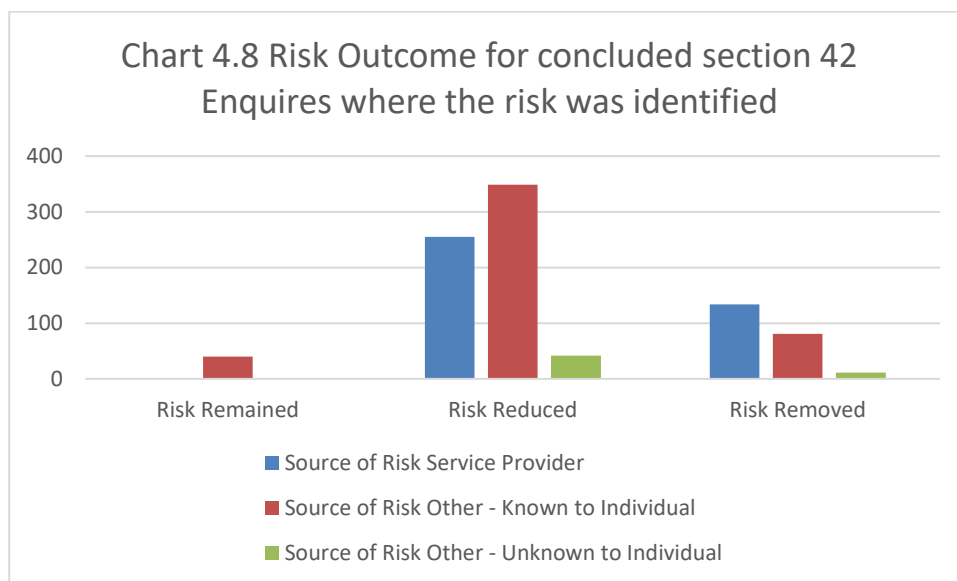
4.2.5 Source of Risk

In over half the cases (56%) the source of the risk was someone known to the person and in 38% it was someone working for a service provider (chart 4.7).



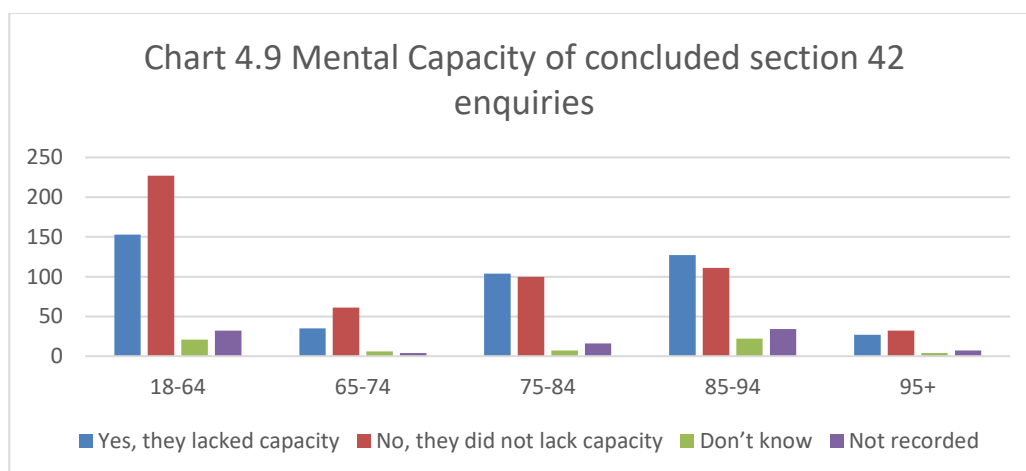
4.2.6 Outcomes

In terms of the section 42 enquiries which were closed during 2022/23 in most cases the risk was either reduced or removed (chart 4.8). In a small number (41 cases) the risk remained. This is similar to the previous year and once again the majority of these (40 cases) were where the source of risk was known to the person. In most of these cases this was because the person at risk asked for no further action to be taken. Reasons for this can be complicated, particularly where the source of risk is a family member. Making safeguarding personal requires that the wishes of the person are respected. However, advice and support will have been provided to the person.



4.2.7 Mental Capacity

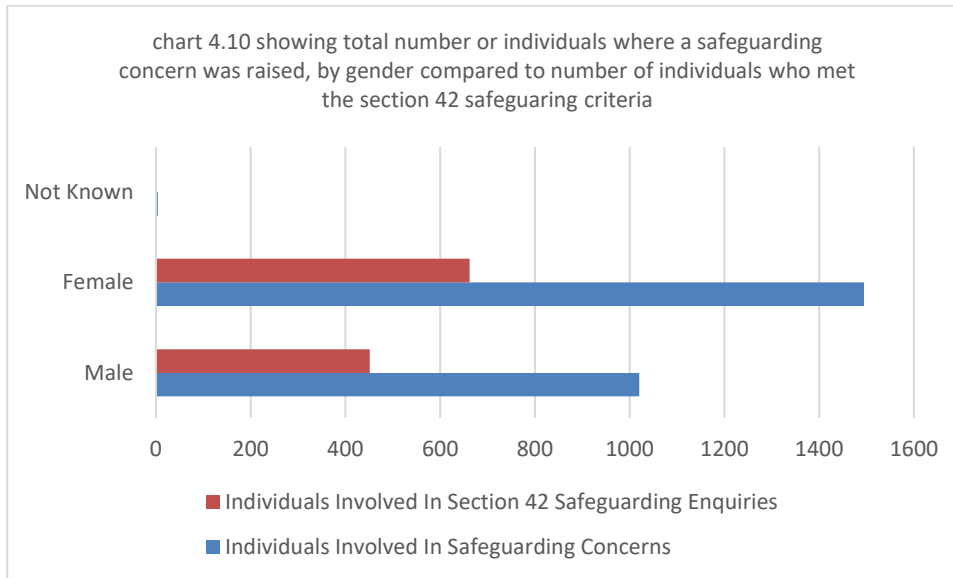
In most concluded section 42 enquiries the person was assessed as having mental capacity. However, the numbers assessed as having capacity declined from the 75 year age groups onward (chart 4.9) with a slight increase in those over 95. Of those who were assessed as not having mental capacity all were supported through an advocate or family member.



4.3 Demographic Profiles

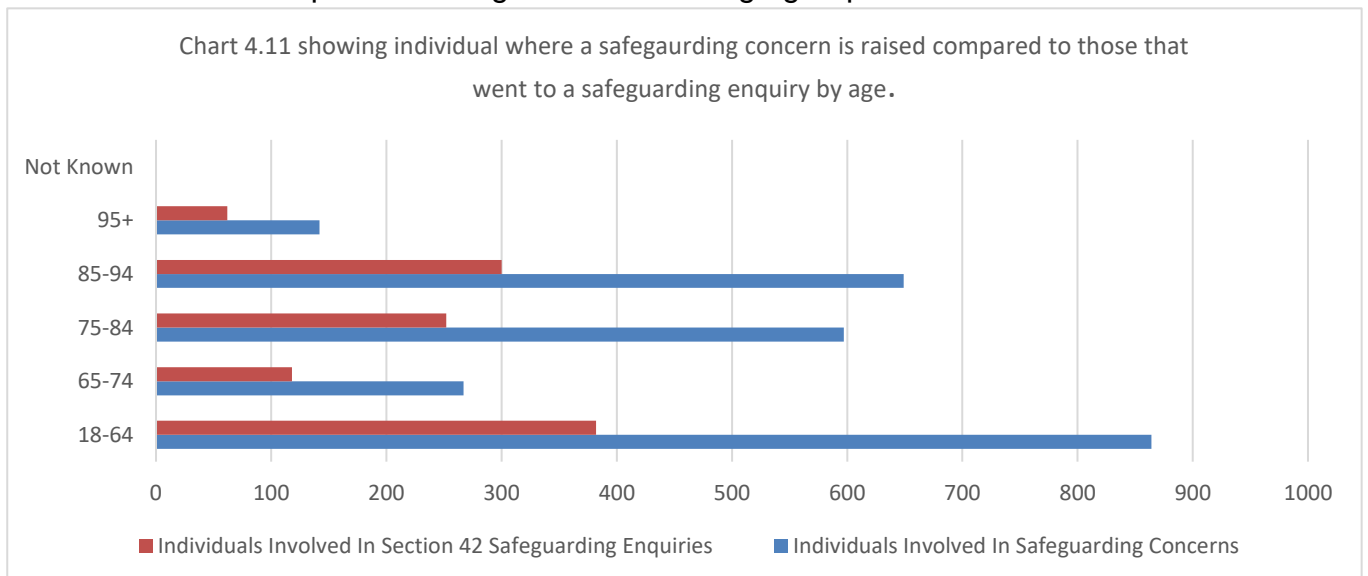
Gender

The number of individual cases where a Safeguarding Concern was reported, as with previous years, is higher for women than men. (Chart 4.10) More women than men also subsequently meet the safeguarding section 42 criteria, however the differentiation is slightly reduced.



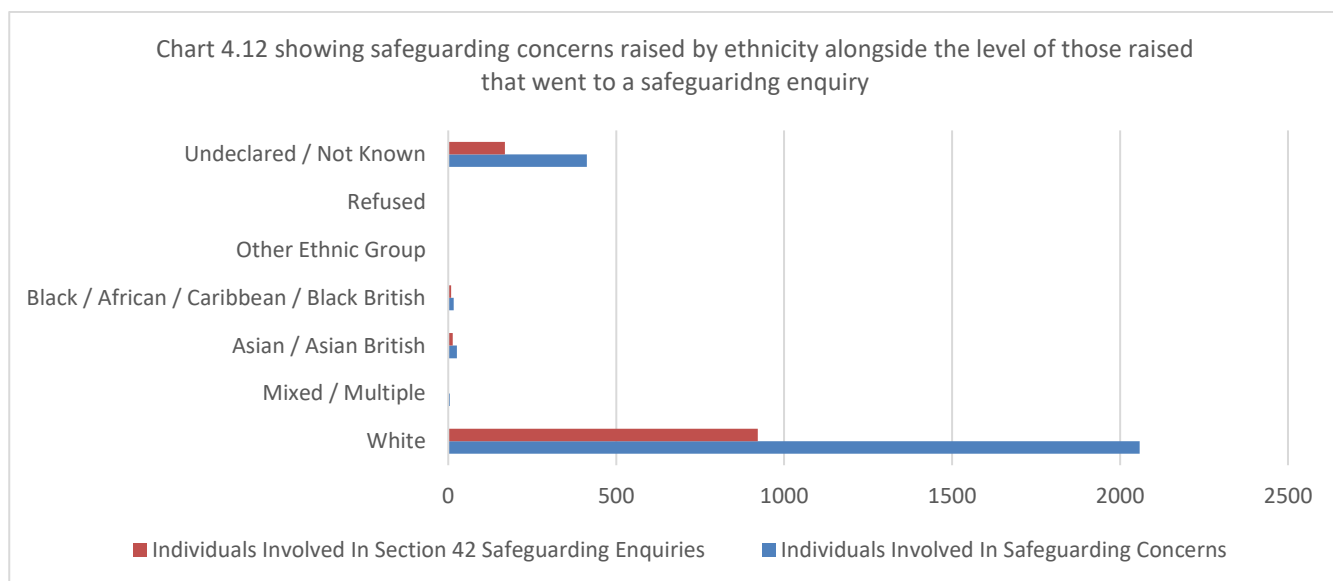
Age

As with previous years the age profile of concerns reported (chart 4.11) shows that there are more concerns reported amongst the 18 to 64 age group.



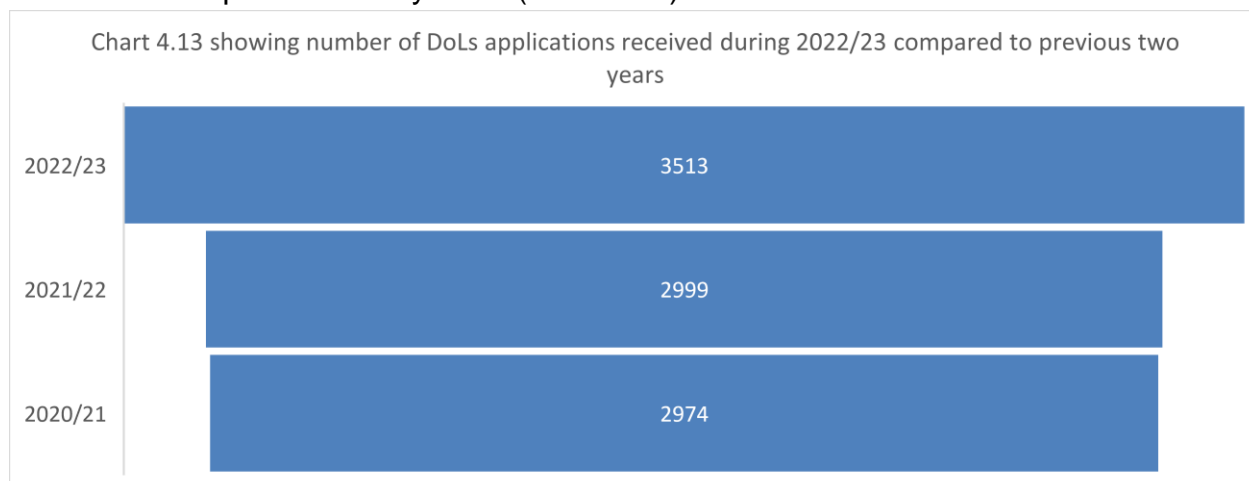
Ethnicity

Again, ethnicity follows a similar pattern to previous years. Most individuals involved with a safeguarding concern during 2022/23 were white (chart 4.12). The level of safeguarding concerns reported in other Black and Minority Ethnic (BAME) groups is once again lower than the level of BAME groups identified as living across the county in the last census. This lower level could be due to underreporting within these communities. However, there is also a relatively significant number where the ethnicity is either not recorded or not stated. In which case there may be some inaccuracies in recording amongst this group.

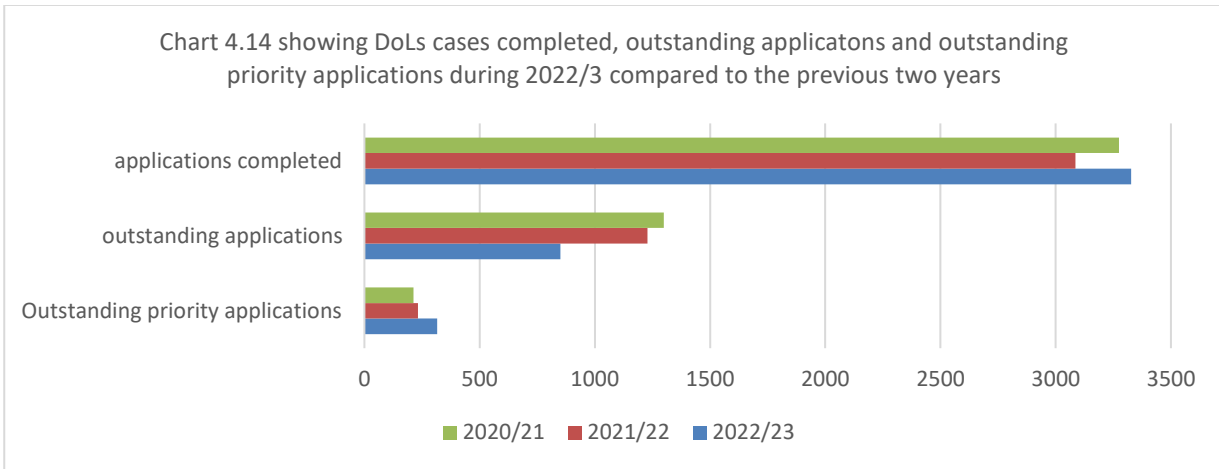


4.4 Deprivation of Liberty Safeguards (DoLS)

During 2022/23 there was an increase Deprivation of Liberty Safeguards applications made than the previous two years. (chart 4.13).

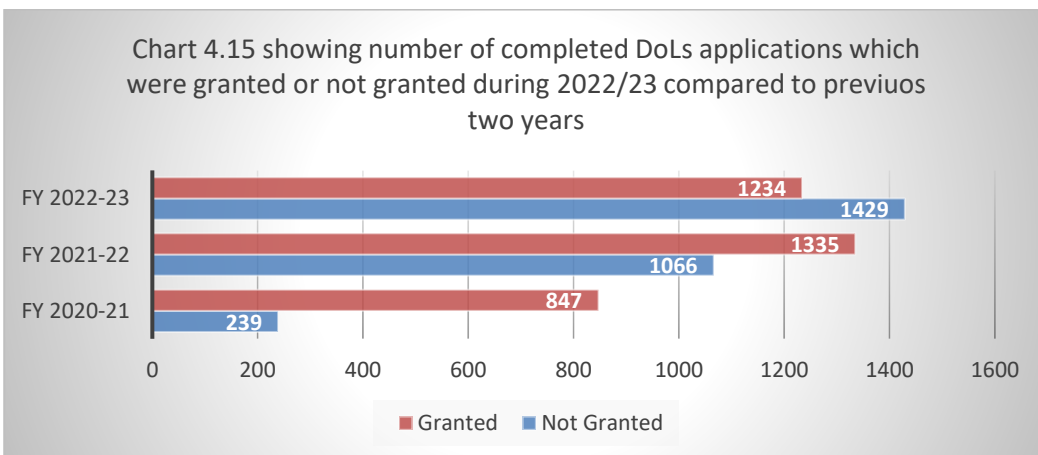


At total of 3327 applications were completed during 2022/23. The number of outstanding applications, are lower than the previous two years. (chart 4.14). However, the number of outstanding priority applications have slightly increased compared to previous years.



Proportion of Applications Granted or not Granted.

Of those applications completed during 2022/23 the proportion which were granted or not granted has shifted in comparison to previous years, with the proportion not being granted being higher, whereas in previous years the numbers granted were higher. . (Chart 4.15)



5.0 Priorities for 2023/24

Each year the WSAB holds a Strategy Day to evaluate the impact of activities over the last year and look at any emerging issues identified through SARs, feedback via our Network member and residents, events and collaborative work, or performance data. This informs the priorities for our Annual Business Plan.

The priorities which will be taken forward during 2023 to 2024 include:

1. Further development of the SAR and Rapid Review process following the recommendations from the assessment currently being undertaken. This should include.
 - Clarity on how we engage people with lived experience in the process.
 - Development of a shared learning framework for dissemination of learning and good practice from the SARs
 - Implementing any required changes to policies and strategies.
 - Development of an assurance approach which links into the learning framework.
2. Further development and embedding of the Complex Adult Risk Management (CARM) framework*.
- 3.
4. Implementation of the Exploitation Strategy*

(*both the above should include recommendations on managing the manifestation and impact of domestic abuse)

These objectives have been used to complete the Annual Business Plan and inform the work streams of the relevant subgroups.

KEY to Acronyms	
ASC	Adult Social Care
CSE	Child Sexual Exploitation
DoLS	Deprivation of Liberty Safeguards
DHR	Domestic Homicide Reviews
GP	General Practitioner (Doctor)
H&WB	Health and Wellbeing Board
HWICB	Herefordshire and Worcestershire Integrated Care Board
HWHCT	Herefordshire and Worcestershire Health and Care Trust
ICB	Integrated Care Board
LPS	Liberty Protection Safeguards
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NHS	National Health Service
P&QA	Performance and Quality Assurance Sub-group
PH	Public Health
PwLE	People with Lived Experience
SAB	Safeguarding Adults Boards
SAC	Safeguarding Adults Collection
SAR	Safeguarding Adults Review
S42	Section 42 Care Act 2014 (Criteria)
WCC	Worcestershire County Council
WAHT	Worcestershire Acute (NHS) Hospital Trust
WMP	West Mercia Police
WSAB	Worcestershire Safeguarding Adults Board
WSCB	Worcestershire Safeguarding Children's Board
WSCP	Worcestershire Safeguarding Children's Partnership
WSHP	Worcestershire Strategic Housing Partnership

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 20 MARCH 2024

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

Summary

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

Background

3. Following the information shared with the Panel in July 2022, and a subsequent update in November 2022, the Panel have requested a further update relating to the role of Adult Social Care within the wider urgent care system.

Types of Hospital Discharge

4. The Panel will be aware that there are two types of hospital discharge:
 - Simple discharge - where a patient is discharged to their own home and will need little or no additional care once they leave hospital, for example, a simple discharge is one that be carried out at ward level with the multidisciplinary team and this is often referred to as Pathway 0.
 - Complex Discharge – where a patient needs more complex care after discharge from hospital, for example, new or increased health and social care needs and or the potential for change of residence such as requiring a care home setting. Pathway 1 is used for people who can return home. ‘Home First’ is the principle followed, aiming to support as many people as possible to return to their own homes where it is believed they will recover best and regain independence. Pathway 2 has to be used for people who can’t go home and need a rehabilitation bed, which is usually a community hospital setting, or Pathway 3 when there is limited rehabilitation potential and they will go to a care home bed for assessment, often referred to as a Discharge to Assess (DTA) bed.
5. For simple discharges (Pathway 0), Adult Social Care’s role will be limited, but it will ensure there are universal and preventative services in place to support people/communities in order to facilitate simple discharges, such as Age UK, and

in supporting knowledge of these services across the health and social care system, such as by promoting the Community Services Directory.

6. For complex discharges, Adult Social Care has dedicated teams working with partners and operational updates about their work and progress is included below. The dedicated teams are the Reablement Service, which facilitate and support people who leave hospital to return home (Pathway 1), the Onward Care Team, which focus their work on the Acute Hospitals and plan for the correct discharge plan, and the Urgent Care Team which focus their work in the Community Hospitals (Pathway 2/3).

Operational Updates

Onward Care Team

7. The Onward Care Team has continued to operate as an integrated team within the County's two Acute Hospitals in Worcester and Redditch. This team includes Social Workers and Social Care Workers. The role of the Onward Care Team is to support discharge planning for patients. Together with the ward staff, they ensure that a patient's care and support needs are understood and determine the onward care pathway requirements. Through collaboration with teams across the health and social care provision, they ensure that person centred principles are applied and take into consideration the patient's personal circumstance. This includes undertaking activity such as completing Mental Capacity Assessments, liaising with family members and existing care providers and coordinating and communicating information between the hospital team and the eventual provider.
8. Since the previous report to the Scrutiny Panel there have been no significant changes to operational processes, although there have been several reviews undertaken of parts of the system in which they play an integral role. The biggest change for the team has been the implementation of the Care Navigation Hub (see paragraphs 14-16).

Urgent Care Team

9. The Urgent Care Team have continued to work in the Community Hospitals as part of multi-disciplinary teams working to discharge people to the right place when they need care and support. Similar to the Onward Care Team, the Urgent Care Team works collaboratively with Community Hospital Teams and providers to ensure that a person leaves hospital in a planned way to a provider, and an environment that is able to meet the person's care needs. The Urgent Care Team tend to focus on long term planning which includes some of the more 'typical' social work functions, including consideration of a person's care and support needs, funding requirements (including consideration of Continuing Health Care eligibility where appropriate) and sourcing a provider.
10. The Team, made up of Social Workers and Social Care Workers, have concluded a pilot called the Wrap Around service, which supports people to return home with 24-hour care for a short period of time. This pilot showed good outcomes for people and demonstrated that a service of this type can reduce and/or delay admissions to care homes by providing intensive support to people at home after a hospital stay. This service is now in the process of being commissioned on a two-

year contract and Adult Social Care will refine some of the referral and management processes to ensure the flow can be maximised.

Reablement Service

11. The Reablement Service has shown sustained improvement in performance over the last 12 months. The service is frequently held up as an exemplar of Pathway 1 and is frequently asked to showcase its model by other Local Authorities. In particular, the timeliness of response to referrals is celebrated (meaning less people waiting to leave hospital when they are ready to), and Worcestershire is seen as a trailblazer in terms of its integration with health partners in delivering therapeutic reablement (which results in positive outcomes for people's levels of independence). The Reablement Service also plays a significant role in the Care Navigation Hub (see paragraphs 14-16).
12. The Reablement Service reports activity and performance for Pathway 1 and a recent performance report is included as Appendix 1. A focus on recruitment over the last 12 months resulted in the creation of a Service Development Manager post. This role has been instrumental in addressing some of the challenges in recruitment and retention. A recent highlight report (included as Appendix 2) demonstrates the numbers of candidates worked with over the last 12 months and some of the activity that has led to this. The post holder is now in the process of refining service recruitment processes to direct this toward the activity that delivers the best results.
13. Appendix 1 includes details about Adult Social Care discharges for Pathway 1, including activity, performance, the source of the referral, and reasons for any failed discharges, for example equipment, family, patient not medically fit for discharge etc.

The Care Navigation Hub

14. In November 2023, the Care Navigation Hub was introduced. This is the name given to what is a 'team of teams' which are working together and are co-located, aiming to achieve the safe and timely coordination of care and support.
15. The Care Navigation Hub consists of teams (or representatives of teams) from across the Health and Social Care economy, including the Reablement Service, Capacity Management Team (who coordinate Community Hospital Beds), Age UK, Homelessness and Housing liaison, Continuing Health Care, Onward Care Team, and the Urgent Community Response Single Point of Access. A crucial element of this mix of teams is that there is now the ability to consider both hospital discharge and admission prevention within the entirety of resource.
16. Work is underway with the now-established Care Navigation Hub to further refine referral and triage processes, and this is being led by the Intermediate Care Leadership Team, which is an integrated leadership group from across Adult Social Care and the Herefordshire and Worcestershire Health and Care Trust.

Challenges

17. Whilst there is a significant amount of great work, and positive outcomes in this part of Adult Social Care, it is not without its challenges. Some of these challenges are borne out of the dynamics of partnership working, the volume of work and required timeliness of response, and an ever-present challenge around recruitment and retention.
18. Sustained high attendance at Worcestershire's Emergency Departments has meant that demand has continued unabated. The requirement to respond to this demand continuously means it can be challenging to implement change. However, various representatives from Adult Social Care play a part in a number of workstreams aimed at achieving sustainable improvements across the urgent and emergency care pathways. These include the Pre-Hospital Steering Group (which has a focus on activity which can avoid hospital admission), the Discharge Requirements Group (with a focus on activity which supports timely discharge from hospital) and other operational groups with a specific focus, such as Pathway 1 performance group and the Pathway 3 implementation group. These workstreams and groups all enable incremental changes to be made which all support improvement.
19. The Strategic Director, Assistant Directors and Head of Home First continue to represent Adult Social Care through system on call rotas at weekends, responding to Gold level pressure periods to support flow and share risk across the system.
20. Activity for the last 12 weeks is shown in Appendix 3. This data shows the numbers of discharges from Worcestershire Acute Hospitals Trust against the targets. Of particular note is the split between simple and complex discharge targets: 77.6% for simple and 22.4% for complex. The percentages of complex discharges for each pathway are based on the overall number of discharges. There is a total target of 165 weekly complex discharges, and the percentages of this figure by pathway is 61.2%, 32.7% and 6.1% for Pathways 1, 2 and 3 respectively.
21. The figures in Appendix 3 show that for complex hospital discharges the number of Pathway 1 discharges achieved is lower than the target by around 8 discharges per week. This is due, in part, to the number of referrals received being lower than the target, meaning there is no possibility of reaching this. In practice, there needs to be more referrals than the target to allow for any changes in need or failed discharges.
22. For Pathway 2 the performance appears to fall short by around 12 per week, despite receiving referrals that would allow the target to be met in most weeks. This suggests a flow problem in that pathway.
23. For Pathway 3 the target is exceeded quite significantly, and the driver for this may be the poor flow in Pathway 2, though further work is required to understand this.

Purpose of the Meeting

24. The Panel is asked to:
 - consider and comment on the information provided regarding the role of Adult Social Care in complex patient hospital discharges.

- 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 – Pathway 1 performance data report

Appendix 2 – Recruitment Highlights 2023

Appendix 3 – Activity data versus targets

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:

- **Agenda and Minutes of the Adult Care and Wellbeing Overview and Scrutiny Panel on 18 July and 7 November 2022.**

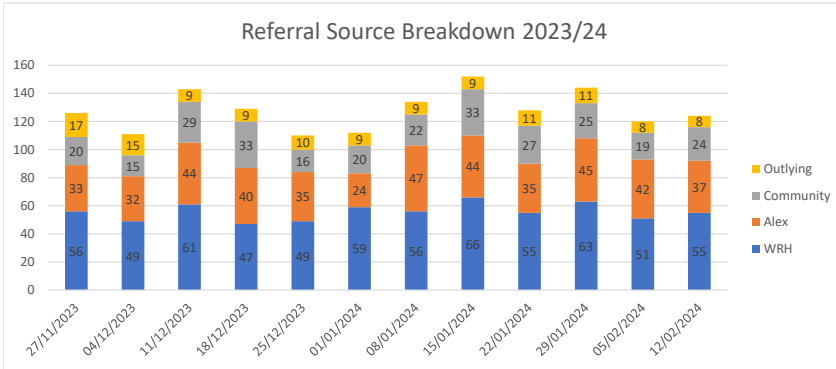
All agendas and minutes are available on the Council's website here.

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Referrals:

2023/24

Referral Source	Week commencing											
	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024	08/01/2024	15/01/2024	22/01/2024	29/01/2024	05/02/2024	12/02/2024
WRH	56	49	61	47	49	59	56	66	55	63	51	55
Alex	33	32	44	40	35	24	47	44	35	45	42	37
Community	20	15	29	33	16	20	22	33	27	25	19	24
Outlying	17	15	9	9	10	9	9	9	11	11	8	8
2023 Totals	126	111	143	129	110	112	134	152	128	144	120	124
2023-24 Average	127.75	127.75	127.75	127.75	127.75	127.75	127.75	127.75	127.75	127.75	127.75	127.75

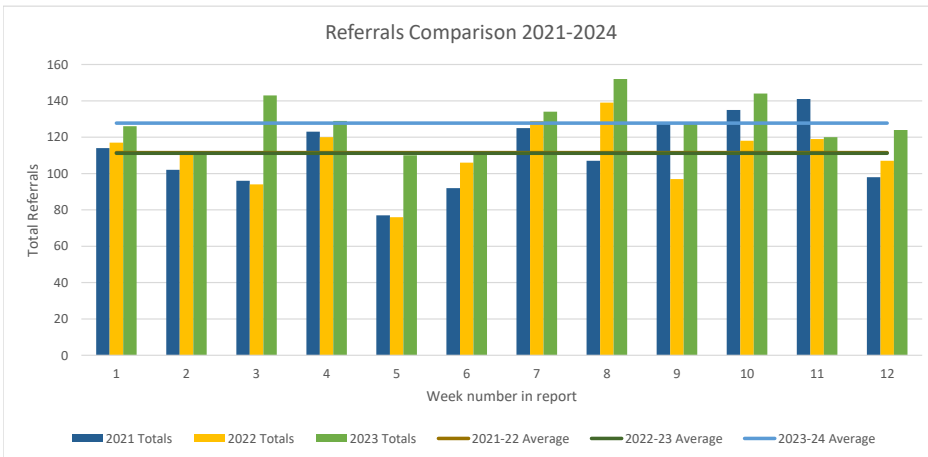


2022/23

Referral Source	Week commencing											
	28/11/2022	05/12/2022	12/12/2022	19/12/2022	26/12/2022	02/01/2023	09/01/2023	16/01/2023	23/01/2023	30/01/2023	06/02/2023	13/02/2023
WRH	43	36	35	47	34	33	53	52	36	43	38	39
Alex	33	33	26	38	27	43	30	44	24	37	32	35
Community	30	32	26	18	11	20	31	31	30	30	42	23
Outlying	11	11	7	17	4	10	15	12	7	8	7	10
2022 Totals	117	112	94	120	76	106	129	139	97	118	119	107
2022-23 Average	111.16667	111.16667	111.16667	111.16667	111.16667	111.16667	111.16667	111.16667	111.16667	111.16667	111.16667	111.16667

2021/22

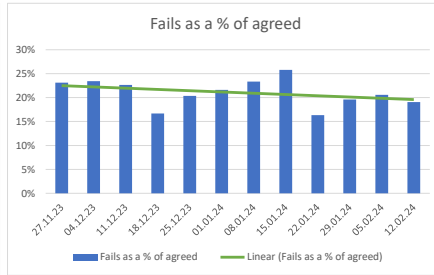
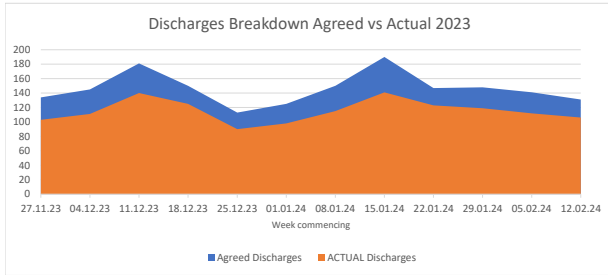
Referral Source	Week commencing											
	29/11/2021	06/12/2021	13/12/2021	20/12/2021	27/12/2021	03/01/2022	10/01/2022	17/01/2022	24/01/2022	31/01/2022	07/02/2022	14/02/2022
WRH	32	37	36	50	32	36	41	33	34	56	69	33
Alex	32	36	17	37	24	29	33	37	42	35	35	22
Community	34	21	32	19	18	18	38	25	38	32	25	33
Outlying	16	8	11	17	3	9	13	12	14	12	12	10
2021 Totals	114	102	96	123	77	92	125	107	128	135	141	98
2021-22 Average	111.5	111.5	111.5	111.5	111.5	111.5	111.5	111.5	111.5	111.5	111.5	111.5



WRH = Worcestershire Royal Hospital
 Alex = Alexandra Hospital
 Community = Community Hospitals (in Worcestershire)
 Outlying = all hospitals outside of Worcestershire. Patients referred are Worcestershire residents

Discharges Agreed:

Discharges	Week commencing											
	27.11.23	04.12.23	11.12.23	18.12.23	25.12.23	01.01.24	08.01.24	15.01.24	22.01.24	29.01.24	05.02.24	12.02.24
Agreed Discharges	134	145	181	150	113	125	150	190	147	148	141	131
Double Up Discharges	14	21	18	23	9	13	12	18	22	14	10	15
Failed Discharges	31	34	41	25	23	27	35	49	24	29	29	25
ACTUAL Discharges	103	111	140	125	90	98	115	141	123	119	112	106
Fails as a % of agreed	23%	23%	23%	17%	20%	22%	23%	26%	16%	20%	21%	19%



ACTUAL Discharges Breakdown:

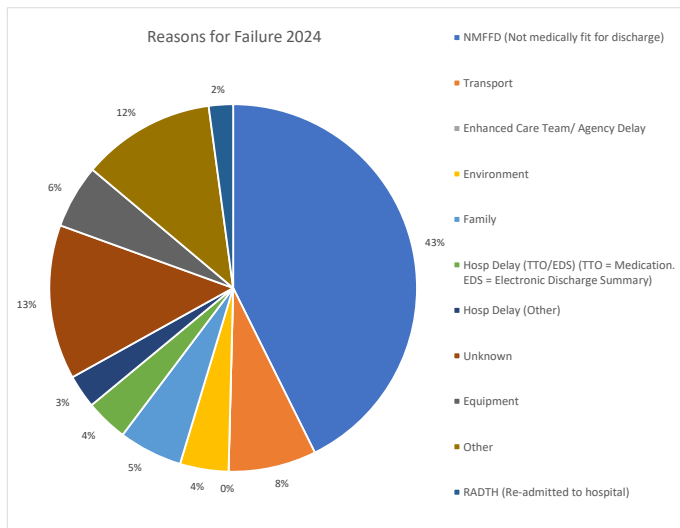
	Week commencing											
	27.11.23	04.12.23	11.12.23	18.12.23	25.12.23	01.01.24	08.01.24	15.01.24	22.01.24	29.01.24	05.02.24	12.02.24
Reablement	82	92	117	112	73	85	100	64	105	100	98	94
Neighbourhood Team	21	17	23	13	17	13	14	14	18	19	14	12
Reablement %	80%	84%	84%	90%	81%	87%	88%	82%	85%	84%	88%	89%
NT %	20%	16%	16%	10%	19%	13%	12%	18%	15%	16%	13%	11%

Discharges by Hospital Breakdown:

	Week commencing											
	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024	08/01/2024	15/01/2024	22/01/2024	29/01/2024	05/02/2024	12/02/2024
WRH	44	49	62	51	36	54	49	34	51	52	43	47
Alex	30	27	44	31	32	24	38	23	37	31	44	31
Community	19	23	21	32	15	15	22	19	23	27	18	22
Outlying	10	12	13	11	7	5	6	4	12	9	7	6
Total	103	111	140	125	90	98	115	80	123	119	112	106

Reasons for Failure

	Week commencing												Totals
	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024	08/01/2024	15/01/2024	22/01/2024	29/01/2024	05/02/2024	12/02/2024	
NMFFD (Not medically fit for discharge)	16	18	16	10	8	13	10	24	9	16	11	9	160
Transport	4	2	3	1	0	1	3	1	4	1	4	5	29
Enhanced Care Team/ Agency Delay	0	0	0	0	0	0	0	0	0	0	0	0	0
Environment	1	1	1	1	3	1	1	2	2	1	2	0	16
Family	1	2	4	0	0	1	4	2	3	2	1	1	21
Hosp Delay (TTO/EDS) (TTO = Medication. EDS = Electronic Discharge Summary)	1	0	3	1	4	1	2	1	1	0	0	0	14
Hosp Delay (Other)	3	1	0	1	1	0	0	2	0	1	0	2	11
Unknown	4	3	7	1	2	4	9	7	3	4	4	3	51
Equipment	0	3	3	2	1	1	0	4	2	1	3	1	21
Other	2	1	4	5	3	4	6	6	2	3	3	5	44
RADTH (Re-admitted to hospital)	1	3	0	3	0	0	0	0	0	0	1	0	8
Total	33	34	41	25	22	26	35	49	26	29	29	26	375



Discharges by Neighbourhood Team

12 discharges to NT w/c 12.02.24

	Double	Single	Total
BRO (Bromsgrove)		2	2
DOR (Droitwich, Ombersley and Rurals)			0
EBBI (Evesham, Broadway, Bredon, Inkberrow)	1	2	3
FOR (Forest - 1 of 3 Wyre Forest Teams)			0
GLA (Glades - 1 of 3 Wyre Forest Teams)	1	1	2
MAL (Malvern)		1	1
PUNT (Pershore and Upton Neighbourhood Team)		1	1
RED (Redditch)			0
RUR (Rural)			0
RIV (River - 1 of 3 Wyre Forest Teams)	1		1
WCS (Worcester Cityside - 1 of 2 Worcester Teams)	1		1
WRS (Worcester Riverside - 1 of 2 Worcester Teams)		1	1
Total	4	8	12

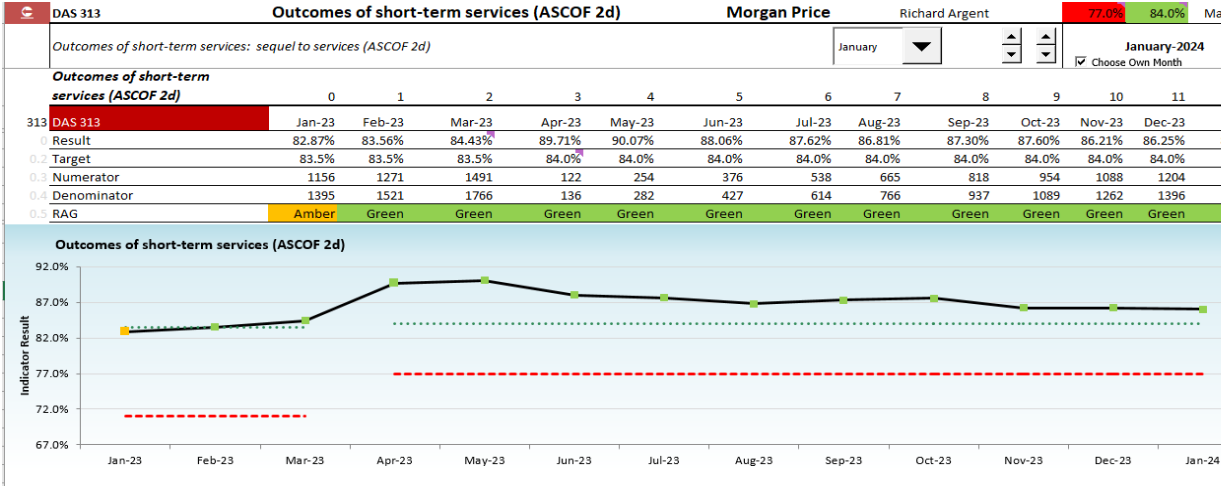
Reablement Service Feedback Score

Overall, how do you rate the service provided to you by the Reablement Service? (Star rating from 1-5)

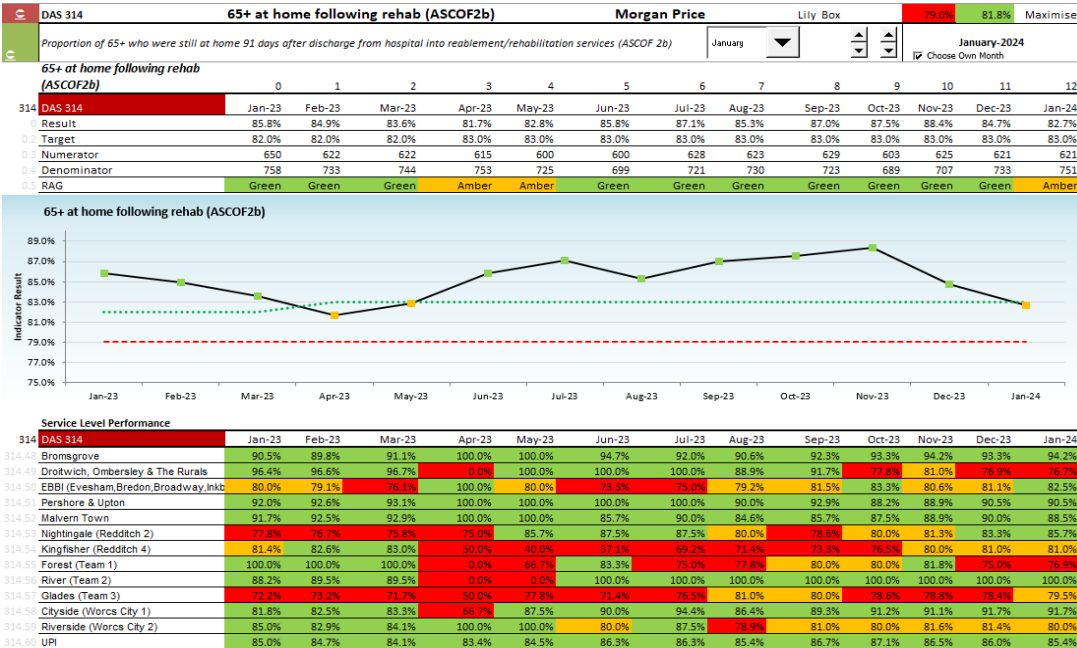
4.5



ASCOF 2d



ASCOF 2b



Results by ALL Neighbourhood Teams

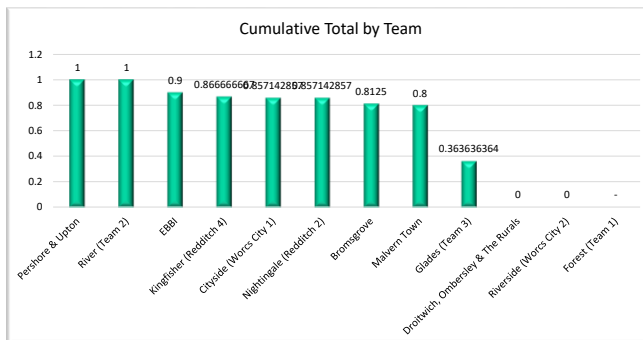
Numerator	Denominator
06 Ongoing Low Level Support	04 Long Term Support (any setting)
07 Short Term Support (other)	06 Ongoing Low Level Support
09 No Services Provided - Universal Services / signposted to other services	07 Short Term Support (other)
10 No Services provided – no identified needs	09 No Services Provided - Universal Services / signposted to other
	10 No Services provided – no identified needs

All NEW CLIENTS' Outcomes that were received by the Neighbourhood Teams

Sequel to reablement (See guidance tab)	Apr-23	May-23	Jun-23
01 Early cessation of service (not leading to long term support) - 100% NHS funded care/End of Life/deceased	29	30	35
02 Early cessation of service not leading to long term support	2		
03 Early Cessation of Service (leading to long term support)	1	6	1
04 Long Term Support (any setting)	10	8	10
05 No services provided – needs identified but self-funding	14	10	13
06 Ongoing Low Level Support		4	7
07 Short Term Support (other)			5
08 No services provided – needs identified but support declined	6	6	3
09 No Services Provided - Universal Services / signposted to other services	1	6	2
10 No Services provided – no identified needs	27	26	18
Total	90	96	94

Notes:

- All Teams sent back a return, however:
- Droitwich, Ombersley and Glades Neighbourhood Teams had no clients in the indicator categories.



Team	Cumulative Total
River (Team 2)	100.0%
Nightingale (Redditch 2)	91.7%
FBBI	89.5%
Malvern Town	88.9%
Kingfisher (Redditch 4)	88.2%
Bromsgrove	80.0%
Cityside (Worcs City 1)	80.0%
Pershore & Upton	77.8%
Forest (Team 1)	75.0%
Glades (Team 3)	33.3%
Droitwich, Ombersley	0.0%
Riverside (Worcs City)	0.0%

Reablement Service Response Time

Discharges	Week commencing											
	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024	08/01/2024	15/01/2024	22/01/2024	29/01/2024	05/02/2024	12/02/2024
Average time between referral & discharge (days)	1.8	2.3	2.2	2.3	1.4	1.6	2.4	1.6	1.8	2.1	1.6	2.1

*please note - this figure is based on data from the 'Active list' and does not reflect that a referral may have failed once or more prior to it being successful. EG if Mr Smith was referred on Monday, and agreed for discharge on Tuesday, but subsequently failed, and then was well enough for discharge on Wednesday and agreed for Thursday, he would count as 3 days here

Double & Single Call Analysis

	Week commencing											
	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024	08/01/2024	15/01/2024	22/01/2024	29/01/2024	05/02/2024	12/02/2024
Total current caseload (daily avg)	135	123	127	148	153	155	152	153	166	178	177	168
Current caseload - Single calls (daily avg)	121	112	113	130	137	142	138	137	149	162	161	155
Current caseload - Double calls (daily avg)	14	11	14	18	16	13	14	16	17	16	16	13
Double calls as avg % of caseload	10%	9%	11%	12%	10%	9%	9%	10%	10%	9%	9%	8%

Breakdown of People Waiting to Leave Reablement

	Total
Wyre Forest	11
Redditch	7
Bromsgrove	8
Wychavon	14
Worcester	14
Malvern	3

Please see below DTOC breakdown as of 20/02/2024:

*DTOC = Delayed Transfer of Care

DTOC Reason	Admission Prevention	Pathway 1	Grand Total
Awaiting Adult Social Care	5	8	13
Awaiting CHC - Fast Tracked	2	2	4
Self Funding POC	0	1	1
Grand Total	7	11	18

*These numbers are made up of people who have met their reablement goals. Some of these will be in a period of 7 days' notice whilst others are in the Brokerage process. It is reasonable to accept that most of these people could not leave the service any sooner than already planned.

Monthly Length of Service Statistics 2024

	Jan	
Mean	16.7	Days
Median	15.0	Days
90th Percentile	33.0	Days

Quarterly Length of Service Statistics

	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	
Mean	25.3	20.2	20.6	20.5	18.9	14.7	17.3	15.4	15.7	Days
Median	18.5	15.0	15.0	16.0	15.0	12.0	13.0	13.0	14.0	Days
90th Percentile	56.9	42.2	41.0	41.0	40.0	29.0	33.0	30.0	30.0	Days



RECRUITMENT HIGHLIGHTS

2023

Top 10 Referral sources

1. Work4us (45%)
2. Redditch Recruitment Fair (4%)
3. Refer a friend scheme (4%)
4. WMJobs (4%)
5. Kidderminster Recruitment Fair (4%)
6. Indeed (4%)
7. Malvern Recruitment Fair (4%)
8. The Hive (3%)
9. Worcester Recruitment Fair (3%)
10. Bromsgrove Recruitment Fair (3%)

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Appendix 3: Worcestershire Acute Hospitals Trust (WAHT) Discharges by Pathway

	Indicator	03-Dec-23	10-Dec-23	17-Dec-23	24-Dec-23	31-Dec-23	07-Jan-24	14-Jan-24	21-Jan-24	28-Jan-24	04-Feb-24	11-Feb-24	18-Feb-24	Target	Target percentages	6 wk Avg
WAHT Discharges by Pathway Pathway	WAHT Total Discharges (G&A)	669	679	689	854	591	718	740	712	719	695	746	739	737		725
	WAHT Discharges by Pathway 0 (Simple)	541	528	534	689	482	579	598	548	557	557	596	584	572	77.61%	573
	Total Referrals to Pathway 1	126	111	143	129	110	112	134	152	128	144	120	124			
	Total cases admitted to Pathway 1	103	111	140	125	90	98	115	80	123	119	112	106			
	Total Referrals to Pathway 1 from WAHT	89	81	105	87	84	83	103	110	90	108	93	92			
	WAHT Discharges via Pathway 1	85	82	99	100	67	82	94	104	92	85	94	87	101	13.70%	93
	Total referrals to pathway 2	64	77	99	58	54	78	94	85	81	77	72	59			
	Total patients admitted to pathway 2	50	60	56	64	40	46	43	56	54	50	46	42			
	Total referrals to pathway 2 via WAHT	55	49	87	44	46	68	81	79	63	60	53	50			
	WAHT Discharges via Pathway 2	34	45	37	48	30	34	30	41	46	32	38	41	54	7.33%	38
	WAHT Discharges via Pathway 3	9	24	19	17	12	23	18	19	24	21	18	27	10	1.36%	21

Key:

cells highlighted red: below target
 cells highlighted green: equal to or above target

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 20 MARCH 2024

DEMAND AND EFFICIENCY MANAGEMENT – ADULT SOCIAL CARE

Summary

1. The Panel will consider an update on actions and plans to manage efficiencies and demand in Adult Social Care.
2. The Cabinet Member with Responsibility for Adult Social Care and the Strategic Director for People have been invited to the meeting to update on progress and to respond to any queries the Panel may have.

Background

3. On 15 February, Council endorsed the 2024/25 budget and 2025-28 medium term financial plan. The Council was informed that overall, there is a gross forecast pressure of £20 million relating to Adult Social Care, including the structural deficit of £5.9 million. This pressure includes the impact of increasing demand, complexity of care and price inflation as well as pay and general contract inflation.
4. These inflationary and demand related pressures have been seen to significantly increase since 2021/22 and the expectation is that this will continue in the coming years due to Worcestershire's ageing population and increasing costs of care.
5. The 2023/24 budget is expected to overspend by c£9 million prior to mitigation, and the impact into 2024/25 is expected to be significantly higher due to the full year effect of clients entering the care system this year, forecast future demand growth and the increasing costs of care.
6. The forecast has been based on numbers in care continuing to rise at a similar rate to the increases in 2023/24, along with the impact of the current increase in unit costs being paid to providers. This is a national issue being seen by councils across the country, following the effect of increases in unit costs due to the increases in utility, food, transport, and wage costs. Demand on the County Council for care is, on average, growing by 5% per year and the cost to the County Council when buying care has increased by at least 7% in most areas, with significantly higher increases being seen in nursing care and supported living packages, where increases of more than 20% are not uncommon.
7. As part of scrutiny of the 2024/25 Budget, the Panel has been provided with additional information about the financial impact on placements for adults.

8. The budget for 2024/25 includes £3.5 million additional for Adults Social Care placements demand. This is in addition to the £6.3 million for the impact of inflation, £2.4 million for rebase and £1.9 million relating to pay, £5.9 million relating to the structural deficit, bringing the total additional funding for Adults Services (including Provider Services of £0.7 million), to £20 million. The table below gives an overview of the forecast cost of demand and price increases for 2024/25:

Adult Social Care Investment	£m
Additional demand increases along with complexity/acuity for older people	1.6
Growth in number and complexity of care packages for adults with a learning disability	1.2
Increase in number of mental health packages of care	0.3
Growth in number and complexity of care packages for adults with a physical disability including those transitioning from Children's Services	0.4
Demand and Growth Increase in Adult Care	3.5
Pay inflation across Adult Care Services	1.9
General inflation and price increases across Adult Care Services	6.3
Rebase of Public Health and one-off savings	2.4
Additional Investment into Adult Social Care	14.1
Structural Deficit	5.9
Total Investment into Adult Social Care (including Provider Services)	20.0

9. In response to the increasing demand and costs associated with the provision of adult social care, against a backdrop of the financial challenges faced by the local authority, Adult Social Care is continuing on its journey to make changes and implement new ways of working to ensure demand and cost of adult social care is effectively managed.
10. These measures will ensure that the forecast increases in demand and price will be managed within the budget envelope available for Adult Social Care for 2024/25 and are additional measures, over and above the following specific cashable savings proposals:

2024/25 Saving	£m
Adult Services Review	1,310
Demand and price management	1,967
Increase in CHC income	500
Income increases based on benefit rate increases	2,000
Total	5,777

11. The People Directorate has also commenced a comprehensive staff engagement programme, in partnership with colleagues in Adult Social Care, Commissioning, Finance and Communities, to all managers and staff, ensuring that the Council and Adult Social Care financial position is clear to all. There is an absolute focus on prevention, demand management and ensuring the most cost-effective care and support solutions are offered to customers.

Measures Introduced to Manage Demand and Efficiency

Staffing

12. The Adult Social Care staffing structure has seen a reduction in approximately 9 posts from base budget. Some staff have chosen to reduce their hours and there is a firm commitment to reduce agency spend through a drive to convert agency staff to permanent roles and ceasing activity other than business critical areas, where all attempts to recruit have been unsuccessful. There have also been reductions in 7 posts in Commissioning.
13. The drive to increase permanent staffing levels in qualified social work roles, and reduce agency staffing arrangements is further supported through a newly introduced payment by results only contract with Sanctuary, who have worked with Adult Social Care to develop a new microsite to sell Worcestershire and market job opportunities nationally – whilst success has been challenging, due to Worcestershire County Council's salary levels, six permanent recruits have been secured to date.

Demand and Price Management Initiatives

14. A number of initiatives and measures are being progressed and these are set out in paragraphs 15 to 33 of the report.
15. **Expand the front door offer** with a focus on increasing and supporting independence of Worcestershire's residents. The Adult Front Door, which is where people in Worcestershire access adult social care and other care and support needs, is already evidencing a reduction in the demand being passed to social work teams for assessment. This will be supported through an audit process of any referrals that are passed to Social Work teams and are found to require no further action. Further development of this service, through the Targeted Adult Support Team, has increased the number of people being able to find information themselves (self- service) and moving more appropriate contact to the front door, including Safeguarding Referrals, will ensure demand continues to be managed effectively and social work staffing levels can remain optimum.
16. The Directorate will need to introduce measures to track the growth in numbers of people and implement measures to maintain the forecast net increase in demand to 2%.
17. **Strengthen the Council's information and advice offer** with a new Information and Advice Strategy drafted, working with partners to ensure that residents are supported with the correct information and advice, to help themselves and retain independence. A successful bid has been made (jointly with Herefordshire Council) for funds from the Accelerating Reform fund which, will enable this work to reach into communities further and faster in support of residents and/or their carers to support themselves.

18. **Increase capacity of Reablement Services** (support provided to people in their own homes to promote independence and reduce the need for long-term care and support) to enable all new customers presenting for adult social care support, to have a rehabilitation offer to increase and sustain their independence to minimise the need for adult social care support moving forwards.
19. **Reduce provision of double handed care** (where more than one carer is provided to deliver personal care in someone's home) with a view of providing appropriate equipment and support for customers to reduce their need for more than one resource to provide their adult social care support.
20. Other measures will include having assurances in place that best value guidance is being consistently applied, particularly in relation to the **Choice of Accommodation** Guidance policy and best value approaches for the care and support of people in their own homes.
21. Whilst it is acknowledged that the needs of the people that the Council serves can differ from one individual's circumstance to another, Adult Services will be looking to apply consistency of resources allocation in meeting people's needs, often through the application of senior management scrutiny.
22. Adult Services will also be working to launch an **Older Peoples Framework for Residential Care** and using the **Care Cubed** tool (a secure online tool to support transparent negotiation of costs for specialist care placements) for fee uplift negotiation with providers who serve the 18-64 age group and enabling brokerage to use this tool in other individual negotiations where this is necessary.
23. **Ensuring staff are appropriately equipped and trained to effectively use framework contracts in place.** A particular focus has been brought to ensuring void payments to Supported Living providers are reduced along with other measures to ensure the most efficient and effective approach to purchasing care and support. The success of the implementation of these flows will be audited by the commissioning unit in April/May 2024 in order to reinforce the need to ensure that *all* care packages are purchased right first time and to determine/implement any corrective actions, as required. The timeliness of purchasing care (and equally ending or amending care packages) on Council systems has also been stressed to avoid over and/or late/incorrect payments being made to providers that require subsequent correction and management.
24. The Directorate will need to monitor closely care and support activity levels against cost throughout the year on at least a monthly basis to ensure any corrective action is necessary to keep the budget on course.
25. **Joined up Review across Adult Social Care and All Age Disabilities** to understand the current and future plans for alternative best value equivalent options in this area. Some joint commissioning work has commenced with Worcestershire Children First for young people who will reach adulthood, which is already evidencing reductions in costs of packages of care. Adult Social Care are now represented on children's panels enabling earlier operational and commissioning conversations.

26. The Directorate will also need to ensure there is an approach to **transitions of children in care to adults** from non-regulated provision to more cost-effective provision within Adult Social Care.
27. **Shared Lives and Supported Living** - further opportunities are being sought to source alternatives to more expensive replacement care provision, in partnership with Children's Services as young people transition through from fostering support to Adult Social Care.
28. **Maximising income and reducing debt** through a particular focus on increasing Continuing Health Care (CHC) income, and a refreshed and targeted approach to reducing adult social care debt through the introduction of a Debt Panel with Legal Services, that will focus on cases identified as having the best potential for success. There will be further focus on debt write offs and potential to discharge the Council's duties in relation to provision. In addition, there will be a review of client contributions in line with any increase in their benefits. Changes to the Charging Policy will also enable ongoing increased charging for those in receipt of double handed care and replacement care.
29. Regarding **Independence Focused Domiciliary Care**, following successful award of all provider contracts, discussions are now progressing through the provider forum on how Adult Services can bring added focus to increasing customers' independence and reducing dependence on care.
30. **Bring capacity and ensure consistency in decision making** across all social work teams. The increase in capacity and offer from reablement will support Adult Services' ability to reduce provision of long-term services and/or delay decisions being made before care act eligibility is agreed on new cases. The new assessment and care plan process and paperwork will support improved recording of needs and risks to support decisions. A Physical Disability scrutiny meeting is being introduced to align to the existing Mental Health/Learning Disability scrutiny meeting that will consider packages of care, ahead of provision, so all placements for adults of working age and packages of care are under the same level of scrutiny and there is a clear understanding of the working age market and needs.
31. **Review of hospital discharge pathways** through pathway 3 (complex discharge patients when there is limited rehabilitation potential and they will go to a care home bed for assessment) to ensure most appropriate and best value options for ongoing care and ensure best use of Intensive Assessment and Rehabilitation Unit and Discharge to Assess (DTA) provision.
32. Stabilisation of the 18-64 markets and consideration of the implementation of a **framework for residential and nursing care** to commence during 2024/25, learning from the exercise which took place during 2023 in relation to older peoples residential/nursing care.
33. **Further transfer of the care element from domiciliary care to the Extra Care provider** which is already proving successful with savings ahead of schedule for delivery.

Legal, Financial, and HR Implications

34. All activity is underpinned by business cases for change and financial modelling with associated impact understood and tracked. Appropriate governance and decision making is made in relation to any known implications.

Equality and Diversity Implications

35. All initiatives are considered alongside completion of equality impact assessments, with identified actions being captured, managed and monitored during the processes of change.

Purpose of the Meeting

36. The Panel is asked to:
- Consider the update provided on Adult Social Care plans for efficiency and demand management
 - Agree any comments to highlight to the Cabinet Member

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:

- Agenda and Minutes of the Adult Care and Wellbeing Overview and Scrutiny Panel on 22 January 2024 and on 5 December and 13 October 2023
- Agenda and Minutes of Cabinet on 10 January 2024

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

ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 20 MARCH 2024

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 3 (October to December 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 9 (Quarter 3) and is attached in the form of presentation slides at Appendix 2. This information flows from the Final Budget Report which was contained in the agenda for the Agenda for Council on 15 February 2024 at [Report to Cabinet on 24 February 2024](#)

Purpose of the Meeting

6. 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 27 March 2024
 - whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Adult Services Performance Information Dashboard for Quarter 3
Appendix 2 – Budget Monitoring Information for Period 9

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:

- Agendas and minutes of the Overview and Scrutiny Performance Board on 29 January 2024, 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 22 January 2024, Panel on 5 December, 13 October, 14 July, 24 March and 23 January 2023, 7 November, 28 September, 18 July, 15 March and 14 January 2022, 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 3: December 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 = 348,155, population updated December 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:

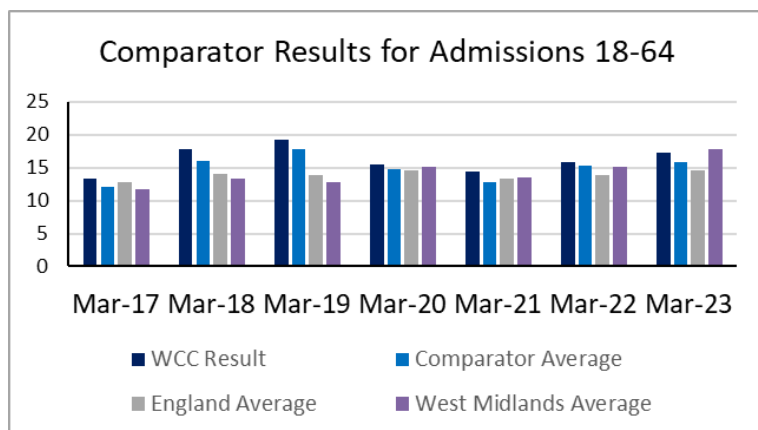
This national indicator looks at planned admissions and as such includes 12-week disregards, so potentially some of those included will eventually become self-funders.

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 2022-23)

The WCC rate of admissions for adults aged 18-64 increased in Mar-23 to 17.2. The result is 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	17.2	15.9	14.6

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	Dec-23
Result and RAG	14.4	17.6	20.5	19.9	15.8	16.1	16.1	16.7	17.2	17.5	14.4	14.94
Numerator	49	60	70	68	54	56	56	58	60	61	50	52

Admissions per Month	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
No. of Admissions	5	4	5	2	3	6	1	6	4	4	7	5	52

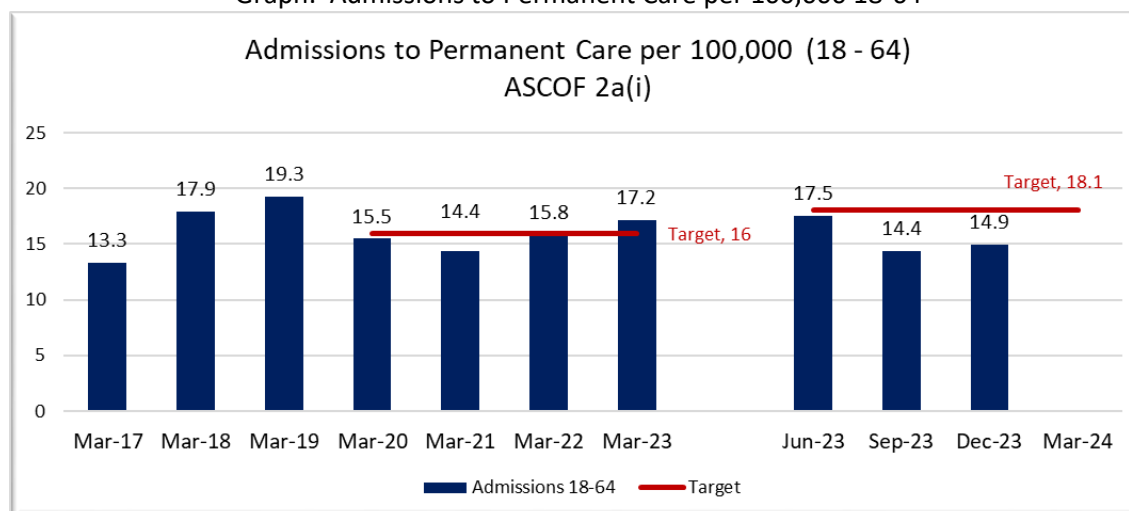
Commentary: Mar-23 benchmarking data is now available showing that Worcestershire has a higher rate of admissions for working age adults in relation to the average for similar authorities and nationally.

For December 2023, the result was 14.94 (52 people), Green against a target rate of 18.1 admissions.

All placements are routinely scrutinised and alternatives to admission considered as the preferred option. There are commissioning conversation meetings weekly to look at the proposed plans and options, ensuring we have explored all avenues to support and promote independence. Where long term funded services are required, best value principles are applied, and any themes/improvement actions identified and discussed in the panel so commissioning colleagues understand the current themes and gaps, cost pressures and address. For example, we have recently commissioned Care Cubed, a tool for establishing a reasonable market rate for provision, focussing first on this age group.

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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 = 138,949, population updated December 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)

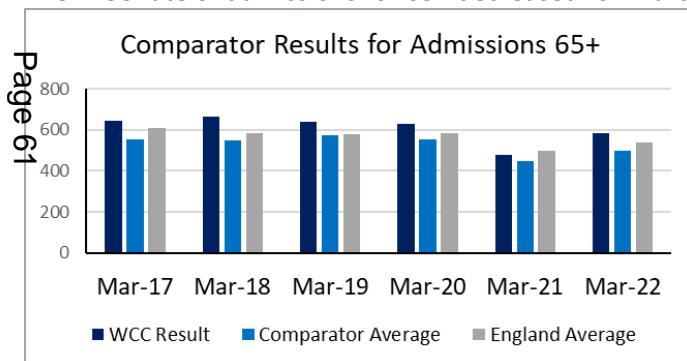
Analysis:

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 2022-23)

The WCC rate of admissions for 65+ decreased for March 2023 to 532.6. The result is above the comparator average, but below the England average.



Year / Month	WCC Result	Comparator Average	England Average
Mar-17	642.0	552.2	610.7
Mar-18	663.9	549.8	585.6
Mar-19	637.9	571.3	579.4
Mar-20	629.1	553.7	584.0
Mar-21	475.8	447.2	498.2
Mar-22	585.0	498.6	538.5
Mar-23	532.6	520.2	560.8

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	Dec-23
Result and RAG	475.8	595.2	659.1	639.6	585.0	540.4	495.5	517.3	532.6	565.7	628.3	644.12
Numerator	654	818	906	879	804	746	684	714	740	786	873	895

Admissions per Month	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
No. of Admissions	82	56	91	74	85	80	85	83	73	67	66	53	895

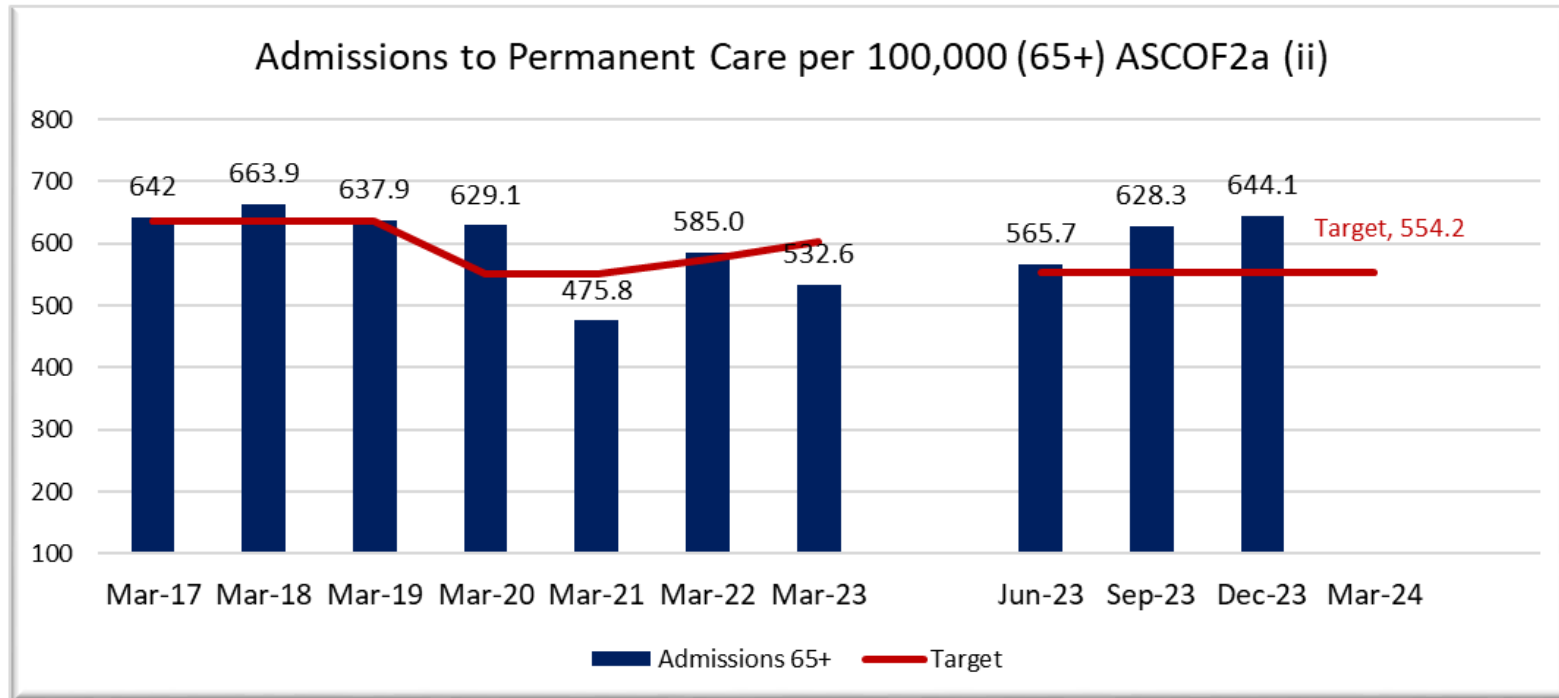
Commentary:

Mar-23 benchmarking data is now available showing that whilst Worcestershire has a higher rate of admissions for older adults than authorities in our comparator group, this is lower than the national average.

For December 2023, the result is a rate of 644.12 or 895 admissions (rated red against a target rate of 554).

We have introduced residential block beds to manage the market costs and still offer some choice within the county. Nursing care remains spot purchased. We continue to ensure Continuing Health Care decisions are examined but have seen an increase in the numbers coming out of eligibility and then requiring WCC funding as they are already in care home. Decisions relating to Level 4 / critical incident levels within acute hospitals are impacting on numbers requiring long term care home placement overall as we have spot purchased care home placements to facilitate discharge. We continue to offer alternative options such as Wraparound care and stepdown care. High numbers of homeowners and self-funders in Worcestershire impact the number of admissions as these fall to local authority to fund once an individual's savings run low. It is important to note our supported living, shared lives and extra numbers are also rising, suggesting the overall complexity of need is increasing, particularly those needing support during the night that cannot be met through alternatives such as Assistive Technology.

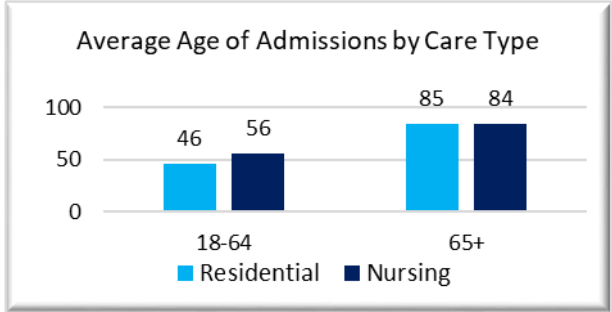
Graph: Admissions to Permanent Care per 100,000 65+



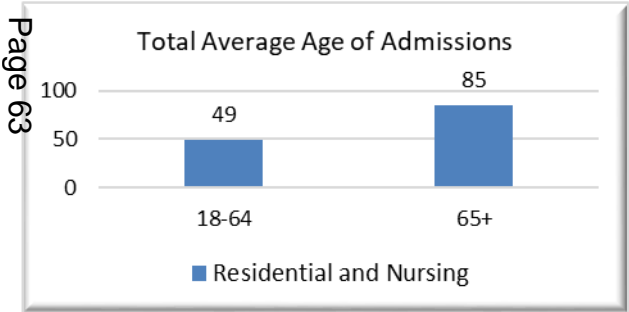
Profile of People Admitted to Long Term Care (Reporting Method: Rolling 12 months, Quarter 3 = January to December 2023)

Average Age of Admissions by Care Type

Tables and Graphs showing Results up to December 2023



Type of Care	18-64	65+
Residential	46	85
Nursing	56	84

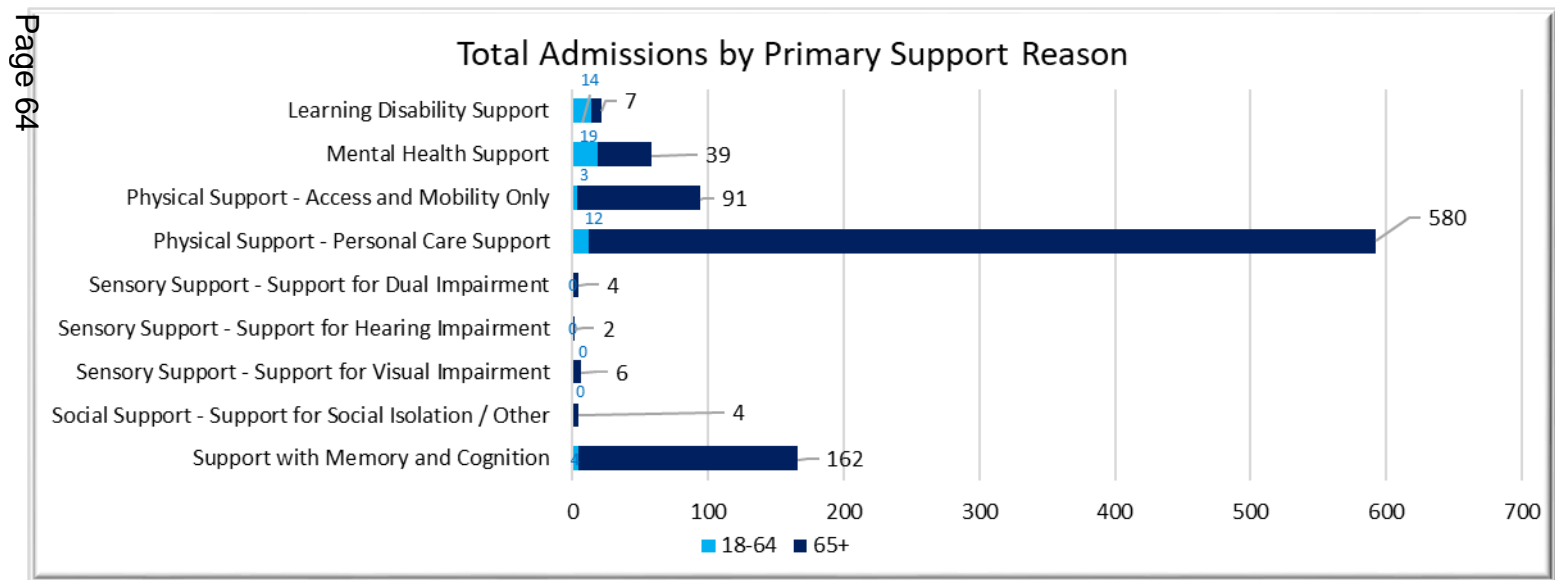


Type of Care	18-64	65+
Residential and Nursing	49	85

Admissions by Primary Support Reason – Residential and Nursing

Primary Support Reason	18-64	65+	Total
Learning Disability Support	14	7	21
Mental Health Support	19	39	58
Physical Support – Access and Mobility Only	3	91	94
Physical Support – Personal Care Support	12	580	592
Sensory Support – Support for Dual Impairment	0	4	4
Sensory Support – Support for Hearing Impairment	0	2	2
Sensory Support – Support for Visual Impairment	0	6	6
Social Support – Support for Social Isolation / Other	0	4	4
Support with Memory and Cognition	4	162	166
Grand Total	52	895	947

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	14	18	64	42
Mental Health Support	19	18	63	49
Physical Support – Access and Mobility Only	3	23	59	45
Physical Support – Personal Care Support	12	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	4	54	63	60
Grand Total	52	18	64	49

3. Outcomes of Short-term Services

2023-24 Target rate = 84.0%

Good Performance = Higher

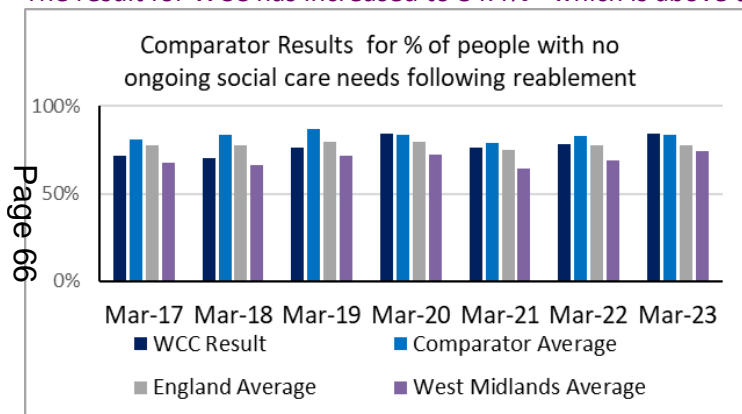
Definition: Proportion of people with no ongoing social care needs following a reablement service – sequel to short term services to maximize independence. (ASCOF2d)

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 2022-23)

The result for WCC has increased to 84.4% - which is above the Comparator and England average.



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%	83.5%	77.5%

Worcestershire Results (Reporting Method: Cumulative from April onwards)

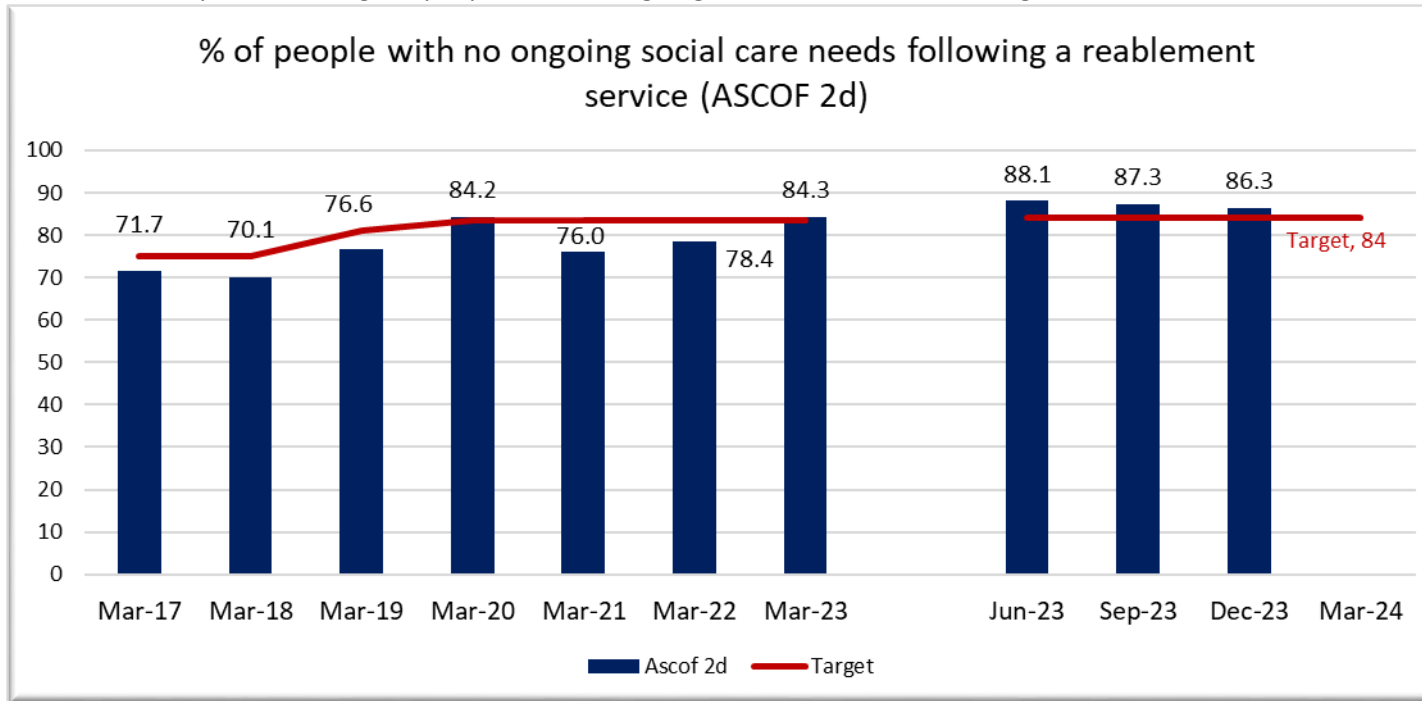
Month	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Result and RAG	82.6%	82.9%	83.6%	84.4%	89.7%	90.1%	88.1%	87.6%	86.8%	87.3%	87.6%	86.2%	86.3%
Numerator	1012	1156	1271	1491	122	254	376	538	665	818	954	1088	1204

Commentary:

Benchmarking data for Mar-23 shows Worcestershire’s performance on reablement outcomes significantly above the national average and also above that for comparator authorities.

For December 2023, the result is 86.3% (rated Green against a target of 84%). Performance tends to drop during the winter months. Despite continued pressure in the Urgent Care System, a focus on reablement outcomes with people has helped to maintain positive performance in this metric. We are currently piloting additional community based reablement provision in two areas in the county, within existing resources to try and avoid funded services at the point of referral to ASC.

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)

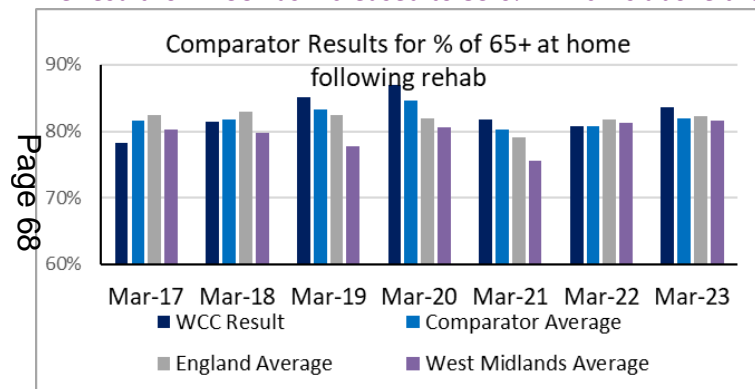
Analysis:

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 2022-23)

The result for WCC has increased to 83.6% which is above the comparator and 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%	81.9%	82.3%

Worcestershire Results (Reporting Method: 3 months running total)

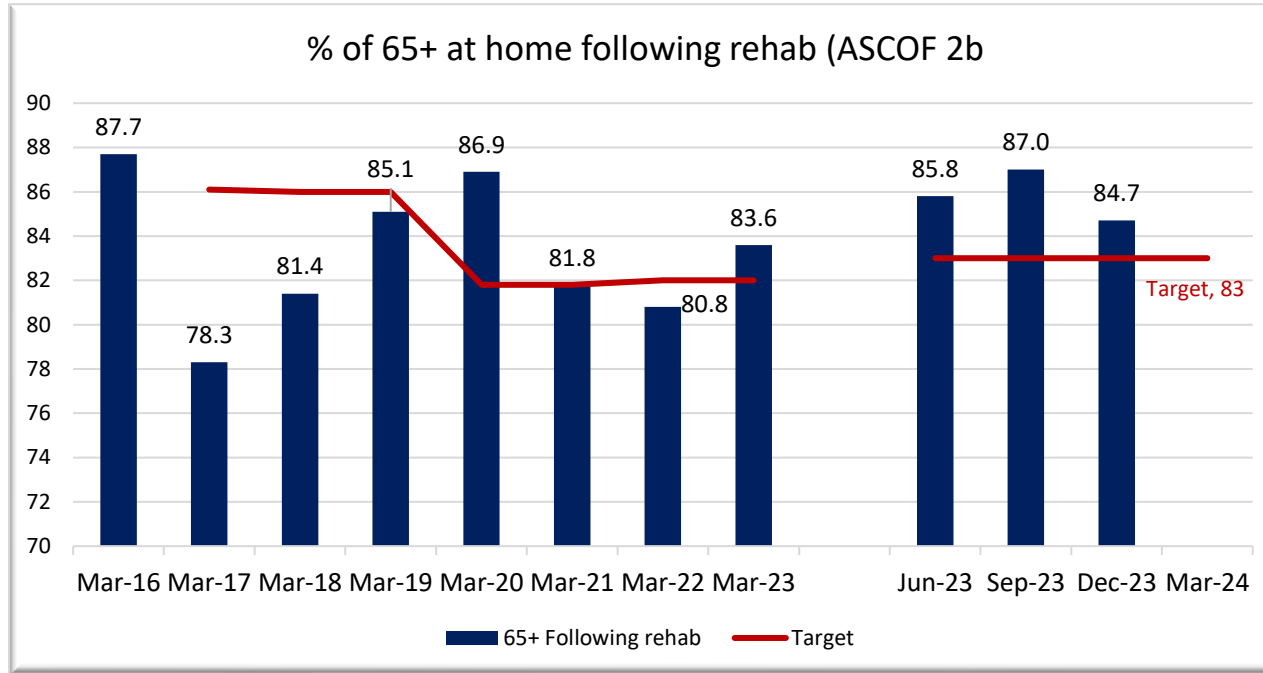
Month	Mar-2022	Jun-2022	Sept-2022	Dec-2022	Mar-2023	Jun-23	Sept-23	Dec-23
Result and RAG	80.8%	82.4%	86.6%	84.9%	83.6%	85.8%	87.0%	84.7%
Numerator	497	548	625	631	622	600	629	621

Commentary:

Mar-23 benchmarking data shows Worcestershire performs above comparators and the national average on this metric about older people at home following reablement.

Despite continued pressures in the Urgent Care system this metric has been consistently high during 23-24 although as is the usual seasonal pattern results have dropped in December to 84.7% (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)

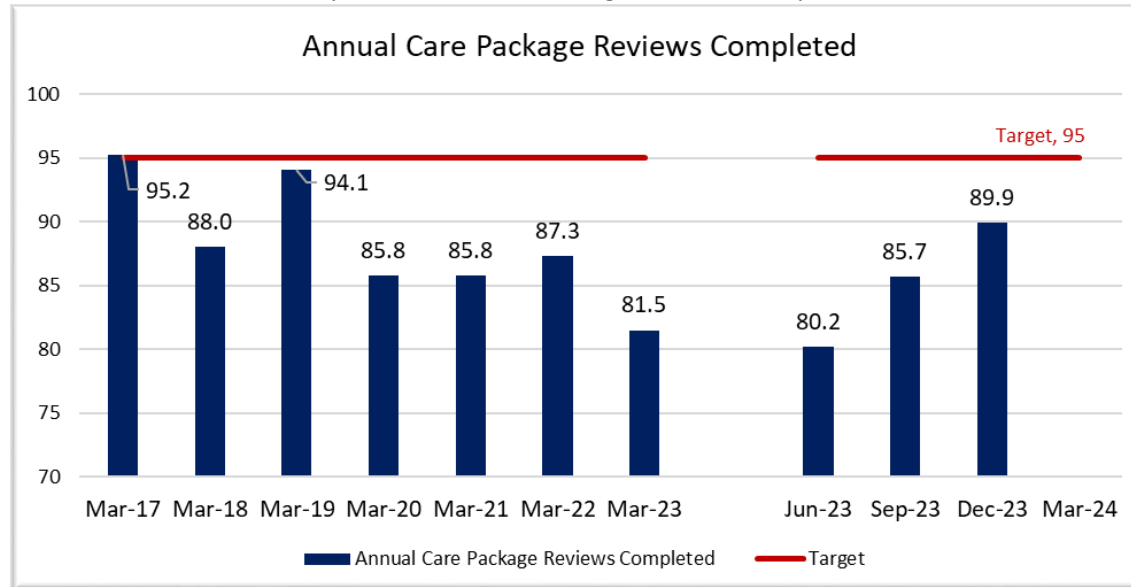
Month	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Result and RAG	83.6%	82.4%	81.5%	81.2%	80.3%	80.2%	81.9%	83.5%	85.7%	87.5%	89.0%	89.9%
Numerator	3917	3884	3838	3816	3839	3846	3929	4008	4162	4284	4409	4446

Commentary:

Performance on reviews has steadily increased throughout the year and is just below 90% at the end of Dec-23 (rated Red against a target of 95%) compared to 85.7% in Sep-23. Both Learning Disability and Area Teams had additional support from an external provider earlier in the year, this has now ceased. We are managing to continue to gradually increase performance. This is a challenge due to increased demand (more contacts and more people receiving services) as well as workforce issues and vacancy rates, including access to agency staff. We are starting to develop self-review models and AI in this area to support people to inform their own review via online tools.

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Graph: Annual Care Package Reviews Completed



Budget Position – Quarter 3 (Period 9)

**Adult Care and Well Being
Overview and Scrutiny Panel
20 March 2024**

Corporate Budget Position – Quarter 3 (Period 9)

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Key Headlines – 2023/24

- At the end December, our net overspend was at **£19.2m** on a £401m net budget – this was **after** using one off monies from additional income from business rates (£4.1m), £9m additional use of reserves (on top of £5.5m used to balance the budget approved before the start of this year) that were set aside in the budget to manage.

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Our structural deficit (*a budget deficit due to our ongoing expenditure greater than our income*) is **c£35m**.

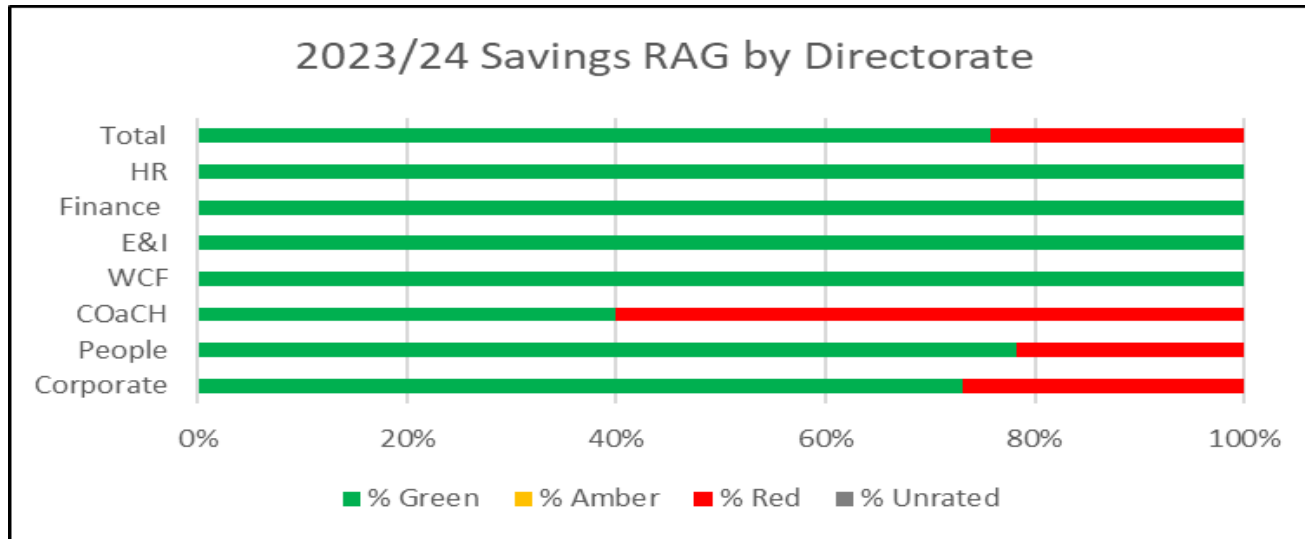
- Our overspend position is not because of poor control, oversight or policy decisions. It is simply an exceptionally large increase in our costs for demand-led services, set against our constrained ability to raise additional income.

FY 2023/24 P9			
Service Area	Budget £m	Forecast £m	Variance £m
People – Adults	145.816	151.145	5.329
People – Communities	21.596	22.023	0.427
WCF Contract	90.244	90.244	0.000
Economy & Infrastructure	72.072	72.581	0.509
Home to School Transport	20.759	29.750	8.991
Commercial & Change	10.291	11.586	1.295
Chief Executive / HR / Finance	3.222	3.085	-0.137
Public Health	0.186	0.186	0.000
Total: Service excl DSG	364.186	380.600	16.414
Corporate Items	36.630	33.948	-2.682
Non-assigned items	0.000	0.000	0.000
WCC TOTAL	400.816	414.548	13.732
WCF Company Position	123.284	141.820	18.536
WCF Total	123.284	141.820	18.536
WCC Net Budget	400.816	433.084	32.268
Additional Funding:			
Business Rates			-4.100
Use of Reserves			-9.000
Net WCC & WCF Overspend			19.168

Savings within the 2023/24 Budget

- £22.4m of savings built into the overall budget
- 76% rated as green i.e., delivered or expected to be fully delivered 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 which has been built into the 2024/25 base budget

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- Current value of the Capital Programme for 2023/24 to 2026/27, following approval by Full Council, totals £390m
- 54% 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 (40%), capital receipts (4%) and use of earmarked reserves held for capital (1%) and revenue funding (1%)

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Total Expenditure	23/24	23/24 Revised	24/25 Revised	25/26 Revised	26/27 Onwards	Total 23/24 +
	Actuals YTD	Budget	Budget	Budget	Revised Budget	Revised Budget
	£'000	£'000	£'000	£'000	£'000	£'000
Open for Business	6,240	15,804	47,978	17,585	8,788	90,154
The Environment	47,188	80,913	64,795	3,930	815	150,453
Children and Families	14,830	24,656	51,597	28,796	25,802	130,850
Efficiency and Transformation	1,252	6,344	4,213	2,214	3,076	15,847
Health and Well-Being	101	768	1,899	27	0	2,694
TOTAL	69,611	128,485	170,481	52,552	38,480	389,999

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, spend will be allowed on:

- 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.

Financial planning, strategy and the Medium-Term Financial Plan

- Required refresh of the MTFP has been approved by Council.
- Significant and sustained inflation.
- Extremely challenging time for local government.
- Council remains focused on living within its means.
- 2024/25 budget setting process has been extremely tough as the Council seeks to achieve its priorities whilst meeting the growing cost of demand, all from within limited funds.

- 15 Feb Council Report outlines all the areas of pressures, demand and savings and efficiencies.
- Appendix 3 outlines the approved savings and efficiencies as part of the budget.

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Proposed Budget	2024/25
	£m
Structural deficit	35.0
Pressures and Investments	52.0
Removal of non-recurrent reserves	0.0
Total pressures and investments	87.0
Funded From:	
Government Funding	-27.9
Council Tax	-19.6
Additional use of Reserves	-2.3
Savings and Efficiencies	-37.2
Gap	0.0

Key Messages

- Very difficult time for local government
- Essential that services remain within budget and implement the delivery of the £37.2m savings
- Council will still constantly review and ensure we only spend where it is absolutely necessary throughout 2024/25.

Specific 2023/24 Quarter 3 (Period 9) information

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Areas within remit of Adult Care and Well Being Panel

P9 Financial Position – Adult Services

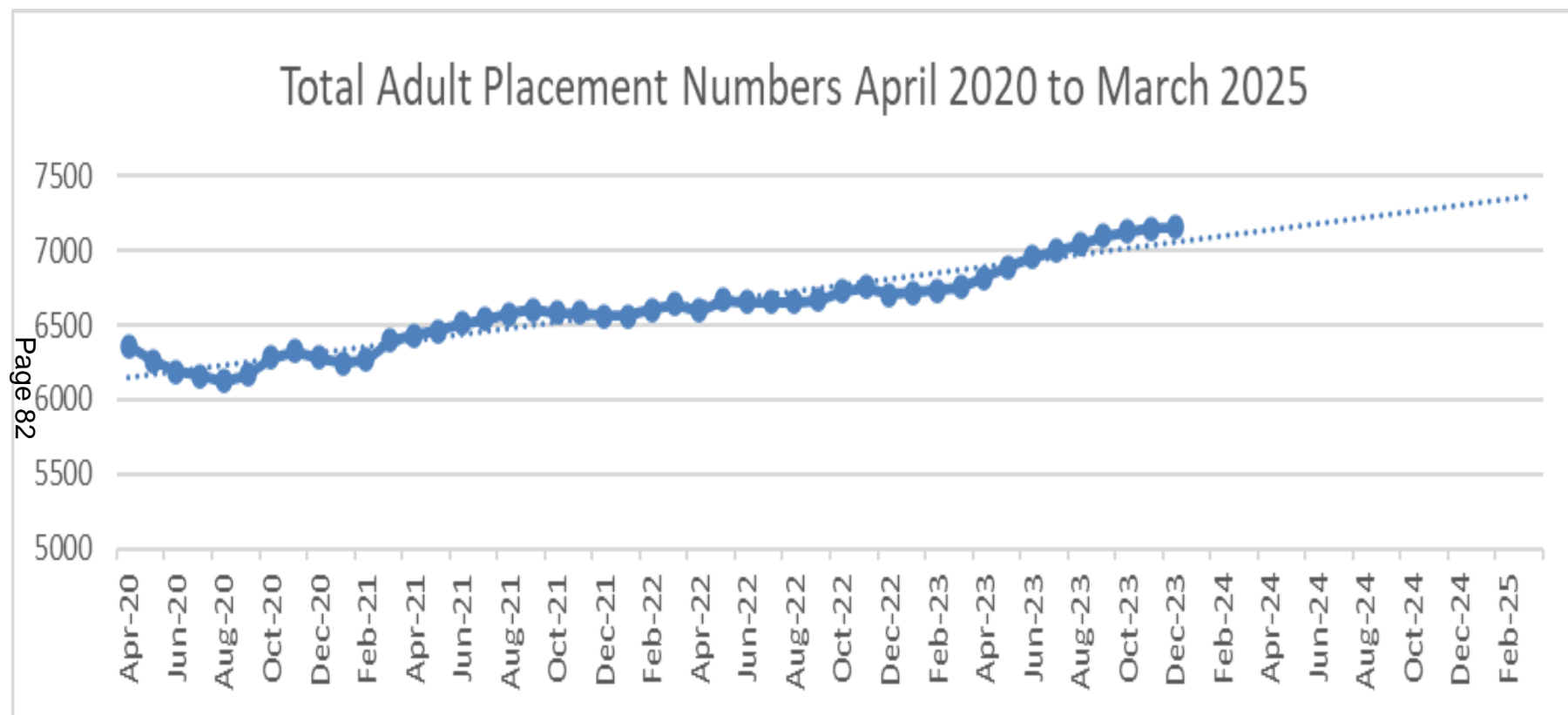
Adults Revenue Forecast	2023-24 Gross Budget Q3	2023-24 Net Budget Q3	2023-24 Forecast Outturn Q3	2023-24 Forecast Variance Q3	2023-24 Forecast Variance Q1	2023-24 Forecast Variance Q2
	£'000	£'000	£'000	£'000	£'000	£'000
Older People	113,097	76,530	77,880	1,350	2,641	856
Learning Disabilities	86,191	76,751	80,497	3,746	5,248	3,990
Physical Disability	24,289	20,379	21,126	747	1,335	757
Mental Health	31,894	23,284	23,556	272	559	320
Adults Commissioning Unit	18,981	1,008	1,209	201	188	280
Central Services (incl iBCF and Social Care Grant)	1,491	-52,136	-52,819	-683	-4,089	-340
Provider Services	11,551	10,532	10,334	-198	15	-131
TOTAL ADULTS	287,494	156,348	161,783	5,435	5,897	5,732

P9 Headlines – Adult Services

- Net £5.4m overspend on its £156m net budget (3.5%)
- £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
- 6.6% growth seen by end of December (additional 439 packages)
- Pressure in the market based relating to unit costs

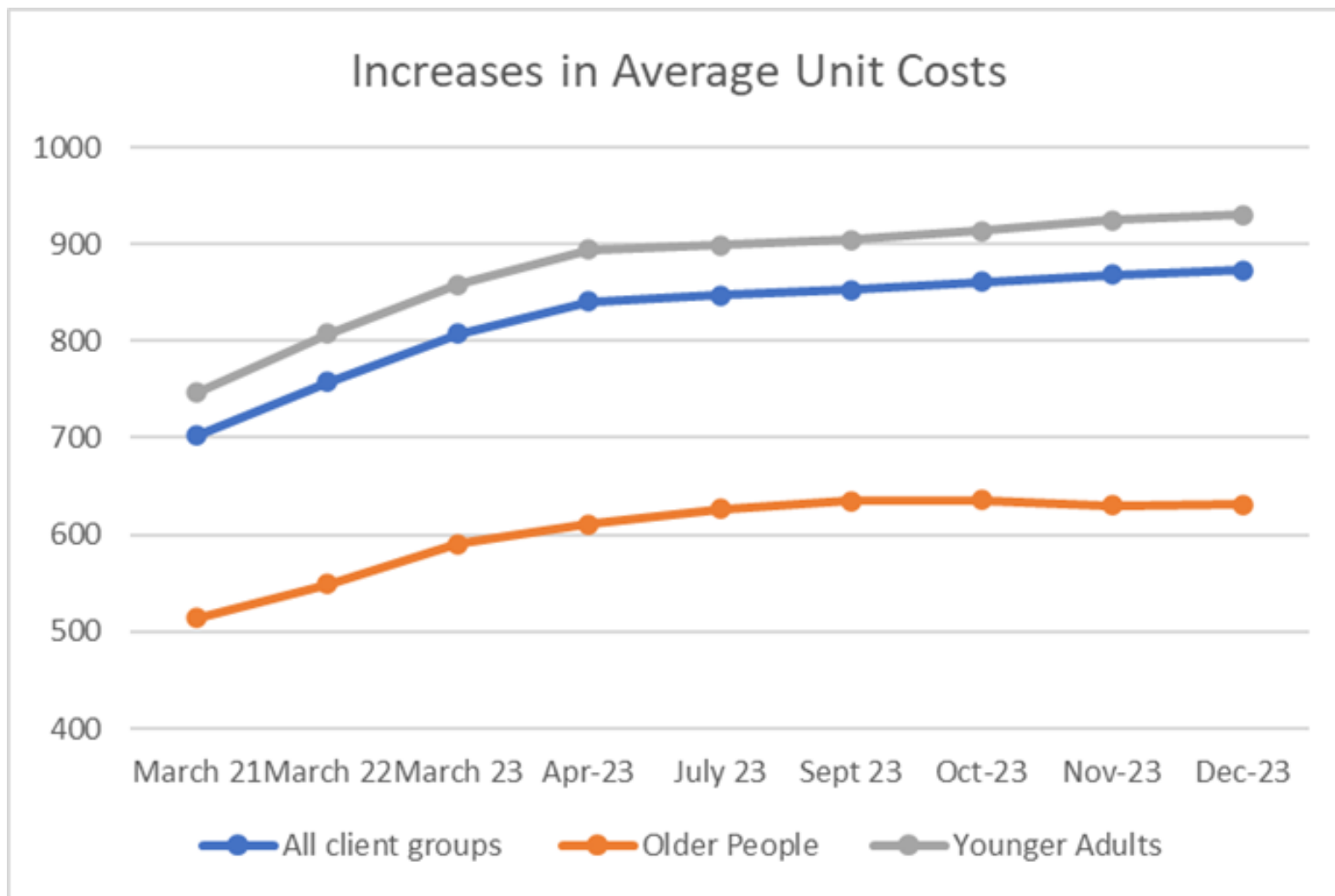
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Adult Placement Numbers



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Adult Unit Costs



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P9 Headlines – Placements – Change Since March 2023 - 1

Older People - £1.3m overspend

- Increase of 288 clients
- Residential Care – 8% increase in average unit costs
- Nursing Care – 9% increase in average unit costs
- Home care - 8% increase in average unit costs

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Learning Disabilities - £3.7m overspend

- Increase of 83 clients
- Residential Care – 6% increase in average unit costs
- Supported living - 11% increase in average unit costs
- Home care - 21% increase in average unit costs
- Direct Payments – 10% increase in average unit costs

P9 Headlines – Placements – Change Since March 2023 - 2

Mental Health - £0.3m overspend

- Increase of 33 clients
- Residential Care – 8% increase in average unit costs
- Nursing Care – 24% increase in average unit costs
- Home care - 6% increase in average unit costs

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Physical Disabilities - £0.7m overspend

- Increase of 35 clients
- Nursing Care – 12% increase in average unit costs
- Home care - 13% increase in average unit costs

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 20 MARCH 2024

REFRESH OF THE SCRUTINY WORK PROGRAMME 2024/25

Summary

1. The Panel is being asked to consider suggestions for its 2024/25 Work Programme prior to it being submitted to Council for approval.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The Panel routinely reviews its work programme at each meeting to consider which issues should be investigated as a priority.
3. In addition, on an annual basis, the rolling annual Work Programme for Overview and Scrutiny is approved by Council.

Scrutiny Work Programme 2024/25

4. The Scrutiny Work Programme for 2024/25 is now being refreshed. Panel Members and other stakeholders have been invited to suggest topics for future scrutiny.
5. The current draft Work Programme is attached at Appendix 1).
6. Members are asked to consider the draft Work Programme and agree its priorities for 2024/25. Issues should be prioritised by using the scrutiny feasibility criteria below, agreed by the Overview and Scrutiny Performance Board (OSPB).
7. The OSPB will receive feedback on the Scrutiny Panels' and the Health Overview and Scrutiny Committee's discussions and agree the final Scrutiny Work Programme at its 25 April meeting. Council will be asked to agree the Work Programme at its meeting on 16 May.

Feasibility Criteria

8. The criteria (listed below) will help to determine the scrutiny programme. A topic does not need to meet all of these criteria to be scrutinised, but they are intended as a guide for prioritisation.
 - Is the issue a priority area for the Council?
 - Is it a key issue for local people?
 - Will it be practicable to implement the outcomes of the scrutiny?
 - Are improvements for local people likely?

- Does it examine a poor performing service?
- Will it result in improvements to the way the Council operates?
- Is it related to new Government guidance or legislation?

Remit of the Panel

9. The Adult Care and Well Being Overview and Scrutiny Panel is responsible for scrutiny of:
- Adult Social Care
 - Health and Well-being

Dates of Future 2024 Meetings

- 20 May 2024
- 3 July 2024
- 7 October 2024
- 4 December 2024

Purpose of the Meeting

10. The Panel is asked to consider and prioritise the draft 2024/25 Work Programme and consider whether it would wish 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 2024/25

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 and Minutes 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
20 March 2024	Performance (Q3 October to December) and In-Year Budget Monitoring	5 December 2023	
	Worcestershire Safeguarding Adults Board Annual Report 2022/23	24 March 2023	Requested at 22 January meeting
	Plans to manage demand and efficiencies in adult social care		Agenda planning January 2024
	Update on The Role of Adult Social Care in Complex Hospital Patient Discharges	7 November 2022 18 July 2022	
	Work Programme Refresh		
20 May 2024	Update on NHS Continuing Health Care (CHC) including funding implications	14 January 2022	Directorate Suggestion July 2022
	Update on Direct Payments	20 May 2022	Requested at 20 May 2022 meeting
	Staff Vacancies and Retention		Requested at 28 September 2022 meeting
	Update on How to Access Adult Social Care (the Adult Social Care Front Door) - TBC	13 October 2023	Requested at 22 January 2024 meeting
Possible Future Items			
July or October 2024	Deprivation of Liberty Standards (DoLS) Update		Directorate Suggestion 22 January 2024 meeting
July or October 2024	Delivery of Adult Safeguarding Model		Directorate Suggestion January 2024 meeting
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
Standing Items			
March	Worcestershire Safeguarding Adults Board Annual Update	15 March 2022 24 March 2023	Annually
September	Compliments and Complaints for Adult Services	28 September 2022 5 December 2023	Annually
November/January	Budget Scrutiny		Annually
March/July/ October/December	Performance and In-Year Budget Monitoring		Quarterly