

**Report to:**

## **ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**

**Relevant Officer:**

Karen Smith, Director of Adult Services

**Date of Meeting:**

23 June 2022

### **ADULT SERVICES OVERVIEW REPORT**

#### **1.0 Purpose of the report:**

1.1 To provide an overview of the whole directorate including financial position. Members had also requested a special item on delayed discharges which is contained within this report.

#### **2.0 Recommendation(s):**

2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny which will be reported back as appropriate.

#### **3.0 Reasons for recommendation(s):**

3.1 To ensure constructive and robust scrutiny of these areas of work.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? No

#### **4.0 Other alternative options to be considered:**

4.1 None.

#### **5.0 Council priority:**

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

#### **6.0 Background information**

6.1 Covid has impacted significantly on the way in which services in Adult Social Care (ASC) have been organised, located and delivered since the start of the pandemic. These were

comprehensively detailed in previous reports.

The account below updates those report, captures some of the across the board impact, and then breaks down into some of the team/service area specific impacts and how these are being dealt with.

## 6.2 **Adult Social Care Division**

### Staffing

As we continue to emerge from the pandemic, the legacy of its impact on Adult Social Care continues to affect work on a daily basis. Adult social care staff now undertake a hybrid working arrangement of four days in the office and one day at home; for full time staff, on a rota basis. This has been in place since the end of April 2022 and appears to be working well, 5 day working from the office is limited by available allocated desk space and to those staff who for personal reasons cannot work from home.

The arrangements for staff who have to enter residential settings is being managed via testing before visiting or by the home on arrival before staff can enter a care setting. The overwhelming majority of frontline staff took advantage of the vaccination and booster programmes. However despite this there was an increase in staff absences due to testing positive, both symptomatic and non-symptomatic which seemed to peak in the first 3 months of this year but has now significantly reduced.

## 6.3 **Service Delivery**

Face to face work has returned to pre-pandemic levels, teams are reporting an increase in volume of work activity which can be attributed to a number of factors; people presenting with care needs are coming forward in crisis rather than when preventative work can meet need, issues with long waits for domiciliary care are having to be managed by ASC staff regular contact and holding cases rather than services being put in place to support, we have had high rates of staff sickness linked to Covid but some longer term absences are also impacting, the struggle to recruit staff has impacted on our ability to fill vacancies and we are carrying a high number of vacancies at this time.

To address this, we are using a combination of things – agency staff, additional hours to part time staff, acting up opportunities, offering jobs to students who have completed their qualifications, and supporting unqualified staff through Social Work degree apprenticeships. In addition we are running virtual recruitment events, led by the Director and senior managers, highlighting the benefits of working for Blackpool Adult Social Care, and asking our staff and former students to talk to potential applicants about their experiences of working for us.

Assessing for deprivation of liberty was a significantly impacted area, due to the restrictions

of visiting to care homes. This was mitigated by the use of video and audio technology by both medical staff and Best Interest Assessors so we continue to have no backlog of significance. Recent guidance advising to return to face to face assessments has been followed by our Best Interest Assessors. The increased numbers of outbreaks in residential settings has meant more recently a reduction in these, but wherever possible we continue to assess face to face.

Demand for domiciliary care hours commissioned remains significantly higher per week, both in terms of requests and total hours commissioned, and the average size of the package over previous years. The recruitment and retention problems in the independent domiciliary sector remain high, and competition for workforce, with some of the commercial sector paying higher rates than are offered in this sector, add to the difficulties. We continue to work collectively on recruitment and retention via the Health and Social Care Career Academy partnership, with recruitment events, changes to the way recruitment and selection is done, and altering workstyles to suit individual needs wherever practicable. Investment in a Real Living Wage level fee also allows care providers to offer a higher hourly rate than the National Living Wage, albeit lower in most cases than the major national retailers.

As outlined in the last report, we continue working towards a “home first” approach to try and enable people to return to, often their first choice, their own home. This does explain some of this dramatic increase. However, this is only part of the story. Some of the other main contributory factors include the following: the accelerated discharges from hospital; increased caution in considering moving to a residential setting; an increase in general morbidity in the population by people not seeking medical intervention as quickly as they may have done in the past.

Waiting times for care remain at an all-time high, not just a local picture. Engagement with the provider market continues to be a regular feature of the weekly work, and all available supports to increase care hours available are actively pursued.

#### 6.4 Service Users and Carers

Face to face work wherever possible continues on more normalised basis. We are confident that this leads to a more holistic assessment which is more personalised, and will continue to move back to putting the “social” in the “work”.

#### 6.5 Hospital and Health Based Teams

The Neighbourhood Hubs continue to offer Adult Social Care (ASC) support across the Primary Care Network. Six Social Workers and three Case Assessors based in North South and Central GP Hubs support many of the more complex hospital discharges, in order to secure support from health colleagues in the community. Being based in the Hubs enables ASC to work jointly with therapies and nursing services and demands for service remain high. The Teams are very well established – with minimal recruitment/retention concerns.

We continue to offer social work support to The Hospice with one Social Worker based in the Multi-Disciplinary Team (MDT) in the Hospice supporting Blackpool and Lancashire County Council residents. This role has proved to be vital during the pandemic, as the hospice has become part of the system flow for our most vulnerable discharges from hospital at a critical time. End of Life care is providing both a bed based and Hospice at home service.

The Transfer of Care Hub (TOCH), a multi-disciplinary team of health and social care staff that oversee hospital discharges for those people requiring a service on discharge is now well established and includes a ward where patients ready for discharge can be moved to free up acute beds, while they await appropriate discharge support services. The service works over seven days a week, and this includes staff covering A and E, Acute Medical Unit and the Frailty Unit to help avoid unnecessary hospital admissions. Further recruitment to ensure robust cover is available is ongoing and will need to reflect the ambition to offer an 8am - 8pm Service 7 days a week. This model has in practice moved the full assessment process to outside of the hospital, and tries to ensure that any ongoing care needs are identified once the person is functioning at their optimum level. Workflow via the Transfer of Care Hub has increased significantly since it started and now covers all of the discharges for both Blackpool Teaching Hospital and Clifton Hospitals, links into Pathway 0 discharges, Red Cross, Patient flow Team, Early Supported Discharge Team, Home First, Housing and Homeless Services and Carers Support Service (all siting within the Discharge Service in TOCH). This team is carrying a number of staff vacancies for qualified social workers which for the first time we are struggling to recruit to. Allied to this area of Service sits our Rapid Response Team. This MDT works to prevent admissions, support step down services for discharges from the acute hospital while working toward admission/re-admissions avoidance – again there are vacancies for social workers carried within the service. However the short and long term ambition is to offer a 7 day service 8am – 8pm to support the MDT function. There has been new initiatives attached to this service – 2 hour response times, roll out of virtual wards and a greater involvement in prevention, crisis intervention and hospital at home.

The restrictions on hospital/ward based activities and changes in use of other buildings where staff were based pre pandemic e.g. the stadium, means we now accommodate more staff in Bickerstaffe House, including staff from the Continuing Health Care Team on a rota basis.

Winter plans, developed with our NHS colleagues, are now functional, although it remains a dynamic environment in terms of delivery, not least due to the Omicron wave of infections. The Discharge to Assess as a way of working is now imbedded in policy and discussions are ongoing regarding future funding implications, following the end to central funding from March 2022.

Work is ongoing regarding other health developments including the need to increase operational delivery ensuring a 7 day 8am – 8pm service across the systems – primarily ensuring we can meet winter demands ahead of the impact. All of the above will have

significant implications for social care resources. Plans need to be considered early arranged and embed as soon as practically possible to avoid any potential for winter crisis.

In order to demonstrate the developments to date please read in conjunction with the attached slides (see appendix). These will demonstrate the efficient and effective improvements made with regard to discharges within the TOCH and how these have been integrated into a stream-lined system across all discharge pathways. Over the next 6 month TOCH focus will be:

- Pathway 1 same day discharges home
- Governance – To aid ongoing improvements
- Explore how to gain feedback from people using the service, including carers

In order to respond and deliver ongoing success without our Integrated MDT's we require support from our whole system – Carer Support Services, ARC, Care and Support, Clifton Outreach, Private Providers and Housing Initiatives remain central contributors in ensuring we provide a cohesive system for our residents and those needing our services.

#### 6.6 Adult and Older Adult Mental Health Teams

Pressures in mental health services remain extremely high in both adult and older adult services, with significant increases in referrals as well as an increase in requests for Statutory Mental Health Act assessments, there remains regular delays in admission for people liable to be detained due to bed unavailability, where beds are identified these can be many miles from Blackpool. We have specific arrangements set up with some Local Authorities who will undertake our Statutory Mental Health Act work for an agreed cost, namely Colchester and Hexham, this cost is then reclaimed from LSCFT (Lancashire and South Cumbria Foundation Trust).

We continue to work with LSCFT and other local authority partners in the transformation projects although these are at very early stages of development and there is as yet no "blueprint". We are very close to receiving recurring funding for 5 new Mental Health Social Work posts, one to be based in each of the 5 Blackpool hubs. We have also gained 2 new Mental Health Social Work posts, each for a 3 year period with monies from Transforming lives monies. These 2 posts will work in the Rough sleepers Team, 1 person is already in post and this team appears to offering wrap around support to this cohort of people and making a real difference to their lives. Finally, for the first time, Blackpool Council Mental Health services are experiencing difficulties in recruitment of qualified Social Workers with some posts gaining no applicants at all. Following consideration and meeting with Karen Smith and Human Resources a virtual recruitment event has been planned for mid-June to attempt to ease these recruitment issues across the whole of Adult Social Care.

#### 6.7 Integrated Learning Disability Team and Autism Team

The team continues to see an increase in their referral rates, this is being felt by all the staff within the team. Day services are now operating at more normal pre-pandemic levels which is having a positive effect on carers who throughout the bulk of Covid took on the entirety of the caring role for their individuals. Staff are now regularly entering supported living placements, with the exception of those that experience a Covid outbreak. There continues to be a steady flow of children approaching adulthood and transitioning into Adult services, as this work re-identification commences at the age of 14 we are able to deliver in most cases a seamless transition.

The Autism Team is now fully staffed and fully engaged with those people with a primary diagnosis of autism. Demand for the service is high. The team has good contacts with health diagnostic staff, working closely with them. This team also experiences high demand of children with Autism approaching adulthood and entering Adult Services, this team currently does not have a Transition worker so is not able to engage the child at the age of 14.

One of the key success criteria for this team is its individually person-centered approach to support – tailored to the needs, aspirations and wishes of each person, and at a pace appropriate to them. This high level of bespoke responsiveness is already delivering amazing results for autistic adults of all abilities that have not been well-served by the existing health and care system, but poses a challenge for how to meet growing demand – a problem that the Autism Partnership will need to get a grip of and will require a whole system response. The creation of an Autism Partnership Board will help to shape the service going forward, and bring all relevant partners together to maximise benefits for service users and their families and friends.

We are currently constituting our Blackpool Autism Partnership to take us through the local delivery of the National Autism Strategy, which covers every area of life from childhood through to education, employment, lifestyle, housing, leisure, general health and care, and specialist diagnostics and service delivery. Membership will encourage autistic people to be visible leaders and influencers in the development of actions, to guide the delivery of our local strategy and its plans, which will be much broader than health and care services.

Going forward the numbers of people with a learning disability and/or ASD (Autism Spectrum Disorder) continues to grow. Although relatively small in number, young people coming through transitions needing a supported living placement are growing and this is evidenced in the budgetary impact this leads to.

#### 6.8 Deprivation of Liberty Safeguarding Team.

The Team continue to be extremely busy with work coming from both our residential care homes and hospital settings. Our Best Interest Assessors are now undertaking their assessments face to face with the exception of when the care home are in outbreak. We are working with our consultant psychiatrists to again work towards face to face assessments, there is some reluctance from some of them but we continue with this work and are actively

seeking new psychiatrists to undertake this role. From a supervisory Body perspective, we had experienced a back log due to the retirement of one of the Senior managers, we have now trained 2 of our Service Managers in this role so hope that we will be back up to date within the next two weeks or so. We continue to contribute to the consultation around the Liberty Protection Safeguards (LPS) working closely with Blackpool Council's Legal Team and our Health partners, we have recently been informed that the earliest that LPS will be implemented is April 2023 but more likely October 2023 or even April 2024.

#### 6.9 Adult Social Care Initial Contact Team and North and South Teams

The three teams have returned to covering their respective geographical areas and work priorities. However going forward in line with the Integration agenda we are moving towards an approach based around registered G.P rather than geography. Referrals are now high and we are at times struggling to allocate due to staff sickness and vacant posts. There has been a notable increase in more complex work, with people not approaching ASC to ask for help until they are absolutely desperate and this means that we are limited in the help we can offer with 24hr support often being the only viable option. The number of emergency short term placements we have been making has increased which reflects this.

We have also noted an increase in the number of safeguarding referrals specifically we have seen more of these in regulated settings as professionals and families start to visit again post pandemic and with a return to face to face rather than virtual work, which can mask problems.

These teams are carrying temporary and permanent social work vacancies which are proving difficult to recruit to.

#### 6.10 Business Support Team

The team, comprising the Social Care Purchasing Unit, Quality Assurance, Direct Payments and Personal Health Budgets, have maintained a constant presence in Bickerstaffe. They continue to deliver all their normal services alongside overseeing the PPE in house support, and to personal assistants. Coordinating incoming and outgoing post, this extends beyond the service to include other teams who would usually occupy the 4th floor, in their absence.

The team still manage the additional financial support care providers are offered to support the Covid-19 challenges they face, making all payments on time. They also record and track every placement and care package made that is Covid-19 related to ensure accurate invoices can be submitted to the CCG.

#### 6.11 Overall

Staff while experiencing some loss of resilience post pandemic continue to demonstrate care and commitment to the people in Blackpool needing it. The pace of change, not just in ways of working but also in structures within they work, has been dramatic in terms of not just what

has been achieved, but how successfully it has been achieved.

However, the pace of change is not slowing, and there are significant changes coming in the near future. The changes in the NHS and how we work together with them, the implementation of the “Care Cap”, and the Liberty Protection Safeguards are simply some of those, and will undoubtedly have a major impact on Adult Social Care. To meet these and other challenges we anticipate the new senior management structure to be both crucial and critical in being confident we can continue to deliver a high quality service to the people of Blackpool.

#### 6.12 **Blackpool Council - Care and Support Division – Adult Provider Services**

##### Overview

Blackpool Council’s Adult Provider Services has been at the forefront of the response to the winter months between November 2021 – March 2022 supporting the social care and health partnership across Blackpool. It is fair to say we have just experienced one of our most difficult operational periods that we can recall. Yes, some of this has been Covid related but there has also been so many other influencing factors which simply reflect the current state of flux within our social care and health system and partnership.

Blackpool Council’s focus for winter 2021/22 was to develop Winter Plan Schemes with our health partners that could have the greatest impact on both reducing hospital admissions but also supporting timely discharges from hospital. The schemes our Council Provider Services developed were broad in context but proportionately targeted focus in each area of delivery; as illustrated below:

#### 6.13 **Additional Social Care Hours**

The additional social care hours increased the pool of hours available to our Homecare Service. The service was able to make operational decisions about where best to target provision at any given time. This provided a level of flexibility and responsiveness which enabled the service to balance all the different demands for care over the winter period. The three areas of focus were (a) Admission Avoidance (b) Hospital Discharges (c) Bridging Care (this being where our Council service provides care when the market is not able to respond). Our key focus as we entered winter was admission avoidance and hospital discharges but in reality this looked very different, as illustrated below for the period between November 2021 – March 2022:

Admission Avoidance – 7,036 hours of care delivered

Hospital Discharges – 8,563 hours of care delivered

Bridging Care – 11,790 hours of care delivered

The higher number of care hours delivered related to supporting the wider social care market

when care was not available and/or when the Council service was not able to transfer care to another provider due to capacity not being available in the market. This resulted in the service not being able to respond to other requests for care supporting admission avoidance and hospital discharges and illustrates further a whole market pressure at this time where demand for social care is exceeding the capacity available.

Based on the learning throughout the winter period, the Council has taken the decision to maintain these levels of provision going forwards to ensure a level of resilience across the market. Further schemes will be considered in preparation for winter 2022/23 to help build further resilience to meet increasing demand.

#### 6.14 ARC – Residential Intermediate Care

Throughout the Covid Pandemic The ARC has maintained the position of being Blackpool's Covid Receiver Service supporting Covid positive individuals as part of their hospital discharge plan. This required the service to reconfigure its provision and at times this was several times in one week when the Covid cases were continually fluctuating. This level of flexibility required additions to the workforce from across social care and health to ensure safe delivery of care in a service where there were any number of Covid positive individuals alongside those who did not have Covid.

Between November 2021 – March 2022 The ARC supported a total of;

140 individuals discharged from hospital

23 individuals who were 'stepped up' to ARC from the community to prevent admission to hospital

This level of support from The ARC ensured that individuals did not need to remain in hospital for any longer than they needed to. Some individuals required short term care until a care home placement or care at home was available and others required a longer stay for rehabilitation before returning home. The ARC was a pivotal partner during the winter and the model delivered has now been made a permanent feature going forwards, with the learning from the last few years being shared with Lancashire and South Cumbria to inform future modelling of residential intermediate care services across the Integrated Care System (ICS).

#### 6.15 Technology Enable Care (Vitaline Service):

The Council's Vitaline Service operates 24hrs per day delivering a remote monitoring service to some of Blackpool's most vulnerable residents alongside offering a 24hr point of contact service for Blackpool Council 'out of hours'. The service delivers a wide range of different schemes, including a falls pick up model for people in their own homes and also supporting care homes though NWS diverts but also as a direct alert from residents. The Vitaline service also developed a 'same day installation' response with a focus on supporting hospital discharges, thus ensuring individuals were discharged home on the same day as the discharge

decision was made. Between November 2021 – March 2022 Vitaline supported at total of:

127 same day hospital discharges

905 fall pick ups

The 127 hospital discharges supported ensured that individuals did not need to remain in hospital for a further 24-48hrs whilst waiting for equipment to be installed. This resulted in at least 127 becoming available for other admissions during the winter period. Of the 905 falls pickups completed during the period, 647 prevented a call to NWS 999 and/or conveyance to A+E. The falls pick up model is being expanded to include direct access to Vitaline from two identified care homes with a view to expand this further over the coming months.

Colleagues from Blackpool Council's Adults Department have been working closely with Blackpool Teaching Hospitals, Fylde Coast CCG and Fylde Coast Medical Services (FCMS) partners in the development of the Virtual Ward model for Blackpool and Fylde Coast. Social care in its broadest context is the golden thread that runs through this development and Blackpool Council have been active partners over recent months helping to influence and shape the model we have today.

Our Council services are providing out of hours monitoring via the Vitaline Service and linking in with FCMS and a GP practice to support people with stable long term conditions to help prevent hospital admissions. Our adults Social Workers via Transfer of Care HUB and Rapid Response are joining the daily multi-disciplinary meetings with clinicians and supporting decision making around how best to care for people in their own homes. Our internal Homecare Service is providing the additional wrap around care that might be required by those individuals, who for a short period of time, might need some extra care and support.

Funding to cover social care interdependences is being considered by the Integrated Care System (ICS) and Blackpool is joining the meetings and working groups to explore this with other Local Authorities across the ICS. However, instead of waiting to secure funding, we have approached this development from a position of 'doing the right thing for Blackpool residents'. The Virtual Ward approach to meeting holistic care and health needs in people's own homes absolutely ensures our residents receive the 'right care, in the right place at the right time' and truly delivers tangible person centered care to people when they most need it.

#### 6.16 Provider Support HUB and Emergency Workforce:

Blackpool Council developed the Provider Support HUB at the very start of the Covid pandemic and this service has gone from strength to strength in this time. The support of our social care providers has been essential throughout the past couple of years but in particular during what has been some very difficult winter periods. The Provider HUB has coordinated the deployment of an Emergency Workforce to social care providers at times when they have been experiencing difficulties in covering their staffing rota. In part due to Covid and staff absences but also in addition the normal winter pressures. The Provider HUB between

November 2021 – March 2022 has supported a total of:

231 individual social care providers with 2,368 separate requests for support

9,102 hours of Emergency Workforce deployed to social care providers

The Provider Support HUB has supported the wider social care market and delivered a level of stabilisation during the winter period at a time when we experienced a Covid surge and additional pressures within our Hospitals. As a result of the learning and the positive impact of the Provider Support Hub, the Council will continue to deliver this model and support providers going forwards, albeit, the Emergency Workforce element will remain under review and reduced over time as demand for support reduces.

In summary, Blackpool Council's Provider Services have continued to support the broader social care and health economy over the winter period and beyond. We have taken the learning from these experiences which has informed future investment decisions in terms of targeting resources towards the areas where the greatest demand is at any one time. It is fair to say that the social care delivery environment remains one that is challenging, but the winter period of 2021/22 has evidenced the strength of collaboration and partnership working across the sector where services have come together to deliver models of care and support that better meet the needs of all partners and thus ensuring that the people in our care, no matter where they might be, receive the right care at the right time.

#### 6.17 **Charging Reforms Summary**

The Government is reforming the way people in England pay for their care. From October 2023 there will be a cap placed on care costs which means that people who are 18+ in England will not pay over £86,000 in personal care charges. The current upper capital limit of £23,250 for local authority financial support will be increased to £100,000.

People in England will also be able to ask the Local Authority to arrange their care and support no matter what their income and savings are, currently those with savings over the limit tend to arrange their own care.

A person's progress towards the care cap limit will be captured within their care account. In order to access this, they must have a needs assessment under the Care Act 2014. Services that Blackpool Council deem meet their eligible needs will be counted. These include care at home, day care and direct payments as well as 24 hour care.

Blackpool Council have signed up to be a DHSC trailblazer in order to pilot the reforms. This means that we will begin early Care Act needs assessments and financial assessments under the new guidance in October 2022 and we will go live in January 2023.

We are currently working closely with the DHSC to develop national guidance and implementation of the reforms alongside other trailblazers. Alongside this, the Financial

Reforms and Billing Project Group are planning how we will implement the reforms locally and what this will look like for the people who use our services. The DHSC trailblazer team plan to visit Blackpool in June 2022.

Along with all Local Authorities nationally, Blackpool Council is currently undertaking fair cost of care exercises to improve understanding of how much it costs to provide care in the specific area, including assessing the various costs care providers face in the area.

## 6.18 **Finance Update**

### Budget/Finance

2021/22

There was a small underspend within the Directorate in 2021/22 despite significant pressures due to Covid-19. Additional expenditure amounted to £9.5m, the main reasons being a 10% fee uplift to care providers until July (£1.6m), Personal Protective Equipment (PPE) provision (£0.4m) and additional hospital discharges (£2.0m). The Workforce Recruitment and Retention Fund was also used to bring forward fee uplifts for providers for a period of 16 weeks based to allow payment of the Real Living Wage (RLW) to staff along with additional funding to both increase and maintain staffing levels (£1.3m). The measures relating to Covid-19 were funded by a combination of Government grants and Clinical Commissioning Group (CCG) recharges. The main reason behind the savings in the service was related to large numbers of vacancies throughout the year.

2022/23

There was a significant investment in the Adults budget to incorporate the additional short term care requirements (£2.0m) based on the two hour Discharge to Assess Policy introduced in 2021, funded by the NHS. In addition, there was the introduction of enhanced fee rates to our providers provided that they sign up to a commitment to pay RLW (£2.0m)

### Fee Rates

A significant amount of information on the scale and nature of the additional Covid-related costs incurred by social care providers has been collected throughout the course of the pandemic up to and including March 22 when it was announced that Government grants would end. Providers have been asked to submit monthly reports detailing the additional costs which have been incurred as a result of the introduction of infection control measures. This data has been summarised and sent on a regular basis to the Department of Health and Social Care (DHSC) to help inform decision making in relation to the Infection Control and Testing Fund. The information provided was also used to inform decision making regarding our fee

models and adjusted where necessary, particular examples are noted below.

The renewal of insurance cover again needs to be highlighted as a particular difficulty faced by many care providers. A number of insurance agencies are no longer willing to provide cover for care providers. Where insurers are willing to provide cover this has come at a significant increased cost and with the removal of any cover for Covid-related liabilities.

Other cost pressures include increases in the prices of utilities and expected increases in the National Living Wage. There was also an increase of 1.25% in the rate of National Insurance payable by employers from April 2022, as announced by the government as part of its plan to introduce a Health and Social Care levy.

The high turnover of staff in the sector and the challenges associated with recruitment and retention have been long standing issues but these difficulties have now been exacerbated by the pandemic with staff needing to isolate or leaving their jobs to work in higher paid roles. This means increased staffing costs as providers try to cover rotas with agency staff or recruit new starters (requiring training, DBS checks, etc.)

#### Medium Term Financial Strategy

Work has now begun on updating the Department's Medium Term Financial Strategy as part of a wider exercise to refresh the Council's overall financial plans for the next six years. Work is well under way with Accountancy and Adults Senior Management Team to understand the current levels of activity and to model future demand. The impact of earlier hospital discharges and clients needing higher packages of care will be a cost pressure in future years that will need addressing. Added to this will be the requirement to increase provider fees in line with National Living Wage rises ( or Real Living Wage where applicable) along with considering the financial implication of the recently announced Health & Social Care Levy. This work will dovetail with the current refresh of the council's Medium Term Financial Sustainability Strategy.

#### Adult Social Care Market Reform

The announcement of extra funding for the health and social care sector, as part of the government's Build Back Better plan, to increase capacity in the NHS and reform adult social care, in particular by introducing a lifetime cap on care cost of £86k, is now progressing. Blackpool has been chosen as one of 5 Trailblazer authorities and we are currently working with our residential and domiciliary market to conduct a Fair Cost of Care exercise ahead of a go-live date in January 2023. A Market Sustainability plan will be developed to detail how Blackpool will attempt to bridge any gaps between our current fee rates and the results from our costing exercise over the next 2 years.

6.19 Does the information submitted include any exempt information?

No

**7.0 List of Appendices:**

7.1 Appendix 5(a): Transfer of Care Hub Presentation

**8.0 Financial considerations:**

8.1 Contained within the body of the report.

**9.0 Legal considerations:**

9.1 Contained within the body of the report.

**10.0 Risk management considerations:**

10.1 Contained within the body of the report.

**11.0 Equalities considerations:**

11.1 Contained within the body of the report.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None associated with this report.

**13.0 Internal/external consultation undertaken:**

13.1 None.

**14.0 Background papers:**

14.1 None.