Service Summary Sheet

Directorate	Adult Social Care	
Date	2022-23 Quarter 2 performance reporting	

Benchmarking (with local authorities/nearest neighbours)

- Social Care reform and Care Cap changes. Members will be aware of the twoyear care cap delay announced in November's Autumn Statement. The adult social care charging reforms, including the £86,000 cap on care costs, are now due to come into force in October 2025.
- Care Quality Commission (CQC) Assurance 2023: there is a new CQC assurance process starting in April 2023. The Directorate is working towards its own preparation-based inspection process tested against 4 key quality statements envisaged in draft CQC guidance:
 - 1. How we work with people assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information, and advice.
 - 2. How we support people market shaping, commissioning, workforce equality, integration and partnership working.
 - 3. How we ensure safety in the system safeguarding, safe systems and continuity of care
 - 4. Leadership and Workforce capable and compassionate leaders, learning, improvement, innovation, and governance.

Dudley will undergo a peer review and self-assessment process as part of preparation for the CQC inspection going into quarter 3. This process will also ensure that quality assurance is embedded within the directorate to ensure continuous improvement and engaging both internal and external partners on this journey.

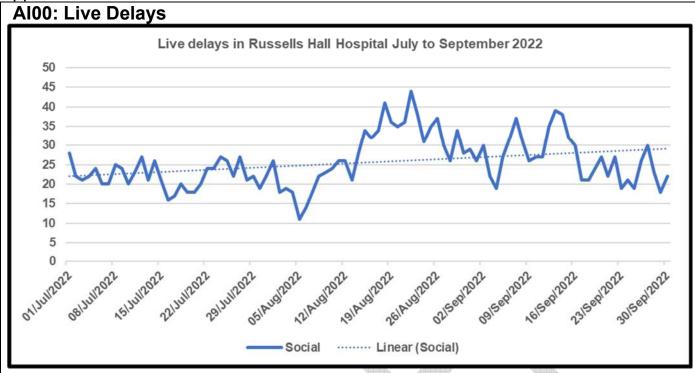
Overview of service delivery (include any issues / risks)

Presented below is a selection of key quality measures overseen by our leadership team through quarter 2 :

Assessment and Independence



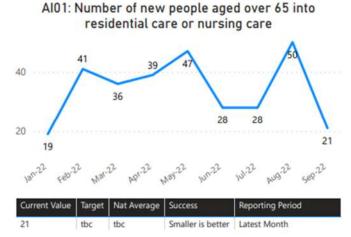
Appendix 1. 2

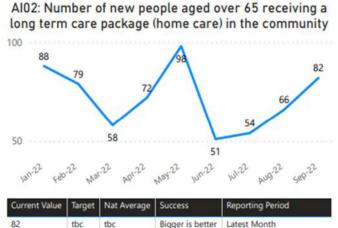


While a degree of variability is observed in Q2 the overall profile represents a net reduction in delays recorded at the end of Q2 relative to Q1. This downward pressure has been realised through innovative interventions including Bridging beds to allow people to discharge from hospital awaiting support at home; local authority staff re-entering the hospital to carry out screening for discharge to assess pathways; temporary increase in assessment capacity to reduce the need for spot purchased bed placements; and creation of an apprentice home care worker to encourage care staff back into the sector. The commitment to additional resources envisaged in November's Autumn Statement to prioritise national delayed hospital discharges in November's Autumn Statement - over care cap programmes- creates further opportunities to build on these collaboratives with health partners and in turn support Dudley winter surge planning. Moreover, approval has been given by the Integrated Commissioning Executive (ICE) to scope and model a redesign of the Pathway 1 (Discharge home with Care) to improve the offer of reablement to residents and create flow within the health and care hospital discharges.

A101: Demand for permanent residential care is remains unpredictable in view of acute hospital pressures giving rise to use of short term placements. As such this will not necessarily reflect improved patient flow demonstrated over the same period at A100.

A102: The month on month increase in people receiving a long-term care package observed in Q2 represents a significant increase compared to previous reporting period; and is commensurate with the net reduction in delays observed at Al00.





Mar 22 Mar 22

Al03: Number of people awaiting a Care Act review

where the last review or assessment was over 12

people aged 65 and over

16.6K 16.7K 16.7K 16.7K 16.7K 16.7K 16.6K 16.7K 16.7K

6K 16.6K 16.7K 1

AI05: Number of home care hours being provided for

A103: Grant monies which supported the increased demand for social care during the pandemic via funding contracts for assessors has ceased whilst demand rates remain at pandemic levels. Al03 illustrates the

A105: Stabilised provision of home care volume observed in Q2 compared to 2022/23 Q1; and represents an overall volume increase of care hours delivered - profile reflects patient flow through same period at Al00.

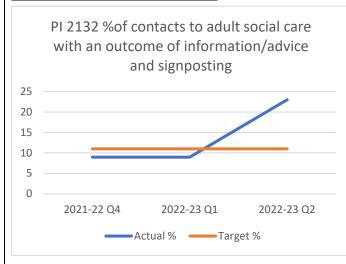
Neutral



Appendix 1. 2

effect of this divergence growing into Q2.

Access and Prevention





AP01a shows a greater volume of contacts into services observed in Q2 compared to Q1. The increase is predominantly due to the incorporation of manual data due to LAS not recognising a case notification and when reporting, only counting 'new contacts', therefore discounting when someone is already known to adult social care. The incorporation of manual figures now illustrates a true picture of the number of contacts made with an outcome of information/advise and signposting.

DDS03: Number of new people aged 18 - 64 into Supported Living DDS04: Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago 500 495 473 400 392 390 371 372 386 Current Value Target Nat Average Success Reporting Period 1 tbc tbc Bigger is better As at

Appendix 1. 2

DDS03 reflects a fall from February this year and slight increase in June this is in part due to of a lack of capacity in supported living due to issues with flow. The recommendations from the housing needs assessment for people with disabilities will help us to address the issues and increase capacity in the market.

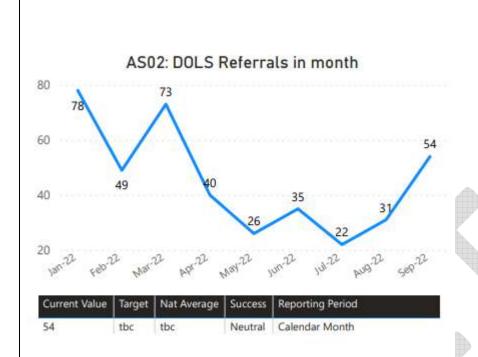
DDS04: Above profile represents a reduced volume in people awaiting a review where the last review was 12 months. This is reflected in the reduced count of people waiting at the tail end of Q2 in comparison to same period in Q1.

Adult Safeguarding



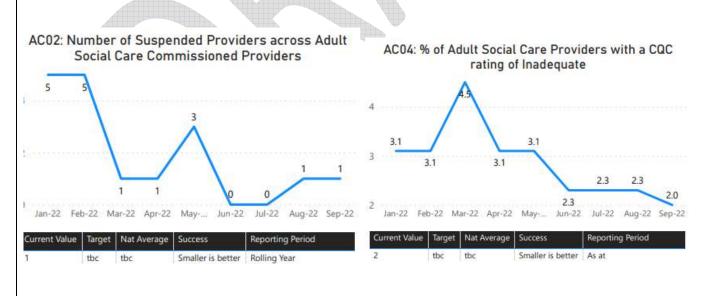
AS01a/AS04: In Q1 members noted safeguarding concerns are referred to the Multi-agency Safeguarding Hub (MASH) or via Access to social care teams, if the individual has an allocated worker. If Safeguarding concerns meet Care Act 2014 threshold criteria information is gathered to ascertain if this meets the criteria for a Section 42 (Care Act 2014) enquiry. Enquires are then coordinated through ASC or "caused" to be completed through system partners. As safeguarding involves a mix of complex and relatively straightforward cases a variable distribution of cases is to be expected as demonstrated above.





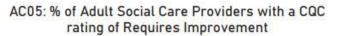
AS02: DoLS (Deprivation of safeguards) referred to the Local Authority from Care homes Hospitals. The numbers of referrals received vary as people subject to DoLS may move which increases referral rates or remain where they are or recover mental capacity which would lead to a reduction in referrals. DoLS lasts a maximum of 12 months when it must be renewed which also influences referral rates. Predictably increased patient flow noted in Al100 will have bearing on upward trajectory seen over the same period in Q2.

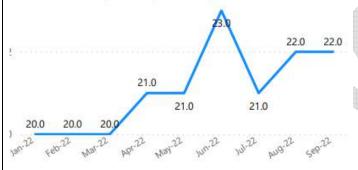
Adult Commissioning



AC02: Commissioning continue to work with providers to address issues and safety staff quality ensure monitoring based on risk. Suspended services are prioritised for quality assurance support with the intention to steer providers to deliver safe quality services . Through health system partners we have supported one large nursing home to reverse suspension on a phased basis to ensure improvements are sustained.

AC04: CQC providers rated inadequate indicates serious quality and safety failures to be acted on. ACO4 presents proportion of providers that we have contract with and have a published rating of inadequate. These services are prioritised for intervention through support from Quality and Safety officers with data showing a quarter-onquarter reduction in inadequate ratings, aiding capacity into Q3. We continue to work closely with CQC where ratings are in adequate - these services are automatically suspended until improvements are made and higher quality ratings are confirmed by CQC.

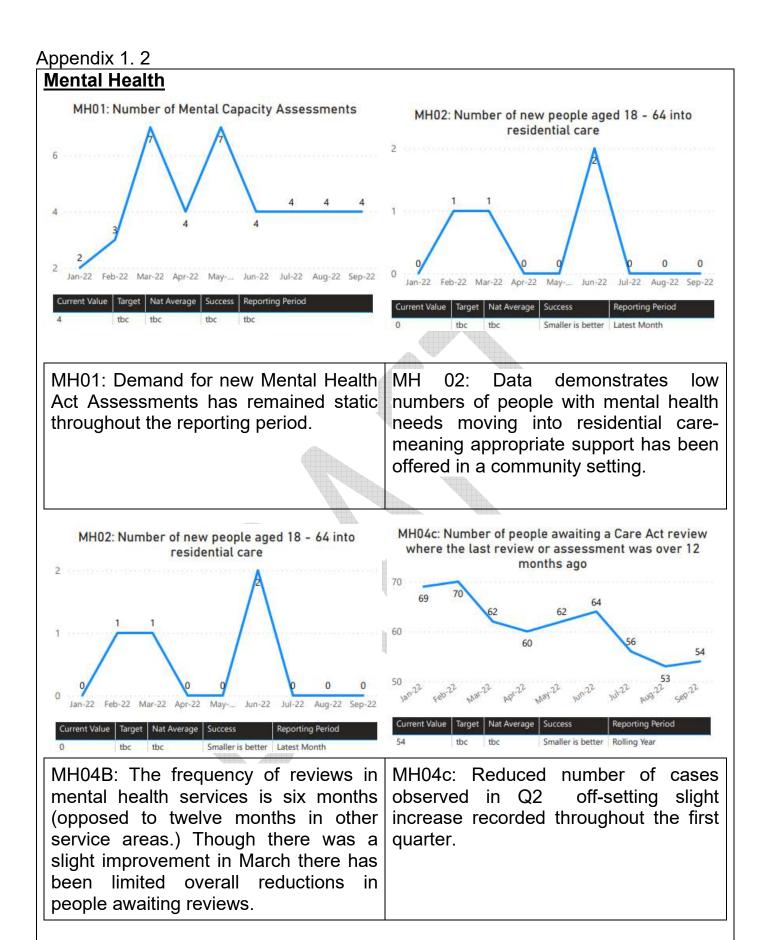


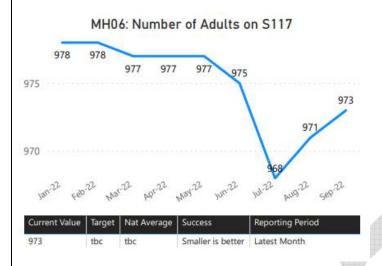


Eurrent Value	Target	Nat Average	Success	Reporting Period		
.2	tbc	tbc	Smaller is better	Rolling Year		

AC05: Profile shows contracted providers receiving a CQC 'Requires Improvement' rating in several aspects. Commissioning continue to apply downward pressure on required improvement in Q2 outperforms peak volume observed in Q1; and consistent with reduced pattern of inadequate publications at AC04.

Monitoring and tracking of actions plans for 'Requires Improvement' rated services is undertaken to support and encourage providers to make improvements in safety quality . Common areas for and improvement include governance and medicines management. Advice and support on appropriate management and audit systems is given to assist providers alongside clinical support from health partners for improvements. The number of services with a requires improvement rating is similar to neighbouring authorities . Providers are feeding back that workforce challenges are having a significant impact service quality.





MH06: Proportion of people with a S.117 has increased slightly this quarter 2 off-setting reduction observed in Q1. However, in the context of total number the change is not statistically significant.

Workforce Profile

Workforce Analytics September 2022 - Adult Social Care

Division	Full Time Headcount (Non Casual)	Part Time Headcount (Non Casual)	Employee Headcount (Non Casual)	FTE	Employee Headcount (Casual)	Agency Headcount	Total Establishment Headcount	No of Fixed Terr & Temporary Contracts
Access & Prevention	153	97	250	221.34	3	15	268	8
Adult Safeguarding	15	11	26	21.52	2	18	46	1
Assessment & Independence	134	179	313	253.76	7	47	367	33
Dudley Disability Services	31	42	73	58.99	0	7	80	4
Integrated Commissioning Performance & Partnerships	52	20	72	65.02	3	23	98	12
Management Team	1	0	1	1.00	0	1	2	0
Mental Health	19	7	26	23.88	1	8	35	0
Successor Team - Adults	0	0	0	0.00	0	8	8	0
Directorate Total	405	355	760	645.51	14	127	901	58

Service achievements (report of any external accreditation, nomination for awards, positive publicity, during the past quarter

Assessment and Independence

 Net reduction in delayed transfers of care from hospital was observed in Q2 achieved through interim collaboratives with health partners. Moreover approval has been given by the Integrated Commissioning Executive (ICE) to scope and model a redesign of the Pathway 1 (Discharge home with Care) to



improve the offer of reablement to residents and create flow within the health and care hospital discharges.

Access and Prevention

- Telecare rebranding has been completed and as a result we have updated and modernised our literature also to reflect this. A short video from a service user perspective has been completed and will be used for training, marketing and events, as well as on the council's social media platforms. External events are proving once again successful in supporting residents across the Borough, working in partnership with WMFS and the NHS. Digital upskilling across the workforce has commenced and will enable us to educate service users and maximise the use of the TEC that they already own, promoting alternatives to the traditional telecare offer, e.g. digital solutions, apps etc. We continue to deliver over and above industry expected standard on our call handlings times answering 98.26% of alarm calls within 60 seconds and 99.77% within 180 seconds.
- Cabinet Member Cllr. Neale and DASS congratulated all those involved in Dementia Gateways for reaching the finals of the Great British Care Awards that will take place later in the year; and reflects how much this service is valued within our communities.

Dudley Disability Service

 Quarter 2 data extends the overall trend of reduced volume of people waiting for a Care Act review attributable to increasing resource focusing on reviewing. Specifically, a net reduction in waiting over 12 months has been achieved when compared to the same period in Q1.

Adult Safeguarding & Mental Health

- The Dudley Peoples Partnership Boards website and the Safeguarding sections on the Councils website have been updated to provide easier access to information and guidance for the public and professionals on how to raise a safeguarding concern. After wide communication and engagement Public and Professional Portals have been developed to raise safeguarding concerns and are available on both websites.
- Restructure of mental health services is expected to be in-place early Q3 and several workshops have been arranged to support effective transition. Each workshop will be approximately 3 hours long and covers areas including: How staff are feeling connectivity to others; Legislation; Strength Based Practice; Support Agencies/stakeholders linking to the specific workstream; and Buddy/Mentor Support/peer knowledge;
 - and Continual Professional Development (CPD) discussions with management.



Opportunities for improvement (information relating to service complaints / compliments and learning from these).

- Assessment and Independence continue to build on interim measures to realise a further reduction of hospital delays into Q3 whilst exploring opportunities to strengthen approaches signalled in the Autumn Statement as part of the national drive to reduce delay pressures; and in-turn better support winter surge planning.
- Commissioning continues to leverage market capacity opportunities through resilient risk-based assessment and quality and safety activity in reversing suspended contracts.
- Digital upskilling. Continuation of borough-wide campaign advising service users of alternatives to the traditional telecare offer so that every opportunity is taken engage all those wishing to upskill in telecare and our digital offer.
- Dudley Disability Services continue to focus resource on reviewing those waiting over 12 months for Care Act review maintaining average month on month fall in cases into Q3.
- On-going Mental Health restructure maintain continues to focus on timeliness
 of new assessments whilst ensuring it remains responsive to those most at
 risk of experiencing poor or worsening mental health as a result of the growing
 Cost of Living crisis.
- Review progress on Dudley's fair cost of care exercise conducted with all registered care providers in the Borough with particular emphasis on residential and nursing care homes and domiciliary care agencies. This will demonstrate the impact of rising wage and inflationary cost pressures in delivering care compared to the rates paid by the Council.

Any additional information relevant to scrutiny committees

Given the scale of the escalating Cost Crisis, combined with the continued uncertainty posed by Covid-19, and a possible resurgence of Flu, this winter is set to be even more challenging than in previous years. Another Covid variant could also increase demand and exacerbate an already pressured system. However, as evidenced in this report our service continues to adapt to meet the needs of the Borough and maximise innovative ways of working - despite increased demand, staffing absences, limited domiciliary care capacity and inflationary cost pressures.