

Report to:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Relevant Officer:

Karen Smith, Director of Adult Services

Date of Meeting:

10 November 2022

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To provide an overview of the whole directorate including financial position.

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? N/A

4.0 Other alternative options to be considered: N/A

5.0 Council priority:

5.1 The relevant Council priority is: Communities: Creating stronger communities and increasing resilience.

6.0 Adult Social Care Update

6.1 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 on a rota basis and flexible working has been reintroduced. We do of

course also continue to accommodate staff who for personal reasons cannot work from home.

We have in the last 10 months experienced significant issues in recruitment, this is specifically for qualified roles, Social Worker, Deputy Manager, Team Manager roles and is unprecedented in Blackpool. We have had a high number of staff leave some choosing retirement post pandemic, others moving out of social care altogether and others moving to posts within other council teams or other surrounding local authorities.

Our long term sickness levels are also high at this time, but there are no themes and staff are being supported through attendance management, but 2 have resulted in ill health retirement.

6.2 **Service Delivery ASC Community**

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 issues with long waits for domiciliary care are having to be managed by ASC staff and some the result of failure demand from other services or waits for ASC input.

The struggle to recruit staff has impacted on our ability to fill vacancies at all and the combination of the volume of new work coming into the department, trying to cover the work that was on going to colleagues who are off sick and manage existing workloads is a pressure and is a factor contributing to levels of staff sickness.

We had to take the decision last month to merge three teams into two in order to manage them, due to the absence of managers and also a lack of Social Workers in one team. Two weeks ago due to increased staff absences, more management sickness we merged the service into one team with a Service Manager stepping down to manage operationally and we have made the decision; in light of the approaching winter, that this arrangement will be in place for a minimum of the next six months to try and mitigate against further vacancies and absences and provide some stability.

Pressures are being felt by all staff and managers and effective work is underway to support our teams during such a challenging time, including solutions for things that don't work as well as they could – internal and external.

We have also for the first time had to make the decision to place a temporary hold on undertaking scheduled annual reviews and also hold a waiting list for new work coming into the department. This is the picture across many authorities nationally, but is new to Blackpool.

We continue to proactively explore all ways of managing this situation and prioritise urgent work from both new and existing people.

6.3 **Hospital and Health Based Teams**

The Transfer of Care Hub, 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 still developing. The service works over seven days a week, and ASC have staff in throughout this period. Further recruitment to ensure robust cover is available will mean that for the first time in the 3 years since it was established this team has a full complement of social care staff.

This team are proving effective in supporting people's discharge from the acute and peripheral hospitals and work with on average 100 people a week to determine the best place of discharge and then source and arrange this. Ward staff still discharge more physically able patients directly; but due to concerns about how some of these people managed post discharge, we have incorporated a support work role into this team to follow up on people sent home via this route. This has picked up and supported a number of people who were failing to manage and avoided potential readmissions to hospital, and avoidable hardship for the person concerned.

Former hospital social work staff are now based within the community and provide discharge support service, assessing everyone discharged within the first three days to check the discharge plan is robust and was correct, arrange alternatives if not appropriate and also assess and plan with people for how best to meet their medium to longer term on going care needs. This naturally increases the overall volume of work the Council does, but is a feature of discharging people earlier in their recovery.

Utilising Resilience and Surge funding we are providing additional hours on a 6month temporary basis into our Rapid Response team to ascertain the social care demand if the service moves ahead with the national requirement for a seven day 8:00am – 8:00pm service; funding was not sufficient to do this full time or permanently, but we hope to gather evidence over the 6 months of staffing and funding requirements going forward.

We continue to have social care staff operating out of the six main Primary Care Teams (Doctors Surgeries) and are also involved in some of the wider system discussions about the introduction of integration following the Fuller Report recommendations.

We are also working even more closely with Blackpool's Carer Centre, with one of their team basing themselves with our Social Workers once a week and regular meetings between the Director of Adult Social Care and their Chief Executive.

6.4 **Care Quality Commission Assurance**

We are mindful that CQC is now moving towards undertaking inspections of Adult Social Care teams, based primarily on system working regarding integration but from our perspective looking at how we engage with and support the people we work with and whether or not we

are compliant with required legislation and guidance.

Work in advance of this is underway to check we are working as well as we can and addressing any gaps in required practise/systems.

6.5 **Care Reform Work**

Blackpool is one of the Trailblazers for the Care Reforms and work has been underway in both ASC and also finance and support services to establish pathways for undertaking this work. Currently there are some questions about the timescales for the implementation of this work but we continue to prepare and work through emerging issues in readiness. We have purchased an online self-assessment tool for people to utilise to determine their own care needs and are looking to roll this out to test it but also possibly help with general workflow issues in the months ahead. Self-assessment helps those who can use it (with or without help) to focus on their key issues, which they can sort for themselves and what they need help with.

6.6 **The Autism Team**

The Autism Team continues to develop and receive a high number of referrals. The team has increased in terms of its staffing numbers and currently is established at:

- One acting Team Manager
- Five Social Workers, one of these being a Preparing for Adulthood post. One post is currently out for recruitment.
- One Case Assessor
- Four Support Workers. One post will be vacant shortly due to maternity leave, this temporary post is out to advert.

The team are currently working with 74 people all who experience a level of autism that affects their day to day functioning. Each of these individuals will have had a Care Act Assessment completed and a care plan devised to meet their identified care needs. This is often undertaken by a Support Worker from within the team who is able to understand the person's needs around their autism and adapt their interventions to enable the best progress to be made.

The team has recently employed a Case Assessor who is able to carry out statutory Care Act Reviews of which there are currently 23. People who receive a review in this team are no longer receiving ongoing support from the team, but have a commissioned care package in place which requires a statutory review. This team are currently up to date with their reviews. The Case Assessor is also able to assist the Social Workers and carry out lower level Care Act Assessments as well as acting as the duty officer.

The team currently has 34 people on a waiting list. These individuals are contacted weekly to ensure that their mental health has not deteriorated. Any person who it is felt would be unsafe to remain on a waiting list will be expedited. The team have worked extremely hard to reduce the waiting list and as we recruit to the vacant Social Work post would expect there to be no waiting list.

As we head into November, we are extremely proud to inform of our second Autism Away Day at The Winter Gardens. This time we are concentrating on our local businesses and educating them in terms of the merits of employing an autistic person as well as of course offering support and guidance to those who are unsure or anxious around meeting the needs of somebody with Autism. Along with awareness raising of what helps and hinders autistic people when out and about.

The day will consist of the morning being presentations from autistic people and some other guest speakers who will talk about, communication, environment and employment. The afternoon session will be open to everybody and will include local businesses having a stall to advertise their business and hopefully consider recruiting somebody with autism.

Finally, we will be soon having our first meeting as an Autism Partnership Board, this will be co-chaired between Karen Smith, Director of Adult Social Care and an autistic person or persons with autism. These are very exciting times in Blackpool and we will update in six months' time and report on our ongoing progress.

6.7 Care and Support – All Age Provider Services:

It is more and more evident from around the country and the world that the Covid pandemic, albeit very challenging and certainly impactful of society and our most vulnerable has presented opportunities to work in different ways and come together across different fields of expertise to ensure our most vulnerable in society have continued to receive good quality care and support.

The Integration between health and social care is one of the areas that has certainly improved over the past few years and there are more and more opportunities for collaboration as we enter the winter months.

In Blackpool we are fortunate to be in a position of delivering Council led health and social care services that absolutely deliver 'integration' and joined up provision across some very complex areas of care. The Council's Care and Support – All Age Provider Services, has been at the forefront working in new and different ways with partners across the health and social care economy to deliver innovative services to our most vulnerable residents. Below are some examples of what has been achieved in Blackpool between collaborators across health and social care:

ARC – Assessment and Rehabilitation Centre - It is fair to say that ARC has experienced

significant change during the last few years in response to Covid but also in response to the increasing acuity of people's needs that requires support from ARC. The Council, in partnership with Blackpool Teaching Hospitals, has delivered an integrated health and social care model of care at ARC for several years now. This was initially with a focus of rehabilitation and residential reablement, however, over recent years there has been a shift towards more complex care and people requiring a period of time to recuperate following a discharge from hospital. As a result, ARC has provided care to people who are much more poorly than they have been in the past. This has presented a significant amount of challenges as caring for people with a greater level of needs requires a higher level of staffing and additional specialist clinical support.

To this end the ARC has increased its general staffing cohort to ensure adequate staffing is available to meet all care needs. In addition the team have identified that additional clinical leadership was required from a nursing point of view and we established a Clinical Lead Nurse role to support the clinical care of the people accessing ARC. Furthermore, working with colleagues at the Adelaide Street GP Practice and our Integrated Care Board (CCG) Commissioners, we successfully developed a daily visiting GP Service at ARC that has enhanced further the clinical care and enabled the ARC team to better care for people with very complex medical conditions, on site at ARC without the need of needing to be referred or conveyed to hospital. There is working underway to evaluate the impact of the daily visiting GP Service to inform the continuation of funding into the future.

Falls Pick Up – There has been a considerable amount of media focus about how the NHS will respond to the anticipated difficult winter period. One of the key areas of focus nationally is around 'falls' whether this be people in their own homes or in care homes. It is typical for most falls that an ambulance is called for assistance. Not all these fallers are conveyed to hospital, but a large number are and some will be admitted to hospital as a result often following a wait of many hours.

In Blackpool, the Council's Vitaline Service which delivers the technology enabled care provision for Blackpool, has been successfully delivering a Falls Pick Up service to Vitaline clients for over 10 years. The service has recently been working with North West Ambulance Service (NWAS) to deliver a 'NWAS Divert' offer for Blackpool residents. All calls for uninjured fallers that go through to NWAS are automatically shared with Vitaline so that a 'Falls Pick Up' visits can be scheduled in. As we are all too aware from our 24 hour news cycle, waits for ambulances are increasing and this is likely to get worse as we head into winter. Where the NWAS Divert Service comes into its own is that Vitaline can typically respond to the faller sooner than an ambulance. Vitaline can undertake an assessment for injury as trained by NWAS and following a successful fall pick up, can stand down the ambulance. This response has ensured the faller has spent less time on the floor and has ultimately prevented an ambulance visit and potentially a conveyance to hospital.

Building on this success, the Council's Vitaline Service has now expanded the Falls Pick Up service for care homes. Still using NWS as the diverter but the care home also telephones Vitaline following the call to 999 and whichever service arrives on site first, they then stand the other down. A recent example of someone in a care home falling, the care home staff telephoned for an ambulance and due how busy they were, they advised they may not be able to respond for six hours. Vitaline received the call and was able to respond within 30 minutes and within 45 minutes from the time of the call to Vitaline, the resident was up off the floor and back in their bed, settled, happy and safe. The ambulance crew were stood down and they were better able to prioritise resources to other emergencies.

The Vitaline Falls Pick Up service has been enhanced further by working with Blackpool Teaching Hospitals Community Services and the Rapid Response Team. This team is a multi-disciplinary team of clinical specialists based in the community who can provide clinical support to patients in their own homes and in care homes. Where our Vitaline responders become concerned about someone they may be visiting, for a fall pick up or other reason. They can call into Rapid Response between 8:00am-8:00pm seven days per week and seek clinical advice and guidance. Prior to this arrangement being in place, Vitaline would need to make contact with the persons GP, Out of Hours (111) or call for an ambulance. Working with Rapid Response has created a live triage intervention where our clinical colleagues can make risk based decisions about how best to care for the person and whether a hospital admission of GP is required. The enhanced service has been in place since June 2022 and so far over 40 admissions to hospital have been avoided as a result of Vitaline and Rapid Response working in partnership. This model is now being developed in Morecombe and across other areas of Lancashire and South Cumbria.

Q2 Statistics:

Falls Pick Up in Own Home Q2 July - Sept 2022: 662 fallers, 4 conveyance to A&E and 558 successful lifts and avoidable admissions.

Falls Pick Up in Care Homes Q2 - 12 fallers, 0 conveyance to A&E. Feedback from homes is really positive and waits did not exceed 45 minutes for a response from Vitaline compared to what could have been several hours for an ambulance.

Social Care Technology – We will all be aware of the evolution in digital technologies and the accessibility of such technology, whether this be via a mobile phone or a watch on one's wrist. Digital technologies have been around within health and social care for many years but more towards health. This is now changing and social care is catching up in terms of the different technologies available to support people with self-care and their families. The Council's Vitaline Service is at the forefront of these developments. The service embarked on their 'digital switch' programme pre-Covid anticipating that the old analogue telephone lines will become obsolete by 2025. This work has continued at pace and the Council has invested a considerable amount of capital finding into supporting the switch from analogue to digital.

We are aware that by August 2023 the analogue telephone lines will start to be switched and as such Vitaline are installing new digital Smart Hubs in people's homes in readiness for August 2023.

What the digital switch creates for social care is an opportunity to better deliver technology enabled care remotely, including monitoring in people's own homes and a lot more health and wellbeing support via digital applications. To this end the Vitaline Service has been working with the Health and Social Care Career Academy and Blackpool and Fylde College to develop a 'technology space' inside the Health and Social Care Career Academy at the Council's Bickerstaffe offices. Drop in sessions have been arranged for Social Workers and Care Providers so that they can be shown the equipment available and what it can do for people. The Council's Telecare/Telehealth lead from Vitaline will be in attendance at the sessions so that people can receive expert advice and guidance.

As we enter a more technological period across social care, we need to ensure our Social Workers, care providers and families are thinking about 'technology first' when it comes to care and support of people. The demands for social care are increasing and anything that technology can help with in terms of enhancing and/or replacing some elements of care. Then, we can better target the social care resources for care where they are need most. The aspiration is to care for people with a blend of physical and digital care into the future and taking advantage of new technologies to better care and support our most vulnerable residents.

6.8 Review of the Safeguarding Arrangements/Interim Chair

Partners including Lancashire Police, NHS Lancashire and South Cumbria Integrated Care System, Blackburn with Darwen Council, Blackpool Council and Lancashire County Council are committed to providing the best services and support to promote and protect children, families, and vulnerable adults across its communities. The partnership has a unique ability to work together to promote the welfare, protect from abuse and neglect, children, young people and Adults from risk or harm.

In 2019, partners agreed to pool their resources to create a centralised Joint Partnership Business Unit (JPBU) to oversee each localities safeguarding arrangements incorporating from a children's element, the independent scrutineer function. The role of the Pan Lancashire Safeguarding Adults Executive Board and the Children's Safeguarding Assurance Partnership is to ensure the most appropriate policy, operational and governance arrangements are in place across the county. Steve Ashley had been undertaking the role of the chair for the three adults' boards and Strategic Executive Board across Lancashire and resigned from his post mid-August.

The operating environment has changed since the partnership arrangements commenced with NHS and Social Care Reform, introduction of the Health and Care Act, CQC regulation of Local Authority ASC arrangements etc.

For this reason, the Partnership has committed to undertaking a review of the Pan-Lancashire partnership governance arrangements across Children, Young People and Adults. The aim is to agree a partnership model that upholds best practice outcomes, delivers statute partnership, organisational duties and locally led decision making and galvanises strong leadership at all levels. The review will outline the form, fit and functional requirements needed to deliver the refreshed model and aims to take place over the next few months.

As an interim measure, Karen Smith will be undertaking the role of the chair of the Blackpool Safeguarding Adults Board until the review has concluded and decisions are finalised as to future arrangements.

Workplan

The sub-groups were suspended during the pandemic and were reinstated with a new model around 12 months ago where the sub-groups now operate on a wider footprint to cover the three upper tier authorities including Blackpool.

The membership, engagement and participation with Partners of the sub-groups has been challenging which has resulted in the delay of the workplans being produced. There has been a lack of clarity and direction for the sub-group workplans from the Strategic Boards in all three areas. The Joint Partnership Business Unit (JPBU) have used the feedback from the development days (Lancashire and Blackburn with Darwen SABs) together with one-to-one discussions with Blackpool SAB (their development day was cancelled due to a high number of apologies).

The workplans are now being developed based on:

- identified key areas from the development sessions
- safeguarding adult review findings/recommendations
- requested SAB Partners to provide direction on the specific and local areas of focus/action – from their agency perspective (awaiting responses)

6.9 Budget/Finance

2022/23

Adults Services is currently forecasting a net overspend of £0.3m as at Month 5. The two main areas for this pressures are within Complex Cases and Short Term Care. There was a significant investment in this year's budget for Complex Cases yet demand has continued to increase at pace, likewise investment was made to increase the Short Term Care budget linked in to the impact of speedier hospital discharges and an emphasis on avoiding admission to hospital. The service has benefited by being able to reclaim some of this expenditure through the NHS and further savings have been seen against Homecare packages which partly offset the pressures described above.

6.10 **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 announced Health & Social Care Reforms. The September announcement of a record rise of 10% in the Real Living Wage has already had a significant effect on the modelling of fee rates for next year. This work will dovetail with the current refresh of the council's Medium Term Financial Sustainability Strategy.

Demographic pressures or changes in the volume of activity due to demand are evident in the system. These pressures include -

- An increase in the number of adults requiring a Complex Case package of care at an annual cost of £750k to the service.
- The requirement for more short term support both at home and in residential care as people are discharged from hospital within very short timescales at an annual cost of £300k to the service
- A reduction in income from Nursing Placements causing a pressure of £200k to the service.

6.11 **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 six Trailblazer authorities and we have engaged with our residential and domiciliary market to conduct a Fair Cost of Care exercise ahead of a go-live date no later than April '23, subject to the upcoming fiscal announcements expected on 17th November. 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 forthcoming years. National funding will be needed in order for this to be affordable.

6.12 **Market Sustainability**

All providers are being impacted by staff shortages and rapidly rising costs. The Council works very closely with all social care providers to support them wherever needed and

practicable. Support on offer includes:

1. Quality Monitoring Team – As well as contract monitoring, the team keep in touch with providers to offer support and act as a link between providers and external partners.
2. Provider Peer Support Hub and Emergency Workforce provide practical hands-on advice and support, including coordinating emergency staffing.
3. Finance and Business Support are available for open and frank discussions around financial issues and collective identification of solutions/lobbying themes.

6.13 Director of Health and Care Integration

This is a new role for Blackpool and is jointly employed between the Council and NHS (Integrated Commissioning Board, ICB). The post holder is also Blackpool's statutory Director of Adult Social Care) and builds on the 'soft' integration and extensive partnership working already in place in Blackpool, including a focus on prevention and wider determinants of health.

7.0 List of Appendices:

7.1 None.

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.