

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Social Services
Date of Meeting:	Thursday 6 July 2023

ADULT SERVICES OVERVIEW

1.0 Purpose of the report:

1.1 To provide Scrutiny Members with an up to date overview of the Adult Social Care directorate including the current financial position.

2.0 Recommendation(s):

2.1 Scrutiny members are asked 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?
Yes

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

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 (Social Work Teams)

6.1 ASC, as a whole - A summary of the main areas of work undertaken

The remit of all of our ASC team's in both community and hospital based service areas is to support and promote the wellbeing of vulnerable adults across Blackpool; whatever the

6.2 cause of their problems, in line with local and national policy requirements.

We work with young people coming into adults from children's services who are in care/care leavers with care act eligible needs, including those with mild to moderate disabilities. For the 18 years plus population we work with those who have long term health or disability related needs, mild/moderate learning difficulties, mild/moderate mental health issues, drug and/or alcohol related problems or issues associated with older age including dementia. This includes safeguarding work, which covers concerns like poor care or negligence within the regulated care sector but also abuse of individuals by family members or strangers.

6.3 The departments work involves multi-disciplinary working with all relevant agencies to deliver statutory responsibilities. These responsibilities are outlined in The Care Act (2014) and include prevention, assessment, care planning, the commissioning of services and undertaking reviews. Safeguarding work also falls within S42 of this legal framework.

6.4 Another key part of the whole teams work is governed by the Mental Capacity Act (2005), which includes work around mental capacity assessments. Staff in all ASC teams undertake Mental Capacity assessments and best interest meetings along with associated S21A¹ challenges and Court of protection work. A number of staff in ASC teams are qualified Best Interest Assessors (BIA) and undertake these assessments as part of the departments Deprivation of Liberty Safeguards work.

6.5 Other key pieces of legislation (and this is not an exhaustive list) that the service have regard to in their duties include –

- The Domestic Abuse Act (2021)
- The Health and Social Care Act (2022) and
- The Human Rights Act.

6.6 **The current picture, challenges and innovations**

Over the last 12 months Adult Social Care has continued to feel the impact of post pandemic changes in peoples working lives and also staffing issues in both the care sector as a whole and the NHS. We experienced a number of staff leaving for jobs where they could work from home, staff wanting to reduce their working hours and staff taking early retirement' all of which impacted on our operational function. Work has been ongoing with staff teams to ensure that we are responsive to new ways of working that can be accommodated that

¹ A person who is deprived of their liberty under a DoLS (Deprivation of Liberty) authorisation in a care home or hospital has the right to have these arrangements reviewed by a court or tribunal. This is to ensure that their Human Rights are not breached. The mechanism for doing this is included in section 21A of the Mental Capacity Act 2005 and involves the person making an application to the Court of Protection. The application is referred to as a 'Section 21a Application'. Usually, an application will be made where the person is objecting to being deprived of their liberty, or objecting to their current care arrangements, for example if they are in a care home and want to go home.

support staff wellbeing, skills and experience retention while retaining a focus on delivering good outcomes for our residents.

6.7 Adult social care staff are now working within a “hybrid model” which affords staff reasonable flexibility in the way they manage their time in the office. The majority of staff have chosen to work from home 1 or 2 days a week although this varies depending upon personal circumstances. A greater degree of flexible working was introduced in the autumn and some staff are utilising this. As a result, we have seen a reduction in staff turnover, and the barriers in recruiting to vacant posts are now starting to ease. It is positive that we have also been able to offer jobs to our Social Work students who have graduated this year. This represents a really positive investment in their training and development and we are pleased to be able to retain our students locally.

6.8 Following period of significant challenge in recruitment, we are now seeing an uptick in the numbers and quality of applicants for advertised vacant posts and have had 2 new social workers start with the ASC Community Team in the last few weeks with 2 more due to start later this month. We have seen some staff who left to work for other authority areas return to work in Blackpool.

6.9 Coupled with the challenge of recruiting and retaining skilled staff, the service has also experienced high volumes of work coming through from people needing help and advice and from other agencies concerned about people they are in contact with. This increased demand at the “front door” has led to some bottlenecks in our response – a common feature of most Adult Social Care departments nationally, but less usual for Blackpool.

6.10 We have developed, close to the work, an Adult Social Care Recovery plan which is monitored by the Senior Leadership Team, including the Director of Adult Social Services (DASS) and Heads of Service and Service Managers from across the department. The plan is designed to address the root causes and symptoms arising from these issues, alongside innovation work that is helping to deliver improvements in what we do and how we do it.

6.11 **ASC Health Linked Services**

Our teams that work alongside health partners in the hospital and in the community have also experienced retention and recruitment issues. While carrying vacancies, core staff and managers have been working flexibly to cover pressure points across all of their service area’s to ensure discharges from hospital are able to continue. We have now appointed 2 new Deputy Team Managers to replace vacancies created by promotions and this management team are working well together to support staff in a high pressure environment, keeping to discharge time scales with a high volume of work and also managing longer term complex casework.

6.12 Our discharge support team who undertake the assessments and work after an individual’s

discharge from hospital are based alongside Continuing Health Care (CHC) NHS colleagues and our 2 CHC social workers at Bickerstaffe House. Blackpool's model for integrated working with CHC is being adopted across the whole of Lancashire and South Cumbria, due to its effectiveness and timeliness.

6.13 Our hospital and community health partnership teams work hard to flex with demand surges that occur regularly from the Acute Hospital. Work prior to discharge is embedded into an integrated Transfer of Care Hub (TOCH), based at the hospital. Covering this over 7 day operations is a significant challenge.

6.14 The legacy of the pandemic is still being felt across the sector with people presenting at point of crisis both to ASC and in health, having not sought help at the earliest opportunity when a more preventative approach and lower level support or treatment would have been an option. Instead, we note an increase in the number of people who from no support at all are in such a crisis when they present that the only way of supporting them, all be it hopefully on a short term basis is in a 24 hr setting like a residential or nursing home.

6.15 We can see the impact for people who have missed out on early diagnosis and treatment for conditions that have deteriorated and while this probably is reflected across the country, for our population with some of the existing struggles around poverty related issues this simply deepened the crisis. More and more care act needs are emerging that stem from issues linked to poor quality private sector rented accommodation in disrepair and the impact significant cost of living pressures have on independence. We are working closely with partners across the Council and the wider community to look at ways we can work together to improve outcomes for our population.

6.16 **3 Conversations**

The Council is now underway with embedding the '3 Conversations' approach within adult social care. This is a nationally recognised strengths based way of working that engages staff and managers to change how services work with people to meet their needs at the earliest stage; and as a result also makes services more time-efficient and cost-efficient.

6.17 Currently, referrals to adult social care are predominantly via telephone and email and calls are screened via the duty workers. They information gather and if the person/carer is deemed in crisis they are prioritised for a visit and the rest of the referrals await allocation. The worker then goes out and completes a lengthy Care Act assessment and records in each domain to determine eligibility whether they are relevant to the person or not. The worker then commissions services and completes a care plan. The current process is embedded in the current market of traditional services and the person and their family are often handed off to many different people prior to receiving a visit.

The 3 conversations approach focuses on not handing off the person, the worker that

- 6.18 answers the initial enquiry will stay with them. The worker listens hard to the person and their family and focuses on how we can help them in that moment, what would make a difference and to understand their context and story. The person is empowered to concentrate on the resources that they have around them including community assets. Staff are able to support people to access these resources and checking back in with them following this rather than giving them the information and closing them down as is the traditional way of working.
- 6.19 Staff have found to date that often a small change actually makes a big difference such as supporting a person to use ride-a-bility community transport to attend a social club. They then have the confidence to access this independently whereas traditionally a commissioned service would have been requested.
- 6.20 There also is a shift to not planning long term in a crisis situation and the same worker staying with the person and their family until this has resolved. Only after things stabilise will the worker focus on what a good life will look like for them.
- 6.21 The programme will run for 12 months and the first phase is two innovation sites, which will run for 13 weeks each. Throughout the innovation period, feedback will be collected both from the people whom the teams work with and from the staff themselves.

The first innovation site within adult social care community teams went live on 15 May 2023. This consists of a team of 12 staff with a mix of skillsets, supported by a Deputy Team Manager. Initial feedback has been that staff are feeling motivated and that they are making a difference for the people of Blackpool much quicker than they might have done previously. The innovation site is undertaking the “duty” role of managing incoming work for 1.5 days per week. Outside of this time, they are working through a list of people that are aligned to one postcode area and have requested support. As part of the rollout of this work the department is collaborating closely with health colleagues to enable more streamlined ways of working. It is of note that there has not yet been a long-term commissioned service put in place.

- 6.22 The second innovation site is within the primary care (GP) neighbourhoods (PCNs) which are aligned to PCNs. This site went live on 12/6/23. This is a new service which is the integration of adult social care mental health social workers into the primary care neighbourhoods. This will be a team of 5 social workers who will support the wellbeing of people currently under GP care and it is envisaged that this will reduce the number of those who need to move on to access support through secondary and other mental health services.
- 6.23 **Business Support Team Update**

This area of service encompasses the following teams:

- The Purchasing Unit who work between the social work teams and our internal and

external care providers to source, record and pay for non-residential care and keep all source records up to date.

- The Direct Payments team who support adults and children to manage their personal budget (or part of) to self-direct care and support. This includes those who are eligible for health funding, as administration of Personal Health Budgets is undertaken on behalf of the Integrated Care Board.
- The Social Care Benefits Team. This team was moved from Resources to Adult Services in April 2023 to provide closer working links, preventing silo working and reducing duplication. The team financially assess and recover client contributions to residential and non-residential care costs, pay residential homes and managing the debt recovery process through to legal action.
- The Quality Assurance Team who manage the information, referrals and alerts that come into the department via telephone calls and emails. They also provide a general admin function for the department which includes taking meeting minutes and data cleansing.

6.24 As an evolving service, business support have taken a key role in working with contracting, quality assurance and external providers to build close working relationships whilst ensuring accuracy of fees and value for money.

6.25 **Adult Social Care – Learning Disabilities, Autism and Mental Health Services**

We are pleased to confirm that we have successfully made the appointment of a Head of Adult Social Care for Learning Disabilities, Autism and Mental Health following the retirement of the previous post holder. From 1st July 2023 Liz Russell will be our Head of Service. Liz brings to the role a wealth of experience across a number of key areas combined with a passion for improving services and support in Blackpool. We are confident that Liz will make a valuable contribution to the continued development of adult social care in the area of learning disabilities, autism and mental health. Liz will be supported in her new role by two service managers – Louise Mathews for Mental Health Services and we will be recruiting to the Learning Disabilities and Autism role.

6.26 **Adult Social Care – Mental Health Service**

We have embarked on our Mental Health Transformation journey with some short term funding for mental health social work posts to lead on this a 'make a difference'. We have managed to recruit to some of the posts so work can commence whilst further recruitment is underway. The practitioners are providing mental health social work presence into the Primary Care Networks (GP practices), to provide a more responsive and preventative approach to Blackpool residents. It is envisaged that they will be working closely with primary care colleagues to provide additional support and interventions to people with mild to

moderate mental health needs.

6.27 Blackpool Council's Adult Social Care '3 conversations' approach has also been launched within this service area and went live on 19 June 2023 – Providing a targeted strengths based and outcome focused way of working with people who present to primary care services and builds on the Mental Health Transformation journey around 'making a difference'. Further updates around the success of this model will be shared in due course.

6.28 Adult Social Care Community Mental Health teams continue to experience high volumes of people requiring specialist mental health support, not dissimilar to other areas of social care and health at this time. Our social care practitioners work collaboratively with co-located health colleagues to ensure people receive the care and support they need. However, there are particular difficulties at this time in respect to being able to access clinical psychiatric support and in some cases active care coordination. This is not unique to Blackpool and is a symptom of the currently challenges across all mental health services, whether these be social care or health provided. It is fair to say that further partnership working across agencies is needed going forwards and we envisage that this will improve when the new Initial Response Service (IRS) is launched in September at the Harbour. We continue to have positive dialogue with Lancashire Care Foundation Trust and will continue to explore the opportunities to improve on the current situation for Blackpool residents.

6.29 **AMHP (Approved Mental Health Professional) Service**

An approved mental health professional (AMHP) is a mental health worker who has received special training to provide help and give assistance to people who are being treated under the Mental Health Act. Their functions can include helping to assess whether a person needs to be compulsorily detained (sectioned) as part of their treatment. An AMHP is also responsible for ensuring that the human and civil rights of a person being detained are upheld and respected.

6.30 The AMHP Service in Blackpool continue to experience significant pressure. In part this is due to the difficulties in access to mental health inpatient beds but also access to Section 12 Doctors (whom are required to make medical recommendations under the Mental Health Act) and Patient Transport (following a decision to detain someone under the Mental Health Act). This is not unique to Blackpool and access to inpatient beds is a National challenge but these issues contribute to delays for people needing mental health care and treatment. We are fortunate in Blackpool that we have some really positive community services that can help during the intervening period whilst waiting for a mental health bed. However, given the current difficulties these services are also experiencing the challenges in responding to the demand that is coming through. Everyone in the AMHP service is working hard to ensure everyone that needs are support receives what is needed is a timely manner as possible.

6.31 We are fortunate to have a mental health in-patient hospital in Blackpool. However we continue to see an increase in out of area hospital beds, a symptom of the current National

challenges. An example recently of a person admitted to a mental health hospital bed in Northampton; this was a private hospital and the local AMHP service were not able or willing to undertake a Mental Health Act Assessment on behalf of Blackpool Council – this resulted in a Blackpool AMHP having to travel to Northampton to undertake a Mental Health Act Assessment. To help improve the current situation for Blackpool residents needing a mental health in-patient bed, we are having dialogue with Lancashire Care Foundation Trust who have provided assurances that they will do all they can to provide an in-patient bed as close to Blackpool as possible going forwards, however this is dependent on what is available at the time and the National picture.

6.32 Integrated Learning Disability Team

As is the same for all Adult Social Care services, the Learning Disability Team are also experiencing significant demand. To support with some of the management oversight of the Team we have successfully appointed a Deputy Team Manager who comes with considerable experience from other areas and will be a welcomed member of the Learning Disability Team into the future.

6.33 We continue to provide a fully Integrated Learning Disability Team, the only fully integrated model in the Northwest. This includes the vital resource of a dedicated Psychologist supported by Behavior Specialist Nurses and other social care and health probationers. This ensures that people receive the care and support they need from one place without having to be passed between different services. A real success story for Blackpool and our Learning Disabled population.

6.34 Learning from Safeguarding Adult Reviews (Learning Disability)

Learning from Safeguarding Adult Reviews is a key function of the learning disability team. This includes the development of actions plans in response to learning which is overseen by the Safeguarding Adults Board. Engagement sessions with partners has been a key feature of the learning and so far these sessions have reached over 226 colleagues across our partnership. The focus of the learning and engagement sessions is 'prevention' and how the learning will improve how we support people. The next stage is to expand the engagement sessions to care providers supporting learning disabled adults and to also develop and evaluation mechanism that checks back that the learning identified is now shaping how we support people.

6.35 Autism Team

The Autism Team continues to build on its positive reputation and this is evident in the number of request for support that come through to the team. We have successfully appointed a Team Manager which is providing a level of stability in the team as they respond the demand for support. There has also been a very successful Social Work Apprentice Pathway developed for those student social workers nearing completion of their qualification

to take on a role in readiness for qualification. This not only supports a 'grow your own' approach but helps retain our valued and experienced staff who are committed to Blackpool. We have taken the step to develop a Preparing for Adulthood Social Worker post in recognition of the number of young autistic people who may require ongoing support from the Autism Team (adults) into the future. This is proving to be a great success and already making a difference as we are getting to know young people sooner and helping them understand some of the decisions they may need to be considering as they become an adult and ensuring that they have a voice in those decision.

6.36 **Care and Support – Provider Services:**

Following what has been a very busy winter period of our Council provider services we are now entering what has traditionally been a less busy period in some of our services. We have continued to develop services in response to demand, where ever this might be at any given time, for example:

- 6.37
- **ARC** – We have flexed the service to accommodate the changes in demand at the Hospital and when packages of care have been difficult to secure. ARC has provided care for people for short periods of time whilst their onward place of care is being finalized. This has had a really positive impact on people as they have benefited from all that ARC offers in terms of rehabilitation and a very proactive care and support model. Indeed, some people are leaving ARC following a short period in a much healthier and more mobile position than they were before.
- 6.38
- **Homecare and Reablement Service** – With the expansion of Fylde Coast Rapid Response Service and the emphasis on 'prevention' we have seen a significant increase in requests for crisis care coming through to our Homecare Service. These requests have increased by at least 20% over a period. This is a really positive picture as this has a direct link to reducing numbers of people being conveyed to hospital and receiving alternative care at home. With the evolution of virtual wards and virtual monitoring, this number of people who receive care and health support at home will likely increase as we work towards a fully integrate care and health partnership in Blackpool. Our Council services are actively involved in conversations about what our community transformation could look like and 'care at home' services are absolutely key to this.
- 6.39
- **Apprenticeships in Care:**
We have supported in excess of 130 Care Apprenticeships over recent years with the latest cohort of 32 just embarking on their qualification journey. This is not only growing the skills and expertise of our workforce but supporting numeracy and literacy attainment as Functional Skills Level 2 is part of the programme. Our apprentices have remained in employment with the Council and in most cases remained with our internal care and support services, albeit, they have moved into different roles, advanced into management and/or undertaken further studies in Social Work. This is a really positive story for Blackpool residents as not only do we have highly skilled and trained

practitioners providing care and support but most of our workforce also live in Blackpool and are residents too living, working and supporting the Blackpool economy.

6.40 **Digital Switch from Analogue – Vitaline**

We are nearing the August 2023 analogue to digital SWITCH date and we are pleased to confirm that our Vitaline Service is ahead of schedule in terms of customers having a digital device in place ready for the SWITCH. We are in the process of replacing and installing the last of the digital smart units which will hopefully be by the end of July. We then transfer to a Digital Hosted Platform and will begin testing the 7000+ devices and connections across Blackpool. The early planning and installation of a digital solution has meant that on the day of the SWITCH there should be no or very little interruption for residents and in most cases, no-one will notice any change. In the background our Vitaline Service, Tunstall (contractor) and the Council's Information Technology Team will be working hard to ensure everything runs as smoothly as possible. Our Vitaline Service is one of the first technology enable care servicers in the region to have reached a position of being digitally ready for the end of August SWITCH deadline. Other areas are needing to find work rounds to support analogue to digital whilst work is done to become digitally ready.

6.41 **Commissioning**

The Commissioning Team work alongside Adult Social Care to facilitate the development and delivery of services required to meet identified need across the market. This includes reviewing existing services, assessing the market and any changing needs of the local population, redesigning and retendering service areas and implementing new contractual agreements for the ongoing delivery of commissioned provision. Commissioned Services across Adult Social Care include, but are not limited to, residential care, home care, day care, extra care housing, the equipment service, domestic abuse services and supported living for people with learning disabilities and mental health conditions.

6.42 Last year the Commissioning Team released the Market Position Statement (MPS) for Residential Care, this showed that Blackpool has 66 registered residential and nursing homes for people with dementia, learning disabilities, physical disabilities, sensory impairment and mental health issues, providing a total of 1,618 beds across the town. More than 88% of these homes have been rated 'good' or 'outstanding'. Market Position Statements allow the local authority to review and update their understanding of the current demands and needs of the local population, assess where there may be gaps in the market and communicate to the market our requirements for delivering appropriate service in the future. Later on this year Market Position Statements for both domiciliary home care and day care will also be published. We have developed a care at home provider event which is being held at the end of June which is designed to engage with the market, gather feedback on the practical delivery of the provision, identify barriers and assess the current contractual arrangements

we have in place.

6.43 Recent areas of work include the development of a new carer's strategy, close working with the ICB to plan for the future delivery of the equipment service and the delivery of a range of new contracts. Recent tenders include the continuation of the Extra Care Housing Peace of Mind Service at Elk View and Tulloch Court, where iCare were successful in winning the bid to deliver the new contract for the next 5 years and beyond. The provision of day care services for elderly people and people with learning disabilities has also undergone a recent retendering process which resulted in the successful bidder, Independent Living, continuing to deliver the day care service at Warren Manor Hub.

6.44 The Commissioning Team are currently in the process of reviewing a number of Mental Health Supported Living schemes across the town. Work is also ongoing around the development of a Supported Living pathway for the provision of schemes that support people with mental health and learning disabilities. A review and mapping exercise of the current Domestic Abuse support services within the town is also underway, this will lead to the development of a more formalised, joined up approach going forward.

6.45 **Quality Monitoring Team**

Our quality monitoring team is a key part of our commissioning function, working with providers and partners to deliver a clear line of sight through to the challenges and opportunities for safe, dignified and innovative care delivery across our wide range of settings.

6.46 In late March 2023 The Adult Quality Monitoring Team initiated a short term project with regards to the adoption and implementation of the Skills for Care - Adult Social Care Workforce Data Set (SfC – ASC WDS) amongst local care providers. In order to move the project forward we collaborated with the Provider Support HUB so that we could draw on additional resources.

Local providers had been encouraged to engage with the programme by ourselves and also by a range of strategic partners for some time, however the level of take up amongst the local provider base was generally poor. At the time Blackpool ranked 129 out of 151 areas. Looking at the lack of take up we decided to give this some focused attention with a view to generating quick and positive results. The ultimate intention being that the long term benefits of high programme engagement to both ourselves as commissioners and also the providers could ultimately be brought forward. At the time of writing (16/09/2023) Blackpool's engagement level has migrated from 129 out of 151 to 35 out of 151. Whilst we are pleased at the positive direction of travel we are actually hopeful we can improve this position significantly in the near future.

The benefits of high programme engagement are considerable as the dataset is a comprehensive collection of data related to the adult social care workforce. It aim is to

6.47 capture information about the people employed in the sector, their skills, qualifications, and other relevant details. This dataset holds significant value for both national and local commissioners as well as care providers. Over time it will become incredibly useful to Blackpool across a range of commissioning activity such as:

- **Workforce Planning:** The data set provides valuable insights into the size and composition of the adult social care workforce. It allows national and local commissioners to understand the current workforce capacity, identify gaps or shortages in specific areas, and plan for future workforce needs. This information is crucial for ensuring sufficient staff to meet the growing demands of social care services.
- **Quality Assurance:** The dataset enables commissioners and care providers to assess the quality of care being delivered. By analysing information on staff qualifications, training, and experience, they can ensure that the workforce has the necessary skills and competencies to provide high-quality care to individuals. This information helps in making informed decisions regarding training programs and improving the overall quality of care.
- **Performance Monitoring:** The data set aids in monitoring the performance of care providers and the impact of interventions or policy changes. It allows for benchmarking and comparison across different regions, providers, and specific workforce groups. By tracking workforce indicators such as turnover rates, vacancies, and staff retention, commissioners and providers can identify areas of concern, evaluate the effectiveness of interventions, and implement targeted strategies for improvement.
- **Workforce Development:** The data set helps identify training and development needs within the adult social care sector. Commissioners and providers can use the information to design and deliver relevant training programs, identify areas where additional support may be required, and promote career progression opportunities for the workforce. This contributes to building a skilled and competent workforce, leading to improved service delivery.
- **Resource Allocation:** The data set assists in resource allocation and funding decisions. By understanding the workforce requirements, commissioners can allocate resources effectively and distribute funding to address workforce challenges. It helps in optimizing the allocation of resources to meet the needs of specific populations, geographical areas, or service types, ensuring equitable access to quality care.

Overall, the Skills for Care Adult Social Care Workforce Data Set provides a robust foundation of information for national and local commissioners and care providers to make evidence-based decisions, promote workforce development, improve quality of care, and ultimately enhance the outcomes and experiences of individuals receiving adult social care services.

6.48 Finally Skills for Care have asked Blackpool if they can use the approach adopted by the Council as a published case study to support other localities generating their own improvements in provider take up and engagement.

6.49 **Finance Update**

6.50 The reported outturn figure for Adults in 2022/23 was a £1.84m overspend, this was an improvement on the reported position as at Month 8 of a £2.3m overspend. The main areas of pressure sat within the Commissioning Placement budget (£2.352m), the main cost driver behind this was additional Short Term packages of care linked to hospital discharge (£1.819m) which was in part offset by the Discharge to Assess (D2A) recharges to the ICB and funding from the £500m Discharge Support Fund (£1.27m). This spend supported a minimum of an additional 40 residential packages and 120 Care at Home packages.

6.51 Further pressures sat within Direct Payments (£182k), Residential and Nursing packages (£414k), Supported Living (£402k), Complex Cases (£796k) and Day Services (£73k). There were areas of savings within Homecare (£851k) and Transport (£67k). Provisions were increased for both Bad Debt (£812k) and Deferred Payments (£42k). Adult Social Care had an overall underspend of £479k, £77k of this relates to additional income from the Integrated Care Board (ICB) in relation to Direct Payments, a further £41k Community Mental Health Transformation grant income from Lancashire County Council, £20K additional funding for a rough sleepers project, £39K funding from Public Health for Changing Futures and the remainder of the saving was due to a number of vacant posts across the service throughout the year.

6.52 The Care and Support service had a small underspend (£33k), pressures due to an income shortfall at Nibbles Café (£13k) and staffing pressures at Langdale day service (£12k) were offset by vacant posts.

6.53 For the 2023/24 financial year the main pressure identified at an early stage relates to fee uplifts with our out of area providers (£400k). We commission approximately 20% of our residential and nursing beds outside of Blackpool and had forecast that these uplifts would be in line with those made to our local providers, however, decisions were taken across other authorities to significantly increase their fee rates to providers. The majority of our out of area placements sit within Lancashire County Council, as an example of the disparity we have uplifted our residential rates by 8.3% yet LCC increased between 16-20% - the consequence of differences in outcome from Fair Cost of Care exercises each Authority was required to conduct, different operating environments, and the investment capabilities from available resources of each Council.

6.54 There is close working between the senior finance and operational leads from the 4 main constituent organisations in Health and Social Care: The Council, Blackpool Teaching Hospitals (BTH, the main acute and community health provider), Lancashire and South Cumbria Foundation Trust (LSCFT, the main mental health provider) and the Integrated Care Board (ICB). This enables us to be aware of each other's issues and pressures, try to avoid

'cost shunting actions' and identify ways we can work together more effectively to achieve better outcomes for our population and in the use of our collective resources.

LGC Awards 2023 - Health and Social Career Academy

6.55

The Council has partnered with Blackpool and the Fylde College and health colleagues to deliver a national exemplar care academy to serve the needs of the town they all serve. A dedicated training facility and bespoke website have been developed. Over the last four years nearly 300 unemployed people have been trained with 95% securing employment or further training. Over 180 care providers have engaged with the programme. The success of the initiative has attracted external interest and lessons learned have been shared nationally. The partnership prides itself on being able to respond to emerging issues in local care provision.

6.56

Further to successful shortlisting the Health and Social Career Academy was awarded a high commendation in the Public/Public Partnership category at the LGC Awards.

7.0 List of Appendices:

None for this report.

8.0 Legal considerations:

No decisions requiring a legal consideration are recommended in this report.

9.0 Human resources considerations:

Staff welfare, retention and recruitment is a key identified area for continued development in the ASC Improvement Plan, and ongoing monitoring of turnover is in place.

10.0 Equalities considerations:

All policy decisions, new developments and changes in service delivery are subject to Equality Impact Assessments.

11.0 Financial considerations:

As detailed in section 6.47, there is pressure on the budget for the department. Work is ongoing to address pressures across the partnership.

12.0 Risk management considerations:

Risks to the continuity and delivery of service, the quality of provision, ability to deliver and the wider market are articulated in and managed through the departmental risk management plan, and aggregated up to the Council Risk Management Plan.

13.0 Ethical considerations:

In line with Equalities considerations, ethical considerations such as pay rates for frontline workers are clearly articulated in decision documents.

14.0 Internal/external consultation undertaken:

Policy changes, commissioning decisions and service delivery changes are subject to formal engagement and consultation requirements. Partnership working is in place to develop place based arrangements with the Integrated Care Board (ICB) which is subject to wide consultation and engagement work.

15.0 Background papers:

All relevant information is provided in the body of the report.