

Adult Social Care Health Check



Health and Wellbeing Scrutiny Committee
4th October 2022

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Council

The Social Care Market

- Care Homes
- Extra Care
- Accommodation based Services for people with Learning Disabilities, Mental Health needs and Physical Disabilities
- Home Care
- Day Services

Current Position

Older Person's Care Homes

- 50 older person's care homes delivering a mixture of general and dementia residential care, general and dementia nursing care, support for younger people with dementia and people with enduring mental health needs.
- Three new Care Homes have opened in the City since October 2021

- Information gathered from the care homes in **September 2022** identifies
 - 2,236 beds available
 - 2020 beds occupied
 - Average occupancy of 90%
 - 11 operating 100% occupancy.

- **CQC Ratings**
 - 3 homes are rated as overall Outstanding
 - 41 homes are rated as overall Good
 - 2 homes are rated as overall Requires Improvement
 - 4 homes do not currently have a rating – due to a change in Provider or being recently opened

Current Position

Coming out of the Pandemic - COVID-19 is still circulating in the community with COVID-19 outbreaks occurring in care homes. It is therefore essential that efforts are made to prevent transmission.

- On 31st August 2022 there were changes to the way COVID-19 testing is carried out in care homes. The Government has decided to pause asymptomatic testing in all settings whilst prevalence of COVID-19 is relatively low. This pause applies to staff, visiting professionals and visitors (essential carers).
- The Council continue to recognise and appreciate the effort and commitment given by service providers and their staff in continuing to provide good quality care throughout the pandemic

Recruitment into the social care sector remains difficult, there are no providers raising concerns about safe staffing levels of service continuity with the Commissioning Team.

- The Council is working with North East ADASS to support the national Made with Care campaign for adult social care recruitment. This will see a focus on regional opportunities to support and uplift existing elements under this identity.

Current Position

Extra Care

- 12 extra care schemes in the City
- 848 apartments/bungalows for rent, sale, or shared ownership
- Overall occupancy remains consistently high and is 98% as of July 2022

CQC Ratings

- 1 scheme is rated as overall Outstanding
- 11 schemes are rated as overall Good

Domiciliary Care

- 22 Providers delivering domiciliary care to adults aged 18 years and over and
- 20 of these are commissioned by Sunderland Local Authority.

CQC Ratings

- 16 are rated as overall Good
 - 2 are rated as Requires Improvement
 - 4 are Not Yet Inspected

Current Position

Accommodation based Services for people with Learning Disabilities, Mental Health needs and Physical Disabilities

- Various accommodation based services for people including Residential Homes, Supported Living Houses and Hub and Satellite Schemes.
- There are 31 small group residential homes for people with learning disabilities (which are registered with CQC) that are operate in Sunderland. Five are directly commissioned by the Council, including one assessment unit and two short break services. The care and support is delivered by eight social care providers and the homes can accommodate up to 218 people.
- Up to 509 people live in supported living accommodation with support provided by 14 social care providers.

Hospital Discharge

- The hospital discharge process involves and is influenced by Social Work and Therapy colleagues from Adult Social Care.
- Our intention when working within this process is to ensure people are discharged from hospital in a safe and dignified way and have timely access to the right level of care and support in the right community location.

Social Work and Therapy Input to the Hospital Discharge Process

Integrated Hospital Discharge Team

Hospital Social Work team fully integrated
with acute nursing and therapy teams
facilitating in-patient assessment prior to
discharge

Daily Rapid Hospital Discharge Meeting

Hospital Social Work and Community Therapy engage
with other members of the IDT to inform MDT decisions in
respect of assigning patients to the correct discharge
pathway, unblocking any barriers to discharge

Daily Community Bed Allocation Meeting

Community Therapy engagement with providers of
community bed based services to ensure the right patient is
placed in the right bed and facilitate commencement of
immediate rehab input on admission

Pathway 1

Discharge Home with Support

Community Social Work review any services
arranged prior to discharge, complete
assessment of short and long term needs,
implement and review short or long term care
plan.

Community Therapies resolve long term
access issues, providing equipment,
technology or adaptations to property.

Pathway 2

Discharge into a Community Bed Based Service

Community Therapies provide rehab
(Occupational Therapy and Physiotherapy)
to improve mobility and independence,
working in partnership with Community
Social Work to develop the right plan for
the customer's discharge

Pathway 3

Discharge into a Temporary Placement in a Care Home

Community Social Work oversee the customer's
progress throughout the placement, determining
whether the person can return home or requires
a permanent admission.

Community Therapies provide rehab and
oversee safe discharge plan if the person returns
home

Outcomes

Pathway 1	2021/22
Number of hospital discharges to community based services	1065
Pathway 2	
Number of discharges from bed based services	996
Number of discharges to bed based services to long term community based services	283
Number of discharges to bed based services to permanent care	15
Number of discharges to bed based services to temporary placement	196
Number of discharges to bed based services to short term community based services	221
Pathway 3	
Hospital discharge to permanent 24 hour care placement	16
Hospital discharge to temporary 24 hour care placement	225

Challenges

- Sunderland continues to strive to achieve Home First/Discharge to Assess
- Access to short and long term care must be readily available to facilitate this
- Strengths based approach taken to care planning however the increased complexity in customer needs arising from discharge at medical optimisation can impact on the ability of the customer to manage their own needs without formal support
- Customers entering bed based services also have more complex needs resulting in a greater likelihood of requiring formal support on discharge despite progress having been made on discharge
- Difficulty accessing short and long term care packages results in the utilisation of increased bed based care
- Increased use of bed based care creates a requirement for social work and therapies to oversee additional admissions and discharges that would otherwise not have been required and also interferes with the natural progression of the rehab process

Quality Assurance

- The purpose of the **Assurance Framework** is to focus on the quality of care being provided in Services across the city. Providers will be given an action plan based on quality improvements identified following an onsite visit and data analysis. providers will be expected to work cooperatively with the Council to deliver any improvement actions identified
- The framework is flexible and will be reviewed and revised as necessary in order to monitor the quality of service delivery across the full range of service areas.
- On site Quality Assurance visits to all Providers commencing in **November 2022 – joint with ICB**
- Data collection process, with monthly and quarterly returns to enable Providers to share information with the Commissioning Team

Advocacy

- A tender process has been completed and new contract awarded
- New contract commenced 01.09.2022
- The incumbent provider was the successful bidder
- New contract now includes both Independent Advocacy and NHS Complaints Advocacy

Advocacy Current Activity



The information covers Independent Advocacy for the period from the 1st July 2022- 31st August 2022.

- During this period there were 219 cases opened
- 213 unique clients accessed advocacy services
- 6 cases relating to repeat referrals
- advocates supported 832 cases and delivered 3231 hours
- 214 cases were closed
- Currently there are 618 open/active cases
- 344 support needs were recorded of which the main support needs of clients were identified as Mental Health Condition 113 , Dementia 85
- Overall cases were allocated within an average of 1.15 days with all services
- At the end of the quarter there were 71 Relevant Person's Representative (RPR) advocacy cases.
- In relation to those RPR cases the team leader remains in regular contact with the Deprivation of Liberty Safeguards (DoLS) Team and allocates RPR cases whereby there are shorter authorisation dates, or the client is objecting as a matter of priority. The remaining cases are then allocated on a priority basis taking into consideration the end authorisation date and also if the client is assessed as "low- risk".

Social Care Reform Key Changes – October 2023

- Lifetime cap on care costs of £86,000
- Changes to lower and upper capital limits from £14,250-£23,250 to £20,000-£100,000
- Introduction of notional daily living costs for permanent care
- Individuals who have capital above the upper threshold and are in permanent care can ask the LA to meet their needs (only those going in to care after Oct 2023 or have not been in care 6 month prior to start date).
- Use of personal budgets (where LA meets needs) and independent personal budgets (where individual meets own needs)
- Implementation and maintenance of care accounts for customers

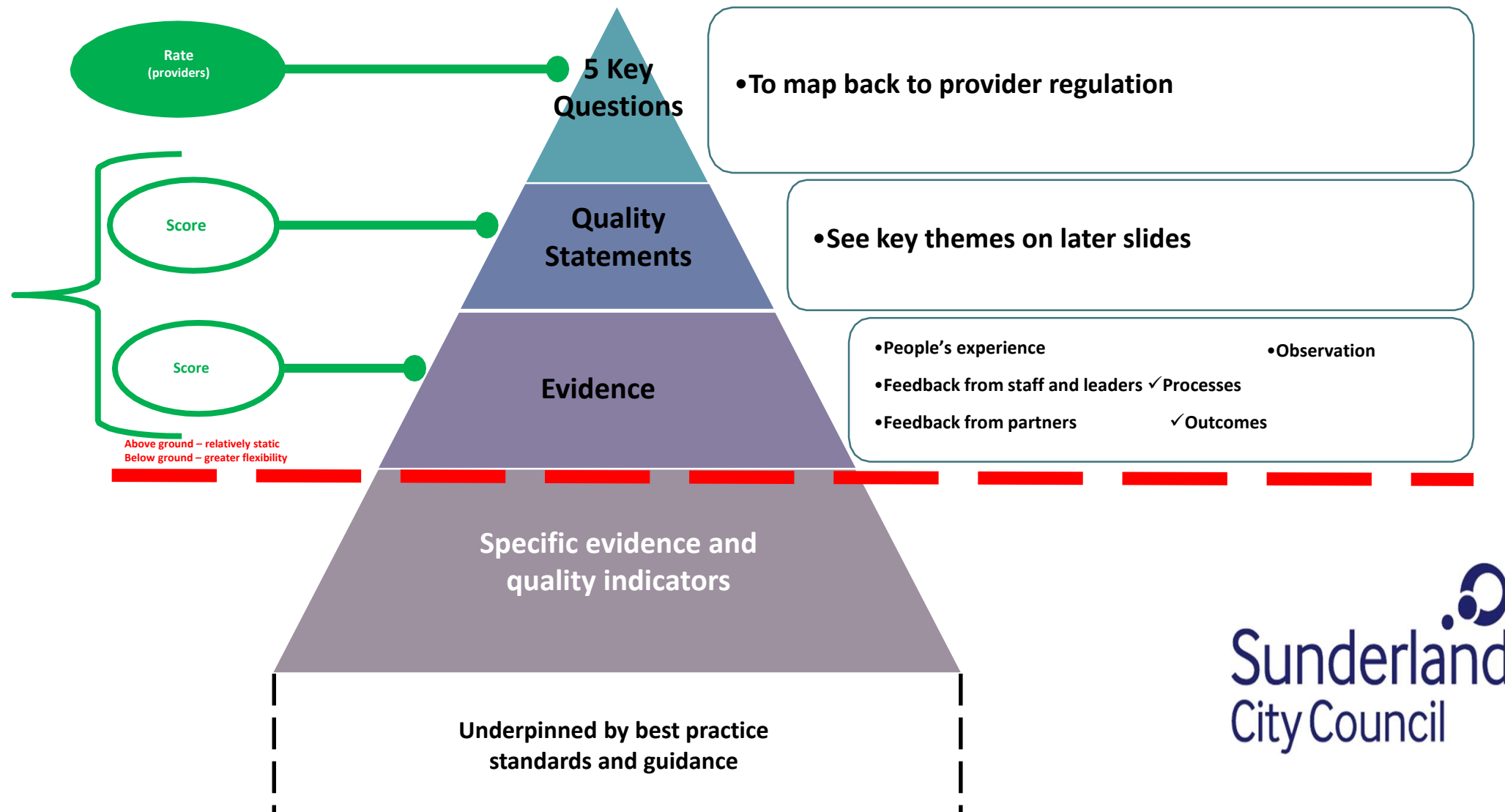
Social Care Reform- Key Risks and Challenges

- Implementation timescales in the context of other demands on LA capacity including Covid Recovery, Social Care Reform, CQC Assurance Framework, increased demand for Social Care, workforce shortages
- Require significant increases in operational and administrative teams, and this challenge will be compounded by current difficulties in recruitment and retention, as well as the impact of a possible increase in complaints and disputes
- Requirement to implement key system changes within a very tight timescale across multiple systems and a reliance on external IT suppliers to do this within the timescales
- Level of funding available for charging reforms would be insufficient, particularly to implement the fair cost of care, and within the context of wider constraints on local authority budgets.

CQC Assurance Framework

- From 2023 CQC will begin to independently review and assess how **Local Authorities** are delivering their Care Act functions
- A single assessment framework has been developed which will assess providers, local authorities and integrated care systems with a consistent set of key themes
- Preparations for inspection are well underway and a challenge session will be held in December 2022

Single Assessment framework, rating and scoring model for provider regulation and system oversight



Key Themes

Working with people (inc unpaid carers) - assessing needs, care planning and review, direct payments, charging policy, supporting people to live healthier lives, prevention, well-being, information and advice

Providing support – market shaping, commissioning, workforce capacity and capability, integration and partnership working

Ensuring safety - safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care, safe systems and continuity of care

Leadership - culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

Each of the themes has several quality statements and 'I' statements within it

Theme 1 Quality Statements

This includes: assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice

QS 1. Assessing Needs

- ✓ We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
- I have care and support that is coordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

QS 2. Supporting people to live healthier lives

- ✓ We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

Theme 2 Quality Statements

This includes: market shaping, commissioning, workforce capacity and capability, integration and partnership working

QS 1. Care Provision, integration and continuity

- ✓ We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.
- I have care and support that is coordinated, and everyone works well together and with me

QS 2. Partnerships and communities

- ✓ We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
- Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.

Theme 3 Quality Statements

This includes: safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care, safe systems and continuity of care

QS 1: Safe systems, pathways and transitions

- ✓ We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

QS 2: Safeguarding

- ✓ We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.
- I feel safe and am supported to understand and manage any risks.

Theme 4 Quality Statements

This includes: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

QS 1: Governance, management and sustainability

- ✓ We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, Sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

QS 2: Learning, improvement and innovation

- ✓ We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering quality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Any Questions or Comments?